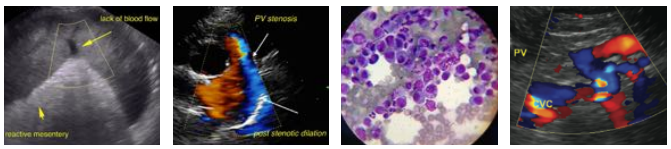
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Riley Webb

SPECIES
Canine

BREED
Lab Mix

SEX
Neutered male

AGE
13 years

WEIGHT
77.8 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Jessica Miller, RDMS

HOSPITAL NAME
BPH of Bridgewater

REFERRING VET
Dr. Baker

INVOICE
43555

DATE
3/28/23

PRESENTING CLINICAL SIGNS

History: Diarrhea, unresponsive to probiotics. Current meds: amlodipine, plavix, mirtazapine
Abnormal PE/Chem/CBC/UA Results: ALT 153

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 moderate degenerative changes with loss of corticomedullary definition. Irregular, undulating capsular contour and cortical parenchymal remodeling with non-obstructive, corticomedullary calculi were noted. . The right kidney measured 7.34 cm. The left kidney measured 6.64 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 3.21 x 1.09 cm at the caudal pole and 0.65 cm at the cranial pole. The right adrenal gland measured 2.81 x 0.68 cm at the caudal pole and 1.28 cm at the cranial pole.

Spleen

The **spleen** was hypoechoic with a mildly expansive nodule in the caudal pole measuring 1.3 x 0.74 cm.

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.

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.

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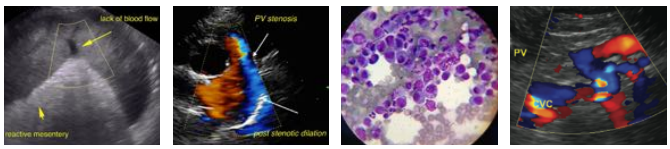

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Pancreas

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.

Heart

Rapid view of the heart revealed no evidence of pathology.

ULTRASONOGRAPHIC FINDINGS

Hyperplastic splenic nodule, likely benign.

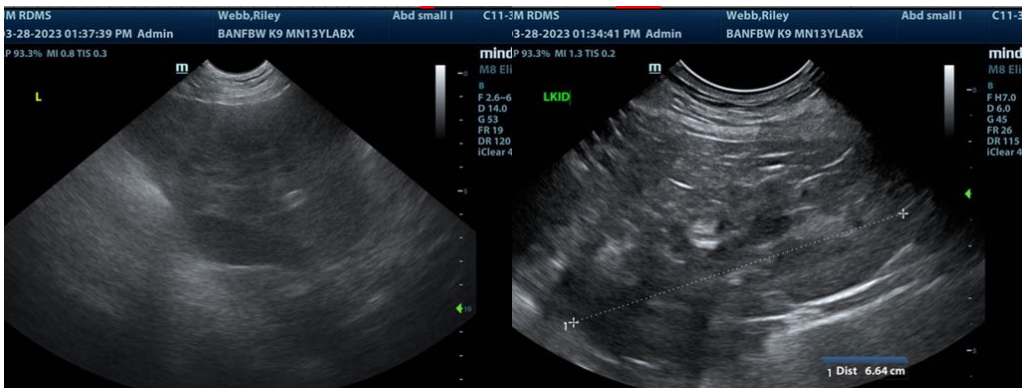
Moderate, degenerative renal changes with non-obstructive nephrolithiasis.

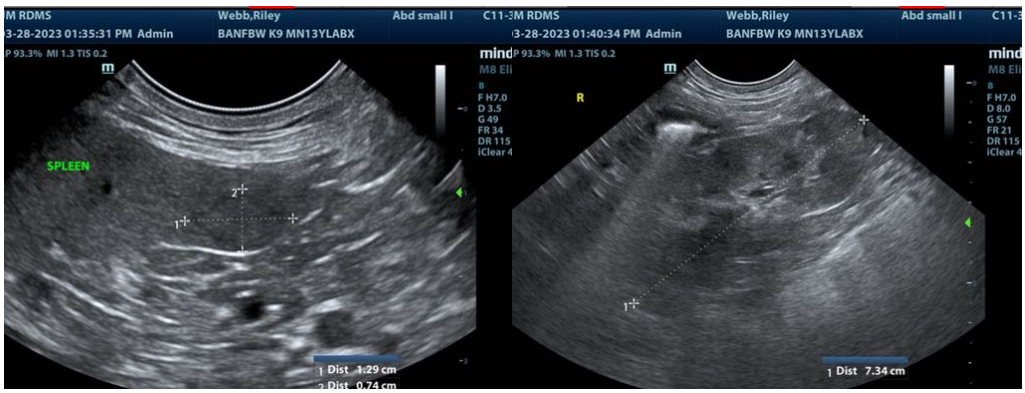
Non-specific, age related hepatic changes with inflammatory hepatopathy.

Bilateral adrenal enlargement, probable hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the splenic nodule is indicated and/or monitoring. If PU/PD is an issue and the patient appears Cushingoid then work-up for PDH is indicated.





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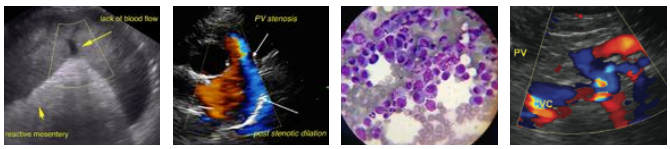

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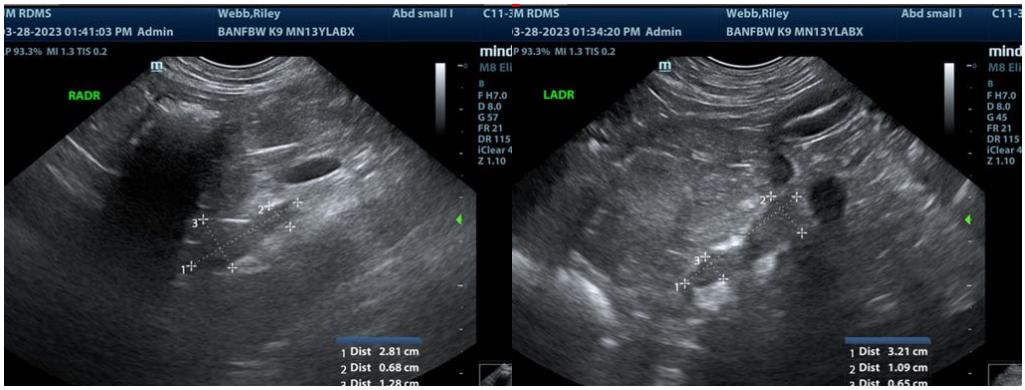

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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