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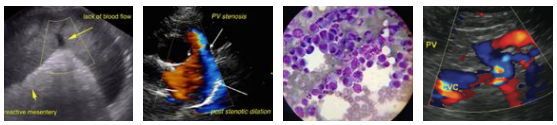


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Mollie Sylva

SPECIES
Canine

BREED
Chihuahua

SEX
Spayed female

AGE
15 years

WEIGHT
6 lbs

INTERPRETED BY
Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
Willakenzie AC

REFERRING VET
Dr. Fischer

DATE
6/21/23

Invoice
45028

PRESENTING CLINICAL SIGNS

History: previously dx w/ stump pyometra at EVH, chronic infected corneal ulcer
Abnormal PE/Chem/CBC/UA Results: HCT 32% hemoglobin 10.4 Neutorphils 18.4 Platelets 1,822 Creatinine 0.4 ALT 702 AST 76 ALP 455 GGT118 Cholesterol 425 Lipase 1,725 Current Medications amoxicillin

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 uterine stump was unremarkable and measured 0.3 cm. There was no residual pathology.

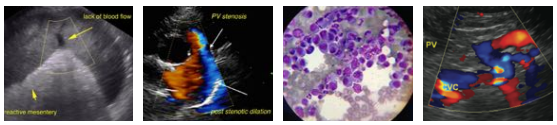
The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Occasional cortical cysts were noted. The right kidney measured 3.92 cm and the left kidney measured 3.89 cm. The kidneys appear 50-60% compromised.

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 left adrenal gland measured 1.7 x 0.81 cm at the caudal pole and 0.52 cm at the cranial pole. The right adrenal gland measured 1.98 x 0.98 cm at the caudal pole and 0.73 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.



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Liver

The **liver** was uniformly swollen. 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. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

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

Bilateral adrenal hypertrophy, strongly consistent with PDH.

Emerging gallbladder mucocele.

Subjectively benign hepatopathy with remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ursodiol therapy is warranted over the next 6-8 weeks. If the urine specific gravity is less than 1.020 then work-up for PDH is indicated. Hepatic FNA would be ideal to identify inflammatory cell type. Blood pressure measurements and renal parameters should be monitored carefully in this patient given the degree of degenerative renal changes. Although azotemia is not an issue I am concerned for potential emerging renal failure in the moderate to near future. There was no evidence of neoplasia.

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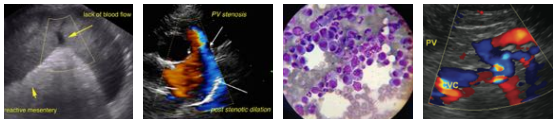

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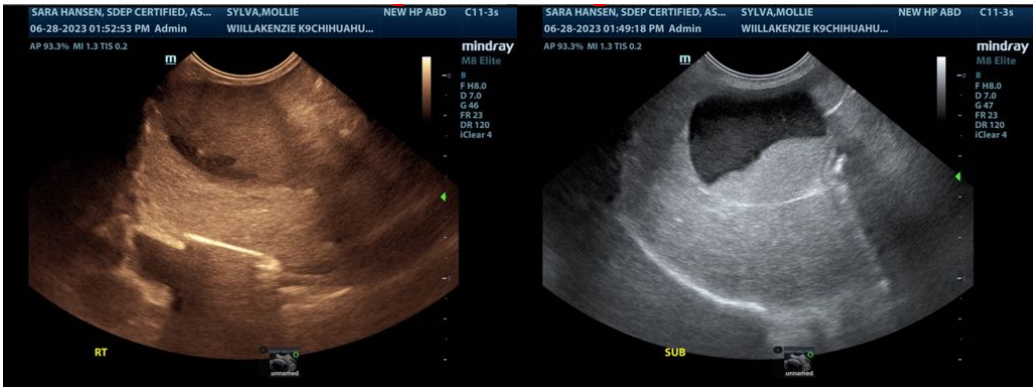

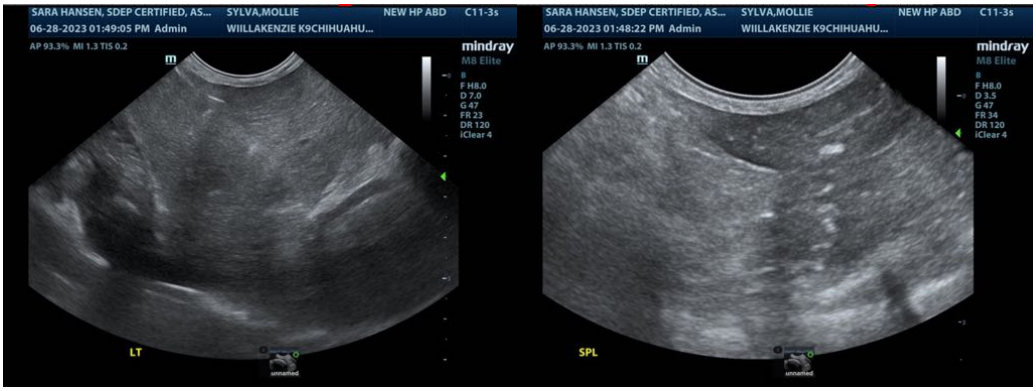

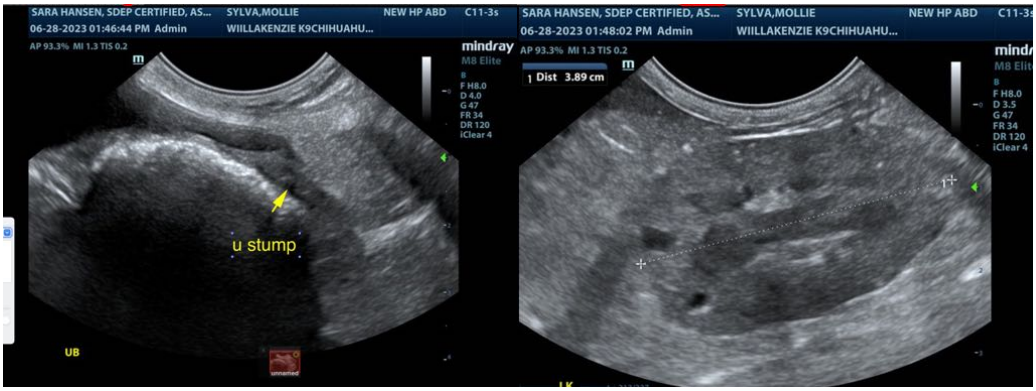

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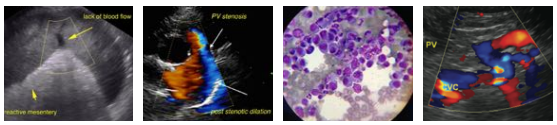

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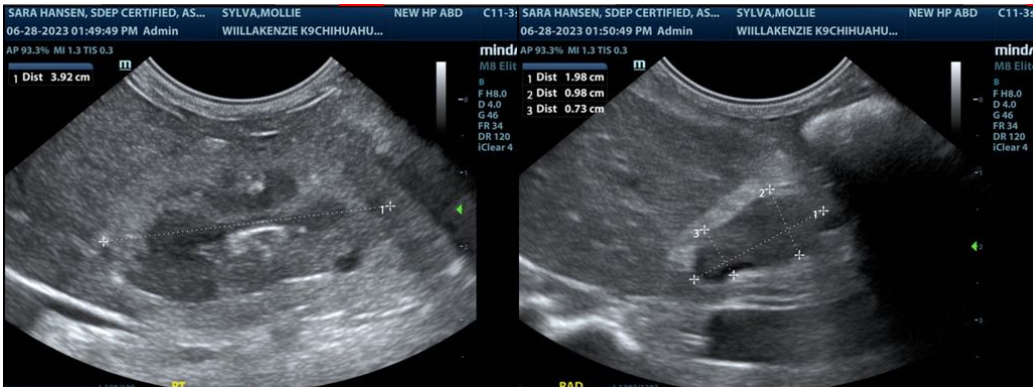

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Eric.Lindquist@SonoPath.com