

**PATIENT**

Gigi Noyes

SPECIES

Canine

BREED

Pug

SEX

Spayed Female

AGE

9 Years

WEIGHT

25 Pounds

INTERPRETED BYLisa Carioto, DVM,
DVSc, Diplomate
ACVIM**IMAGING PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VETWixom Family Pet
Practice**INVOICE**

36929

DATE

4/15/22

PRESENTING CLINICAL SIGNS

Blood work prior to dental revealed elevation in ALKP. No clinical signs. Owner feels pet may be sleeping more than normal.

Abnormal PE/Chem/CBC/UA Results: See attached BW.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is well distended with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

The left kidney measures 3.97 cm. The capsule is smooth. Its overall architecture is well preserved. A very mild loss of the normal definition of the cortico-medullary junction is present, which is not uncommon for a dog of Gigi's age. The cortex is isoechoic to the liver. The medulla is hyperechoic circumferentially. Pinpoint and punctate mineralizations of the diverticulae and pelvis are observed, without signs of nephroliths or pyelectasia. A small accumulation of fat is noted within the pelvis. The surrounding mesentery is not hyperechoic.

The right kidney measures 4.60 cm. Findings are similar to the left kidney.

Aortic bifurcation/trifurcation: No abnormalities observed.

Adrenal Glands

The **left** adrenal gland measures 0.41 cm at the cranial pole, 0.38 cm at the caudal pole and 1.80 cm in length. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The **right** adrenal gland measures 0.53 cm at the cranial pole, 0.51 cm at the caudal pole and 1.65 cm in length. The gland has a slightly different shape than "normal", however, it is considered a variation of normal. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

Spleen

The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

Liver

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echogenicity is within normal limits and its echotexture is homogeneous except for three nodules; A well circumscribed, homogeneous, hypoechoic nodule, measuring 1.38 cm x 1.38 cm is noted mid-liver. A slightly ill-defined hypoechoic nodule measuring 0.77 cm is identified dorsally and adjacent to the first, and a third, smaller, hypoechoic nodule is adjacent to the second. A hyperechoic nodule measuring 0.68 cm x 1.0 cm is present surrounding a blood vessel. Perivascular cuffing is observed throughout, which is consistent with myelolipomas. The latter are not considered clinically significant.

The gall bladder is mildly to moderately distended with echogenic material (sludge) within the lumen. The sludge is free floating and gravity-dependent, and some appears inspissated and nodular. Sludge is also adhered to the wall. The wall is within normal limits in size, thickness and echogenicity. The portions of the cystic and/or common bile ducts observed are not dilated or tortuous, i.e. there are no signs of an obstruction.

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Gastrointestinal

A large amount of air is present within the lumen of the stomach. The gastric wall is within normal limits in thickness and the wall layers are well defined. No obvious abnormalities are observed with its peristalsis.

The small intestinal wall thickness, including the duodenum, is within normal limits and the definition of the wall layers is preserved. Abnormally dilated loops of bowel are not observed.

Although the colonic wall is not thickened and mural detail is considered normal, the submucosa is, subjectively, more prominent than normal. Formed stools are present within the colon.

There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction in the gastrointestinal tract.

Pancreas

The pancreas has a mildly coarse echotexture. These changes are most likely due to nodular hyperplasia and areas of fibrosis, which are considered secondary to age. Signs of active pancreatitis or neoplasia are not appreciated.

Other

Lymph nodes: No abnormalities are observed

Abdominal effusion is not visualized.

ULTRASONOGRAPHIC FINDINGS

- Very mild degenerative changes of both kidneys present, which are suggestive of age related degeneration.
- The hypochoic nodules observed in the liver are most likely due to nodular regeneration, which is a benign, age-related change. Target lesions are not noted. The hyperechoic lesion may be due to fat, fibrosis or mineralization, as well as nodular hyperplasia. There are no obvious signs of neoplasia.
- The presence of sludge in the gallbladder is most likely clinically insignificant, however, some dogs may show clinical signs of gastroesophageal reflux disease (GERD), therefore, obtaining a history regarding signs of GERD from the client is suggested. Treatment with ursodeoxycholic acid may be required depending on the patient's history. Furthermore, cholestasis may be present. The latter could cause the elevated ALP enzyme activity, in addition to nodular hyperplasia, and periodontal disease.
- Age-related pancreatic changes are observed. There are no signs of active pancreatitis or neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Evaluation of Gigi's history for signs of GERD is recommended. Treatment with ursodeoxycholic acid may be required depending on the patient's history.

A fine needle aspirate of the liver is not considered necessary at this time.

There are no contraindications to performing Gigi's dentistry. A re-evaluation of liver enzyme activities is suggested approximately 4 to 6 weeks following the procedure.

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Increased sleeping may be due to pain associated with osteoarthritis or periodontal disease, therefore, a course of analgesics, such as gabapentin, may be tried. An up-titration of the dose over 3 to 6 days is suggested to avoid sedation.

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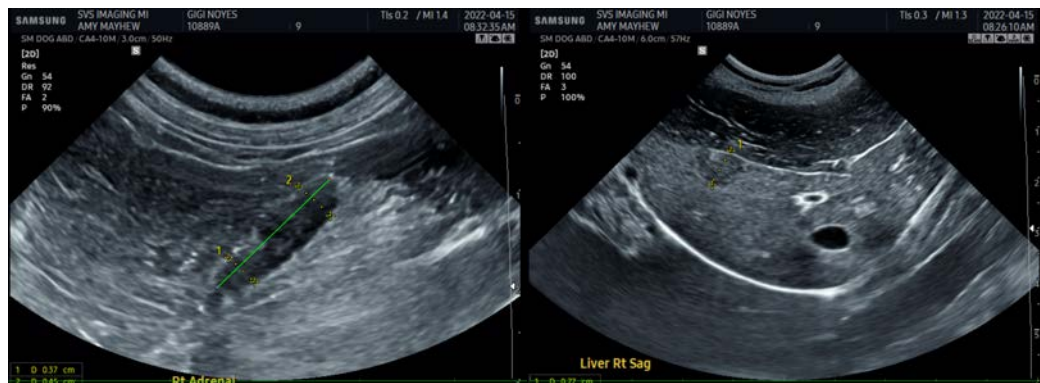
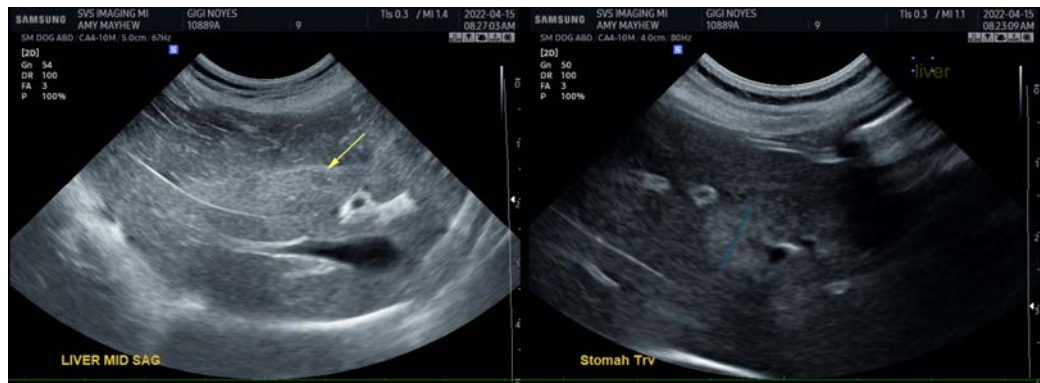
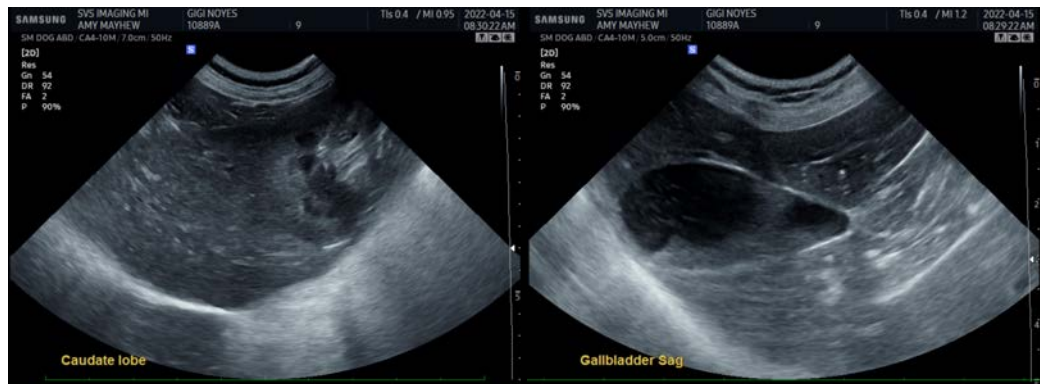
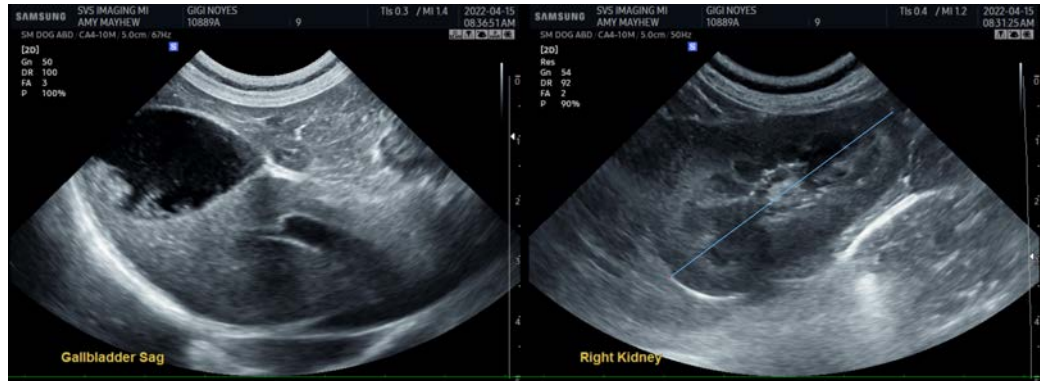
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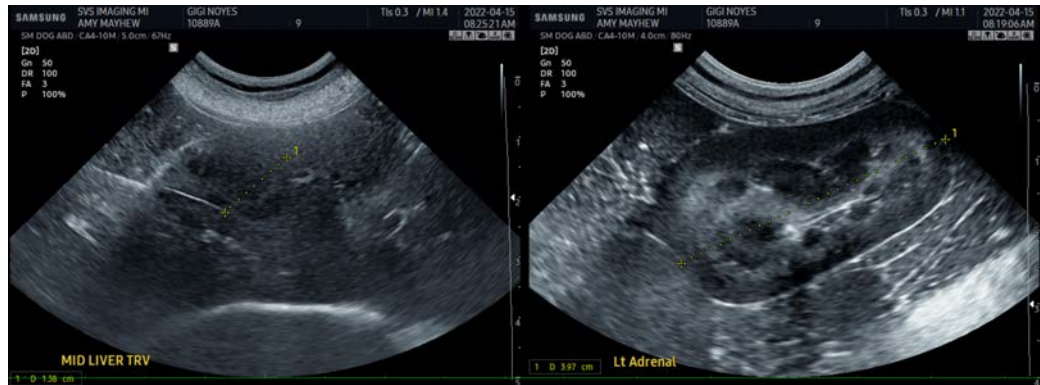
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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