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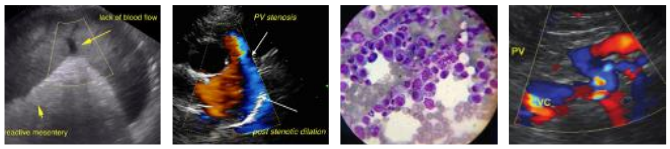

PATIENT
Bailey Henley

SPECIES
Canine

BREED
Pug Mix

SEX
Spayed Female

AGE
14 Years

WEIGHT
14.5 Pounds

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Desen Ertunc

HOSPITAL NAME
Healing Spirit AW

REFERRING VET
Desen Ertunc

INVOICE
13171

DATE
9/19/21

PRESENTING CLINICAL SIGNS

History: Acute onset petit mal seizure activity, responded to benzodiazepene administration.

Abnormal PE/Chem/CBC/UA Results: P.E.- Other than seizure activity, no neurologic deficits noted. CBC: lymphocytes=990 (1000-4800) /uL, neutrophils=1213 (3000-12000) /uL, MCH=25.5 (19.5-24.5) pg, platelets=652 (165-500) K/uL CHEMISTRY: albumin=4.7 (2.5-4.4) g/dL, ALP=502 (20-150) U/L, Tbili=0.8 (0.1-0.6) mg/dL, BUN=26 (7-25) mg/dL, Cr=0.9 (0.3-1.4) mg/dL, glucose=119 (60-110) mg/dL, globulins=2.1 (2.3-5.2) g/dL, cholesterol=350 (125-27-0) mg/dL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The kidneys measured 4.0 cm each.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 2.25 cm x 0.52 cm at the caudal pole and 0.54 cm at the cranial pole. The left adrenal gland measured 1.25 cm x 0.45 cm at the cranial pole and 0.44 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** revealed increased portal markings with multifocal hyperechoic nodular changes. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **gastrointestinal tract** revealed diffuse, hyperechoic fogging or overlay throughout the small intestine as well as areas of mucosal striations and speckling. This striation + fogging effect appeared to exclusively affect the mucosal layer with the submucosa, muscularis and serosa left in-tact. Reactive mesentery was present associated with the serosa indicative of active inflammation. This is most consistent with protein losing enteropathy/lymphangectasia. Full thickness biopsies or endoscopy guided biopsies would be ideal to confirm. No obstructive disease or obvious suspicion of neoplasia.

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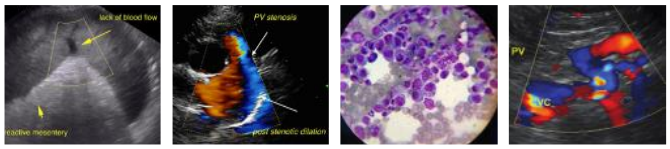

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Pancreas

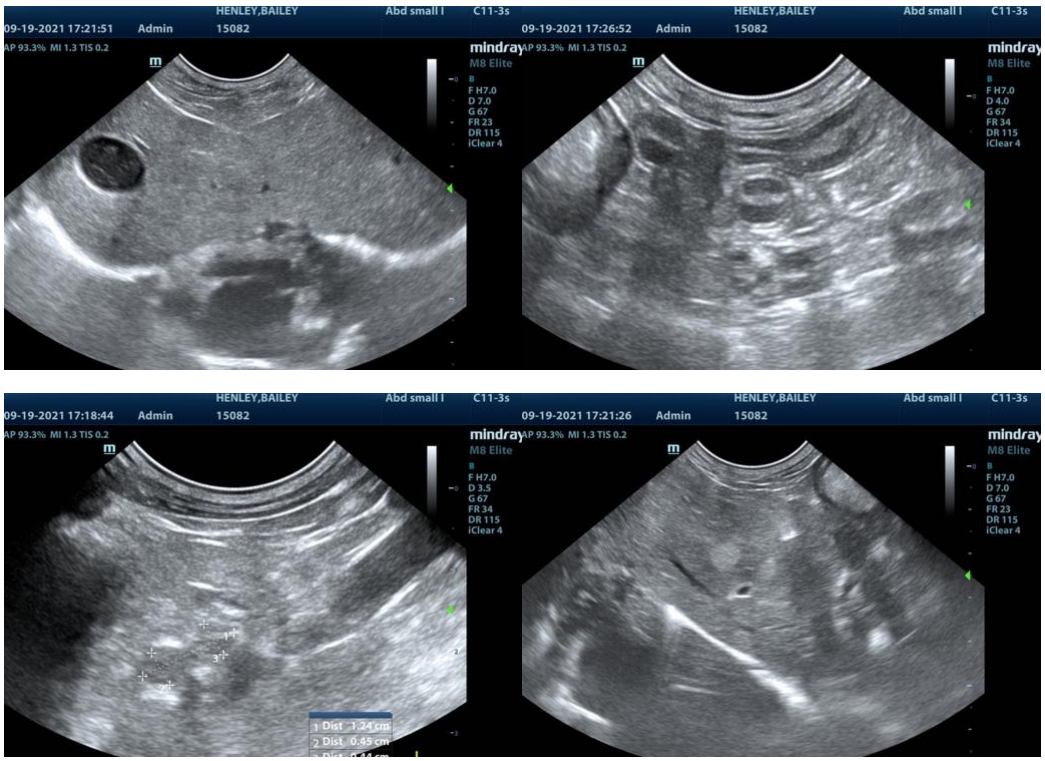
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Geriatric abdomen
- Mucosal fogging in the small intestine
- Undefined hepatic nodules, likely lipogranulomatous mild hepatic remodeling, likely history of cholangitis
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of seizures do not appear to be directly linked to any overt structural visceral pathology, however, if the bilirubin value is persistently elevated and not artifactual then FNA of the liver is warranted. Leptospirosis titers warranted. No obvious evidence of neoplasia.



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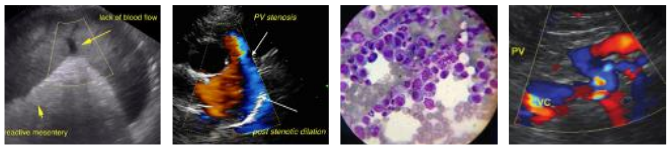

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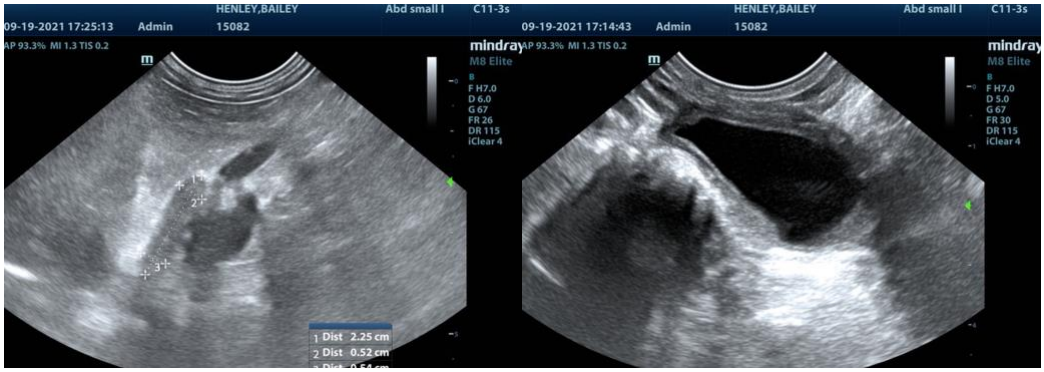

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com