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Clinical Sonography & Telecytology
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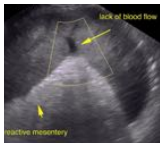
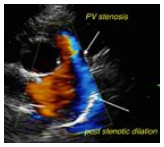
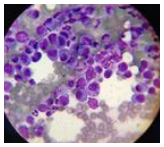
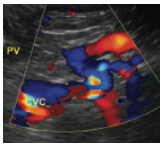

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1-800-838-4268 info@sonopath.com

PATIENT
Shiloh Snyder

SPECIES
Canine

BREED
Husky Mix

SEX
Spayed female

AGE
9 year

WEIGHT
58.5 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Bartus

HOSPITAL NAME
Valley VS

REFERRING VET
Dr. Bartus

INVOICE
39616

DATE
9/26/22

PRESENTING CLINICAL SIGNS

History: Treated in April 2022 for pyoderma with Cephalexin that didn't resolve. PU/PD for about a year. Had been having urinary accidents last year that are controlled with Phenylpropanolamine. Abnormal PE/Chem/CBC/UA Results: Lost 10# over a year with normal to increased appetite. Lost muscle mass in limbs and spine. Skin has diffuse lesions across both flanks and ventrum that feel thick & hard (calcinosis cutis or neoplasia a concern) interspersed with pustules & flakes. Owner declined a skin biopsy. Normal CBC. ALKP 967 (23-212), ALT 126 (10-125), GGT 25 (0-11) Chol 455 (110-320)

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. Slight mineralized cortical changes were noted. The right kidney measured 6.0 cm. The left kidney measured 6.6 cm.

Adrenal Glands

The right **adrenal gland** was at the upper limits of normal and measured 1.05 cm at the cranial pole and 1.06 cm at the caudal pole. The left adrenal gland was mildly heterogenous and slightly enlarged at 0.8 cm in width.

Spleen

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

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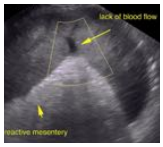
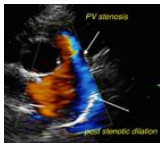
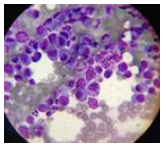
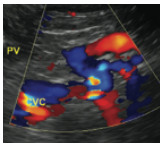

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Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

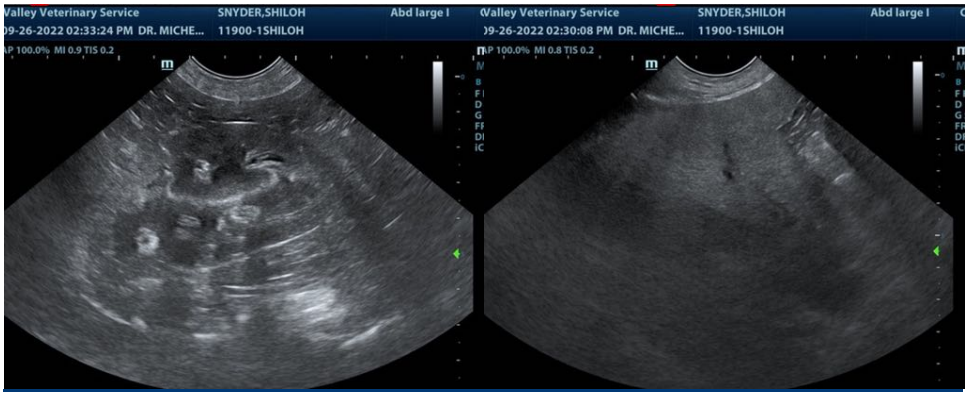
Mineralized splenic and renal cortical changes.

Benign hepatopathy.

Enlarged left adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Underlying endocrinopathy/Cushing's may be an issue if the patient appears Cushingoid. There was no evidence of masses. Work-up for PDH is indicated. However, the cause of weight loss is unclear.



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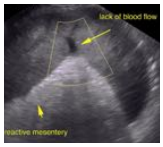
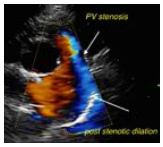
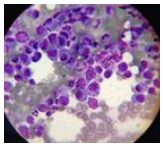
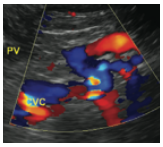

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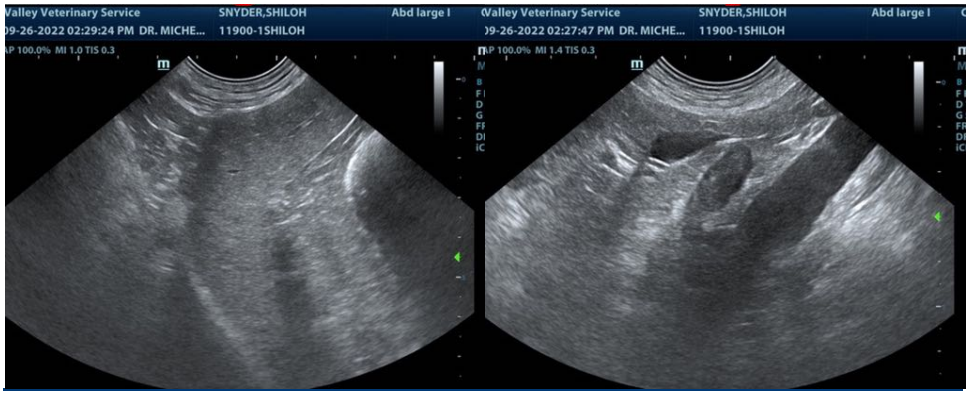

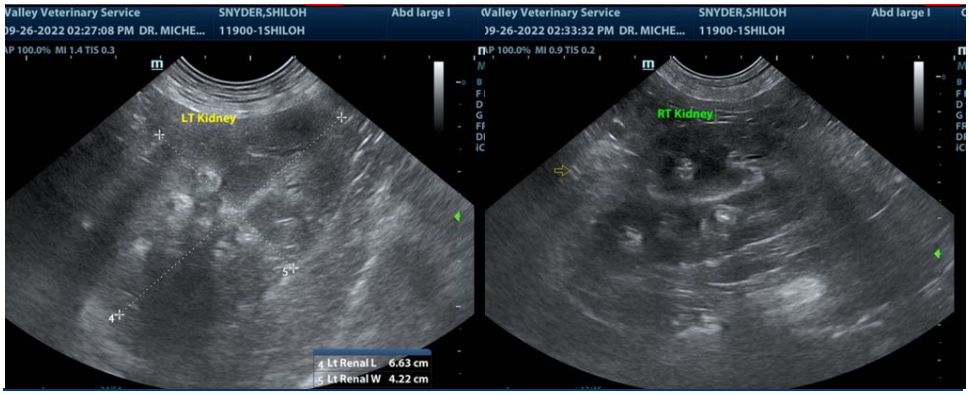

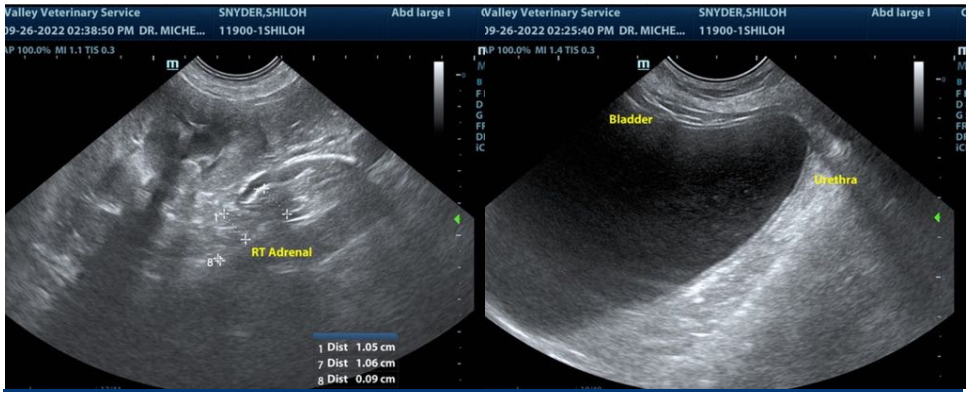

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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