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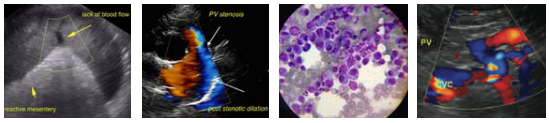

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IMAGING PERFORMED BY
dbimaginesound@gmail.com 917-647-4318

PATIENT

Boo Boo Hopkins

SPECIES

Canine

BREED

Yorkie

SEX

Neutered Male

AGE

14 Years

WEIGHT

19 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert IVUSS

IMAGING PERFORMED BY

Denise Bruno, LVT, RDMS

HOSPITAL NAME

Kenilworth AH

REFERRING VET

Dr. Mansour

INVOICE

92121

DATE

09/30/21

PRESENTING CLINICAL SIGNS

History: Lethargy, anorexia, diarrhea

TBF: Alt ^179, Calcium ^11.5; Phosph ^6.2; Amyl ^ 1171;

WBC ^ 22.7; Neut ^ 19976

Evaluate for neoplasia

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** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The right kidney measured 5.09 cm. The left kidney measured 4.89 cm with pinpoint mineralization.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The right adrenal gland measured 1.7 x 0.86 cm at the caudal pole and 0.32 cm at the cranial pole. The left adrenal was enlarged, irregular and cystic measuring 1.1 cm at the largest width and 2.24 x 1.06 cm at the caudal pole and 0.62 cm at the cranial 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 was noted.

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. Occasional hypoechoic nodular change was noted and non-disrupted.

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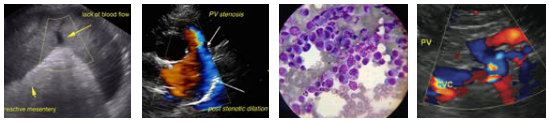

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This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. Comet tail lung sing was noted throughout the diaphragm. The common bile duct was normal and measured 0.26 cm.

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. Gastric axis deviation was noted. 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

Nodular hyperplasia, vacuolar hepatopathy pattern with emerging mucocele.

Moderate, chronic degenerative renal changes with calculi, non-obstructive.

Bilateral adrenal hypertrophy.

Gastric axis deviation.

Comet tail lung pattern noted through the diaphragm.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs are warranted to assess for thoracic disease. Underlying Cushing's disease is a strong potential in this patient/PDH. Ursodiol therapy is warranted along with full urinalysis. FNA of the liver would be ideal. Blood pressure measurements are warranted. If the urine specific gravity is less than 1.020 and UCCR is positive then Cushing's is suspected. Chest radiographs are warranted to assess for pneumonitis or more significant thoracic disease given the comet tail lung pattern noted through the diaphragm.

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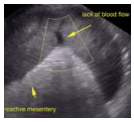
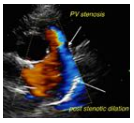
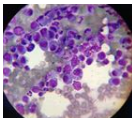
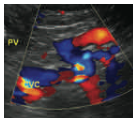

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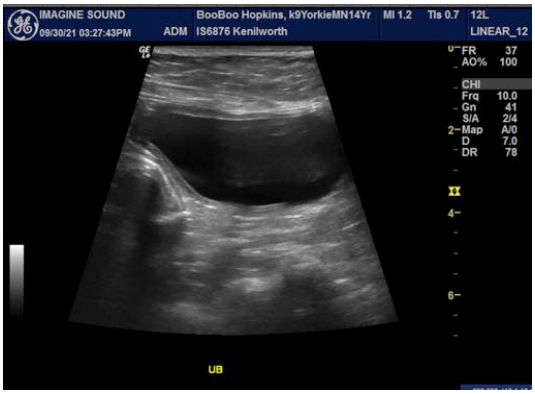

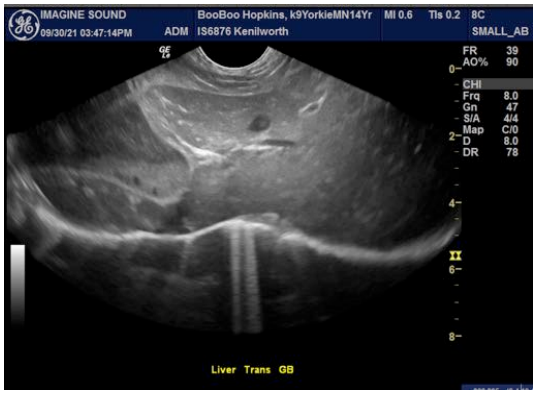

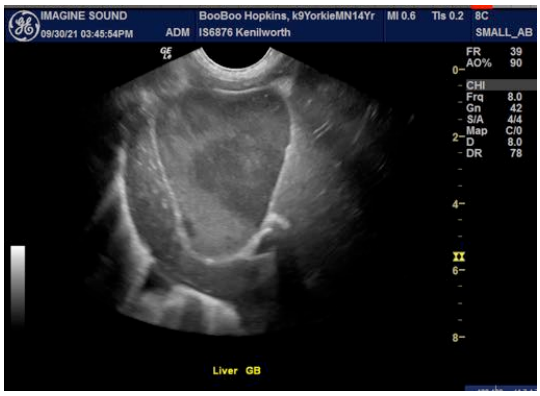

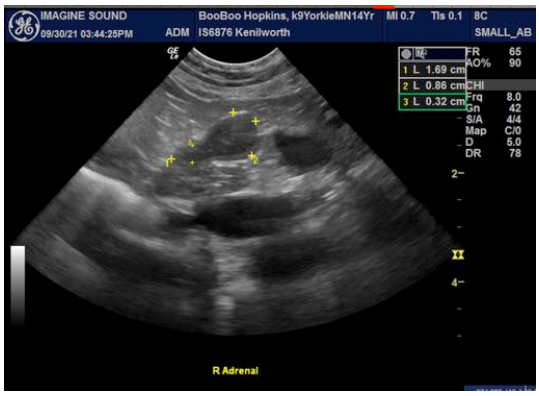

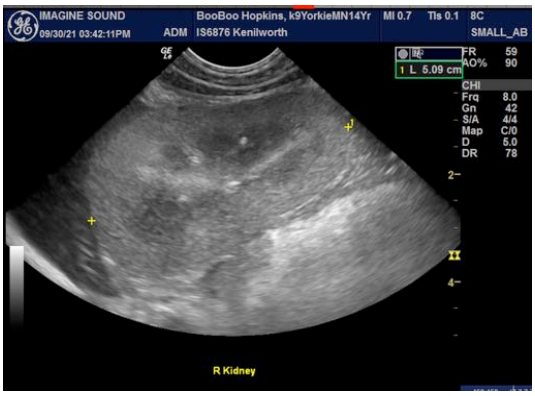

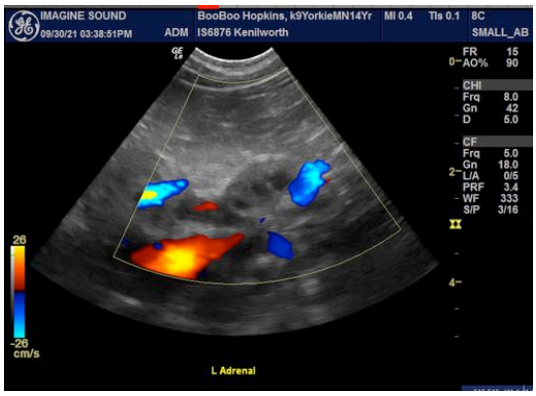

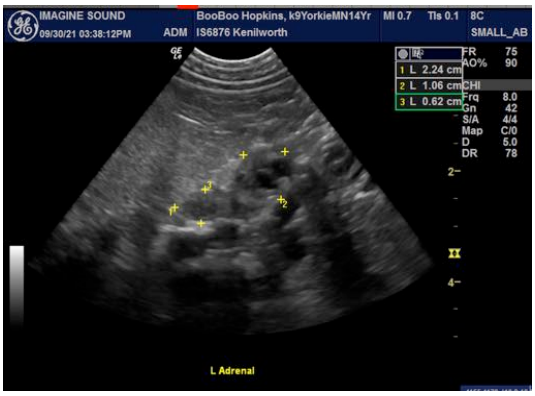

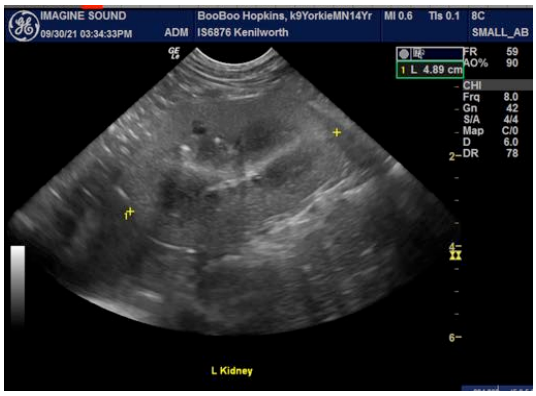

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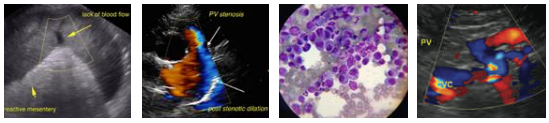

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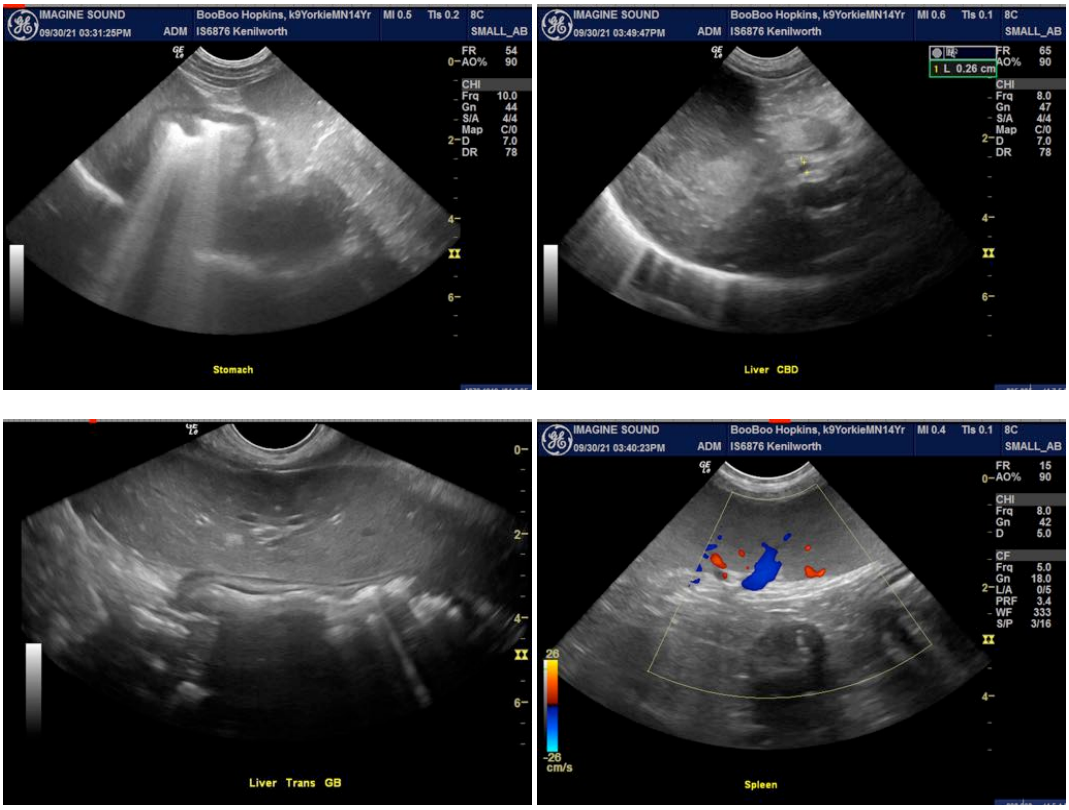

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com