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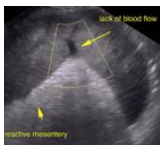

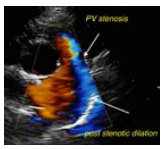

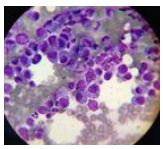
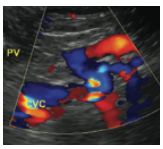

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1-800-838-4268 info@sonopath.com

PATIENT

Jazzie Howell

SPECIES

Canine

BREED

Unknown

SEX

Spayed female

AGE

10 ½ years

WEIGHT

57 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Mack

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Mack

INVOICE

39567

DATE

9/22/22

PRESENTING CLINICAL SIGNS

History: Patient had an incompletely excised insulinoma n 1/18/21. MedVet Oncology recommend abdominal ultrasound. Patient is in remission and doing well. The oncologist requested abdominal ultrasound every 3-6 months during the first 2 years of cancer remission.
Abnormal PE/Chem/CBC/UA Results: CBC/CHEM: NSF U/A: WBC 1/hpf, RBC < 1/hpf, nsEPI <1/hpf, PRO 100, BLD 250. Xray: Spondylosis noted in lumbar spine and sacrum. Interstitial pattern noted in lungs. Sending a UPC to the lab - waiting for results

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 was 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 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 left kidney measured 5.0 cm. An anechoic cyst was noted in the cranial pole of the right kidney measured 2.0 cm. The right kidney measured 5.0 cm.

Adrenal Glands

The left **adrenal gland** was flattened and isoechoic measuring 0.3 cm in width. The right adrenal gland was flattened and isoechoic measuring 0.4 cm in width.

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 was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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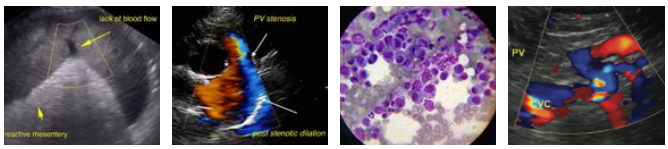

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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

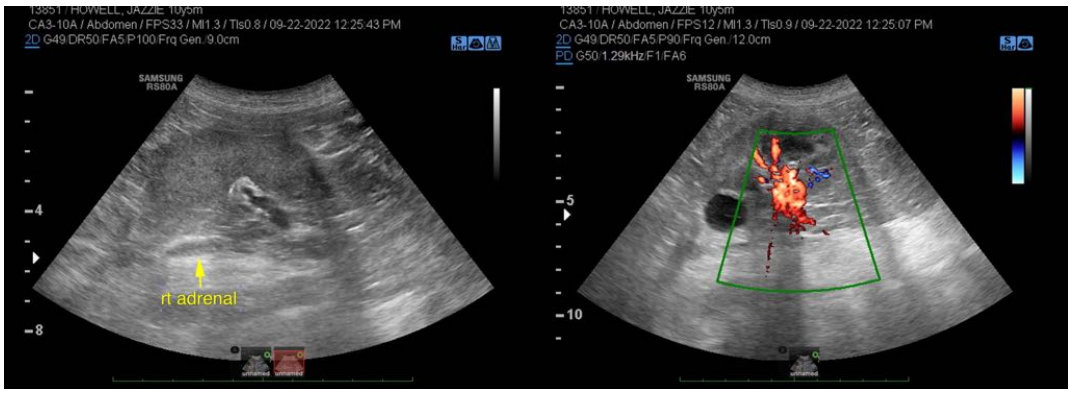
Subjectively flattened adrenal glands.

Age related renal changes with right renal cyst, benign.

Mild age related hepatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of primary or secondary insulinoma type lesions. However, if the patient is on Prednisone therapy this may be suppressing the adrenal glands. If the patient is not under Prednisone therapy then cortisol or ACTH stimulation is indicated to rule out underlying Addison's.



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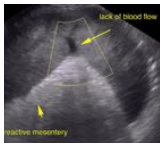

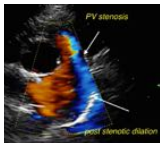

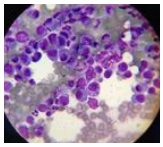
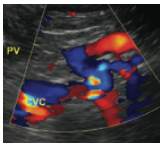

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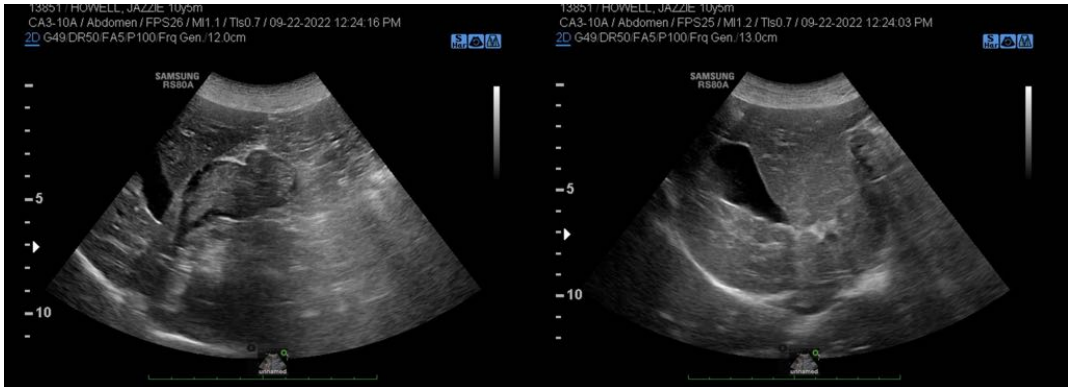

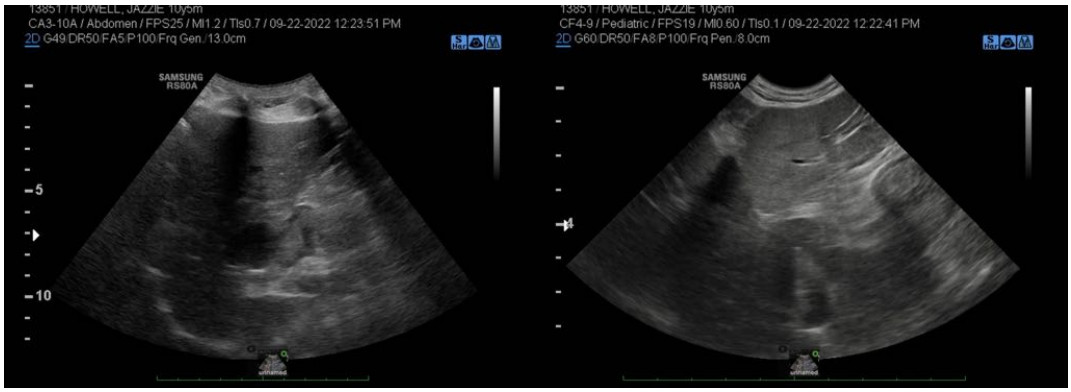

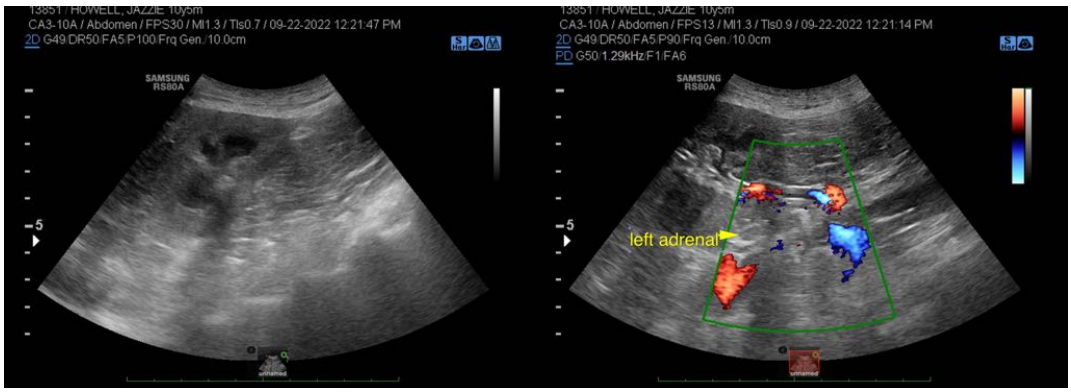

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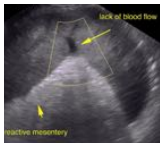

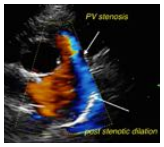

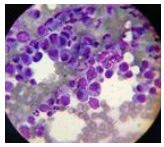
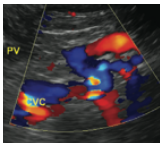

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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