**PATIENT**

Avery Mudd

SPECIES

Canine

BREED

Beagle X

SEX

Spayed Female

AGE

6 Years

WEIGHT

31 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Hartmann

INVOICE

42958

DATE

11/23/22

PRESENTING CLINICAL SIGNS

Recheck ultrasound from July 28, 2022 Treatment with antibiotics, omeprazole, antiemetics, low fat diet resolved Gi issues from the previous SVS ultrasound. Avery improved with PU/PD at that time also, but in the last couple of months the PU/PD has come back. Still eating well. Has never had great energy. Still on Ursodiol 250 mg 1/2 SID, only gets Denamarin occasionally (they struggle getting her to take this)

Abnormal PE/Chem/CBC/UA Results: Rising ALKP 1030 SG 1.010, proteinuria Recently treated for suspected cystitis

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. No evidence of pyelonephritis. Pinpoint medullary and peripelvic mineral noted. The left kidney measured 5.6 cm. The right kidney measured 6.0 cm.

Adrenal Glands

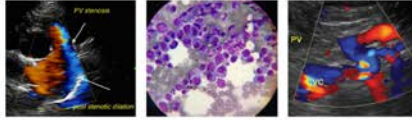
Both adrenal glands were within normal limits for size based on caudal pole width measurements. Subtle parenchymal heterogeneity noted. Mild folding of the cranial aspect of the right adrenal gland, which is considered a patient variant. No evidence of overt adrenomegaly. No evidence of adrenal neoplastic criteria. The right adrenal gland measured 1.8 cm length x 0.62 cm at the caudal pole. The left adrenal gland measured 2.5 cm length x 0.56 cm at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with echogenic, nonmineralized, non dependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. No signs of peripheral inflammation.

**PATIENT*****Gastrointestinal***

Avery Mudd

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained pyloric/antrum fluid.

SPECIES

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Canine

Normal visible colon wall layers were present with apparent formed feces in lumen.

BREED***Pancreas***

Beagle X

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

SEX***Free Abdomen***

Spayed Female

No overt lymphadenopathy or peritoneal effusion was present.

AGE

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ULTRASONOGRAPHIC FINDINGS

- Vacuolar hepatopathy pattern – benign.
- Moderate gallbladder debris with concurrent mucus – suggestive of early partial non-inflamed gallbladder mucocele.
- Overtly normal gastrointestinal tract with minor retained gastric fluid
- Heterogeneous pancreas – patient variant, minor remodeling owing to previous inflammation, low-grade pancreatitis possible.
- Pinpoint renal medullary mineral – static.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

UPC recommended on sterile urine sample if evidence of persistent or significant proteinuria.

IMAGING PERFORMED BY

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Inflammatory hepatopathy is considered less likely as a differential diagnosis yet cannot be definitively excluded. Screening FNA cytology could be considered, primarily to assess for evidence of inflammatory cells or antigenic stimulation. Hydrolyzed or novel protein diet trial with continued Ursodiol therapy and monitoring of ALP levels with potential recheck sonogram if evidence of progressive ALP elevation or cholestasis would be reasonable. Leptospirosis titers/PCR suggested if potential exposure or if endemic to the area.

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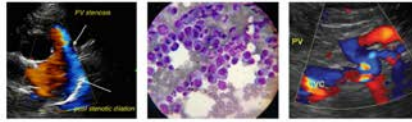
Although the bilateral adrenal glands are not overtly enlarged, full adrenal workup with LDDST or ACTH stimulation test may be considered if clinical suspicion for Cushing's syndrome.

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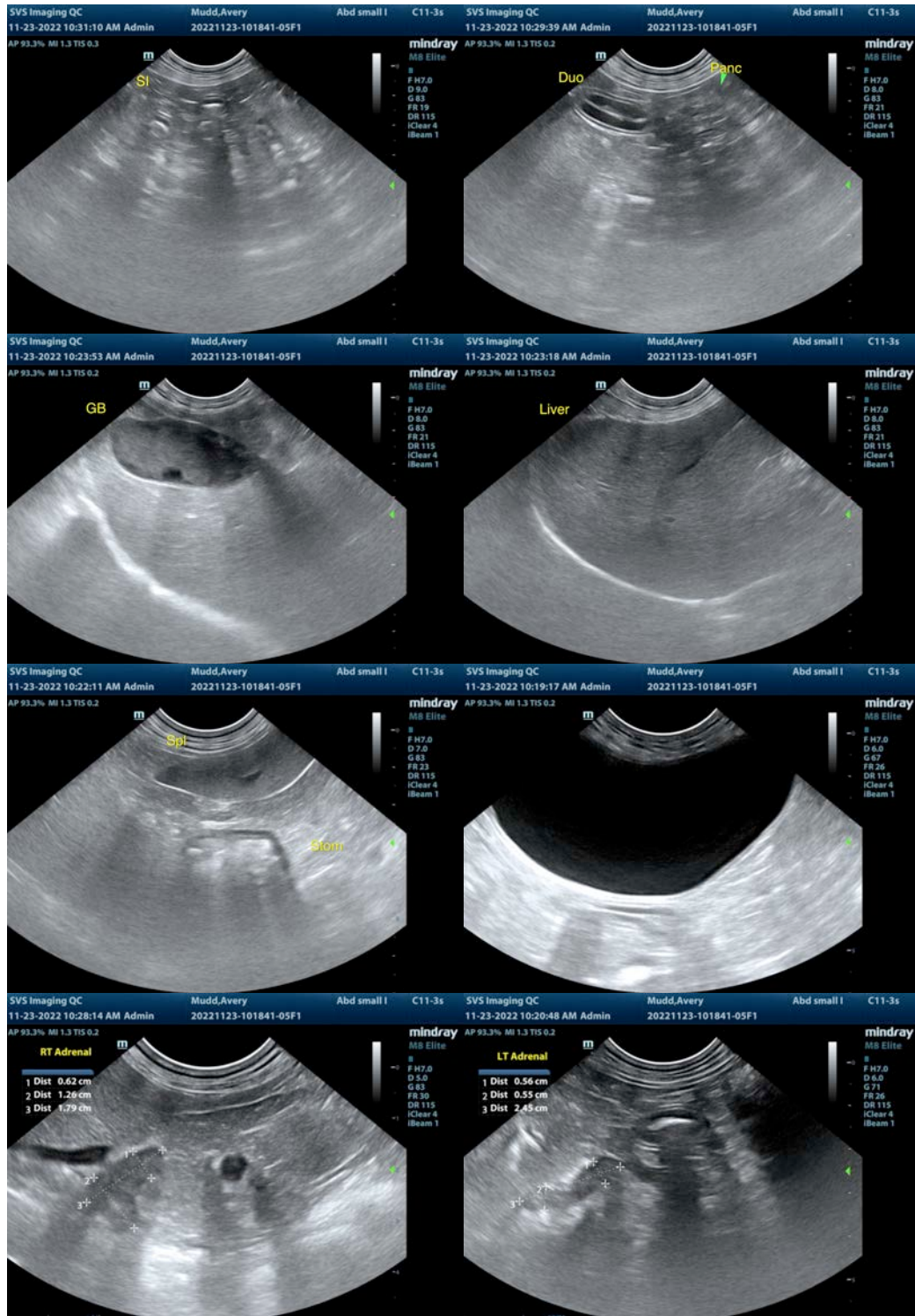
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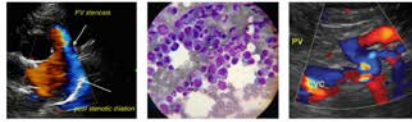
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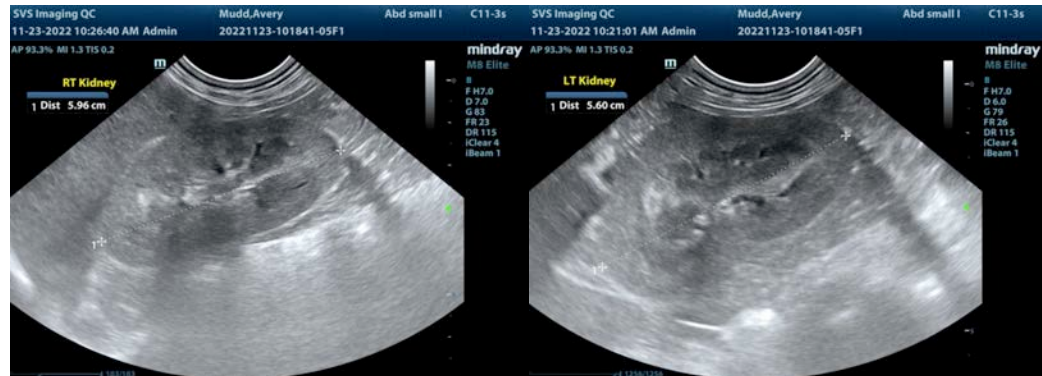
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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