



PATIENT PRESENTING CLINICAL SIGNS

Riley Tait History: R/C Echo and AUS. Previous had liver BX. Hx of vacuolar hepatopathy. Hx Of DMVD
 Abnormal PE/Chem/CBC/UA Results: History of increased SAP >5000 (23-212).

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Shih Tzu

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.

SEX

Neutered male

AGE

11 years

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Multi-focal, cortical mineralization was noted. Blood flow appeared to be slightly subnormal in the cortices. Degenerative cortical cysts were noted in both kidneys. The right kidney measured 5.34 cm.

WEIGHT

9.3 kg

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

Both **adrenal glands** were technically normal in size, yet revealed minor swelling. The left adrenal gland measured 1.74 x 0.44 cm at the cranial pole and 0.57 cm at the caudal pole. The right adrenal gland measured 1.75 x 0.46 cm at the cranial pole and 0.62 cm at the caudal pole.

IMAGING PERFORMED BY

Dr. Barnes

Spleen

The **spleen** revealed minor mineralization.

HOSPITAL NAME

Westview VH

Liver

Exam of the cranial abdomen demonstrated excessive **liver** size and swollen contour. Mild, coarse architecture was noted with increased portal markings and minor parenchymal remodeling is suggestive of an inflammatory component. The gallbladder revealed a minor amount of dependent debris. The common bile duct was unremarkable.

REFERRING VET

Dr. Barnes

INVOICE

91660

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.

DATE

9/6/21



PATIENT

Pancreas

Riley Tait

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

SPECIES

Canine

BREED

Shih Tzu

ULTRASONOGRAPHIC FINDINGS

Moderate, degenerative renal changes with mineralization.

SEX

Neutered male

Slightly swollen adrenal glands, yet technically measure within normal limits.

Benign vacuolar hepatopathy liver pattern.

Minor pancreatic remodeling.

AGE

11 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the urine specific gravity is less than 1.020 then I recommend work-up for pituitary dependent hyperadrenocorticism in this patient given the cortical renal mineralization, splenic mineralization and hepatic presentation these are common findings in midst of Cushing's disease. There is no evidence of neoplasia. The renal parameters should be monitored periodically in this patient as the kidneys appear 50-60% compromised.

WEIGHT

9.3 kg

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DABVP, Cert. IVUS

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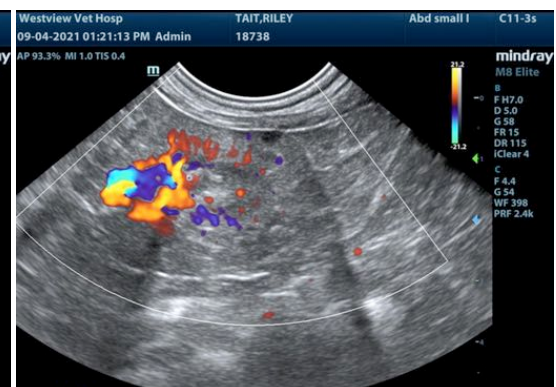
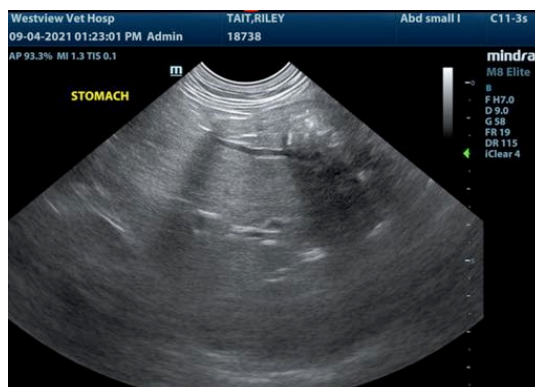
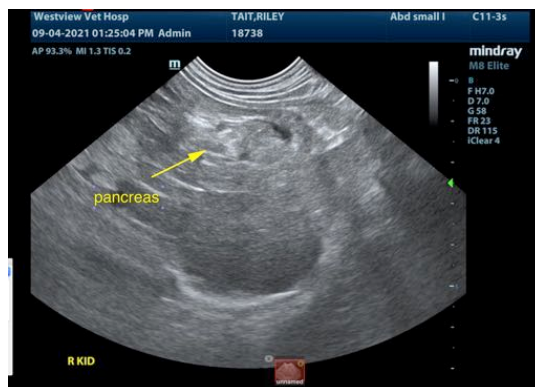
Dr. Barnes

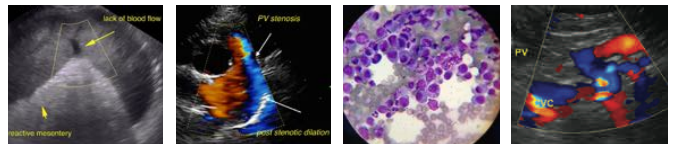
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Riley Tait

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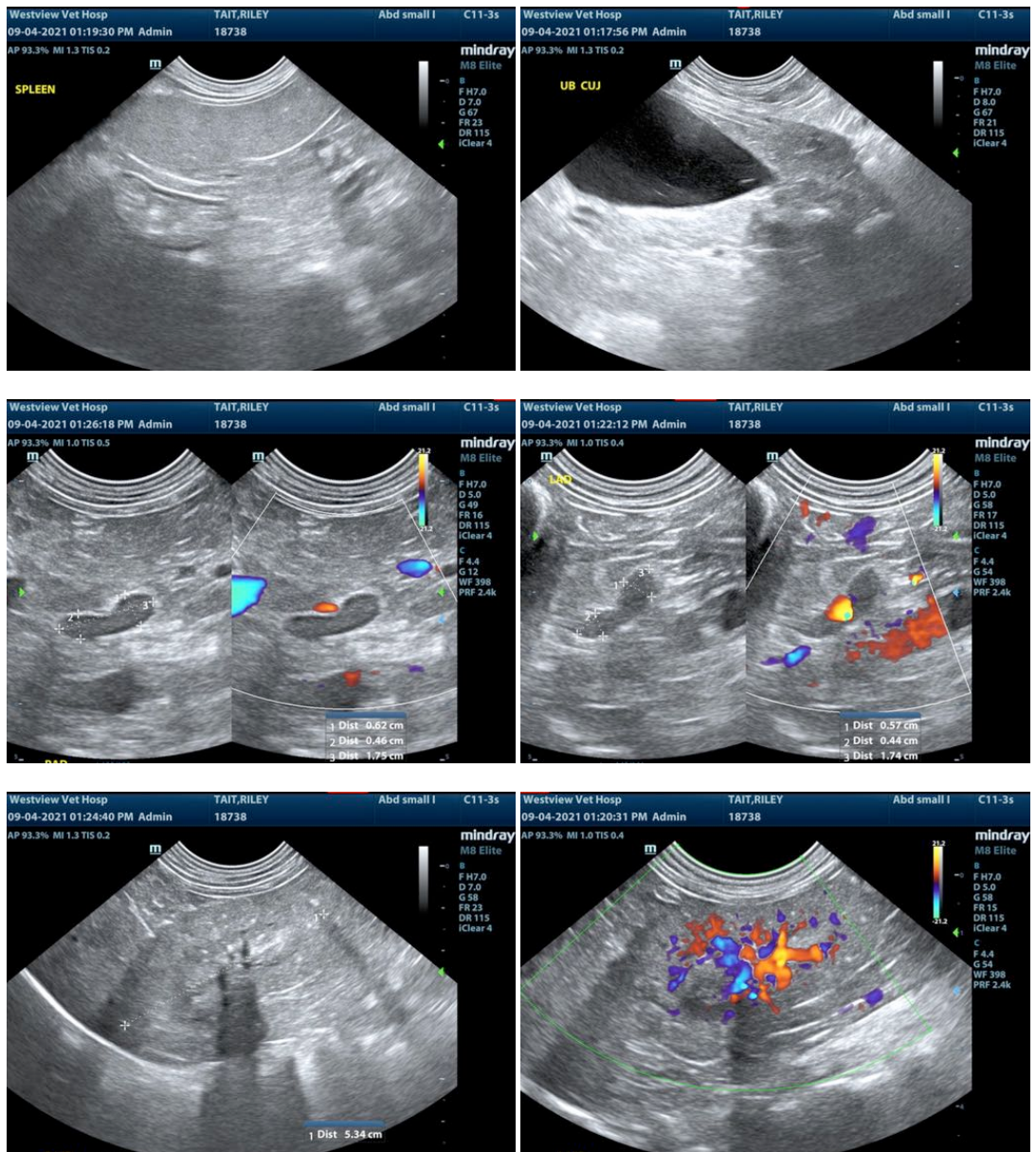
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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