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Clinical Sonography & Telecytology
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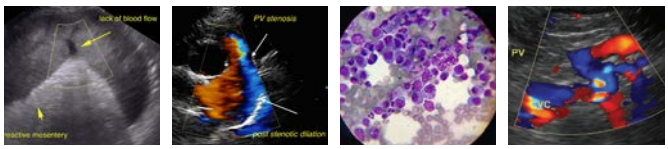

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1-800-838-4268 info@sonopath.com

PATIENT
Roger Watkins

SPECIES
Canine

BREED
Chihuahua

SEX
Neutered Male

AGE
17 Years

WEIGHT
10.2 Pounds

INTERPRETED BY
Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY
Dr. Velasco

HOSPITAL NAME
Bethany Family PC

REFERRING VET
Dr. Velasco

INVOICE
33909

DATE
12/31/21

PRESENTING CLINICAL SIGNS

Roger has stage II renal failure, but values are very stable as of 11/4/21. Blood pressure is WNL. Over the Christmas weekend, Roger started having incontinence-like episodes. He also vomited twice, which is not unusual for him- he has intermittent episodes. Currently eating OK, and some positive response to antibiotics that he has been on, but still wetting his diaper (again, never happened before this). Abnormal PE/Chem/CBC/UA Results: At e-clinic: Urinalysis - bacteria, white blood cells, indicating infection cPL - normal, no pancreatic inflammation

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. There is a questionable cystic calculus (0.49 cm) in one video clip (timestamp 5:07pm – 92 images). This lesion is not seen on any other clips of the urinary bladder. observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is prominent in size (1.27 cm in width) with a normal shape and smooth peripheral contours. Parenchyma is homogenous. The prostatic urethra is not overtly dilated.

The left kidney presented normal size (2.98 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A few small nephroliths are visualized. Trace pyelectasia is present. A 0.36 cm cortical cyst is observed at the caudal pole. There is no evidence of infarcts or hydroureter.

The right kidney is normal in size (4.28 cm) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.48 cm at cranial pole) (0.53 cm at caudal pole) (1.6 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is not definitively visualized in the available images.

Spleen

The spleen is subjectively normal in size (0.87 cm) with a slightly scalloped medial contour. The parenchyma is subtly mottled in appearance with a 0.82 cm hypoechoic to slightly heterogeneous nodule observed at the level of the hilus. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No focal distinct lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No cholelithsare observed. The cystic and common bile ducts are normal.

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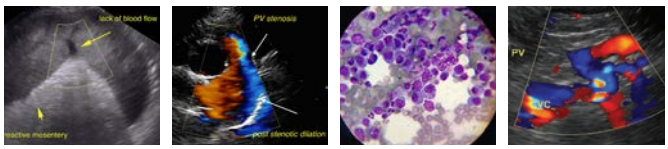

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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

PRIMARY FINDINGS

- Questionable cystic calculus (only suspected in one video clip).
- Mild prostatomegaly – This may be a normal patient for this patient, may reflect late-in-life neutering, or may represent emerging neoplasia. Correlation with clinical findings is recommended.
- Bilateral age-related renal changes with left non-obstructive nephrolithiasis and right dystrophic mineralization.

SECONDARY FINDINGS

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered unlikely. Correlation with the patient's liver values is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Abdominal radiographs +/- additional sonographic images of the urinary bladder are recommended to determine if a cystic calculus is present.
- Also consider a urine BRAF test to further assess for lower urinary tract neoplasia (given the mild prostatomegaly).
- A urine culture and sensitivity is recommended, preferably on a pre-antibiotic urine sample or 5-7 days after the last dose of antibiotics.

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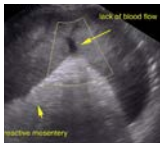
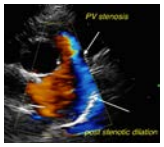
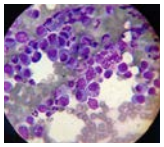
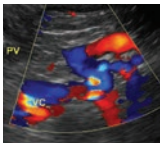

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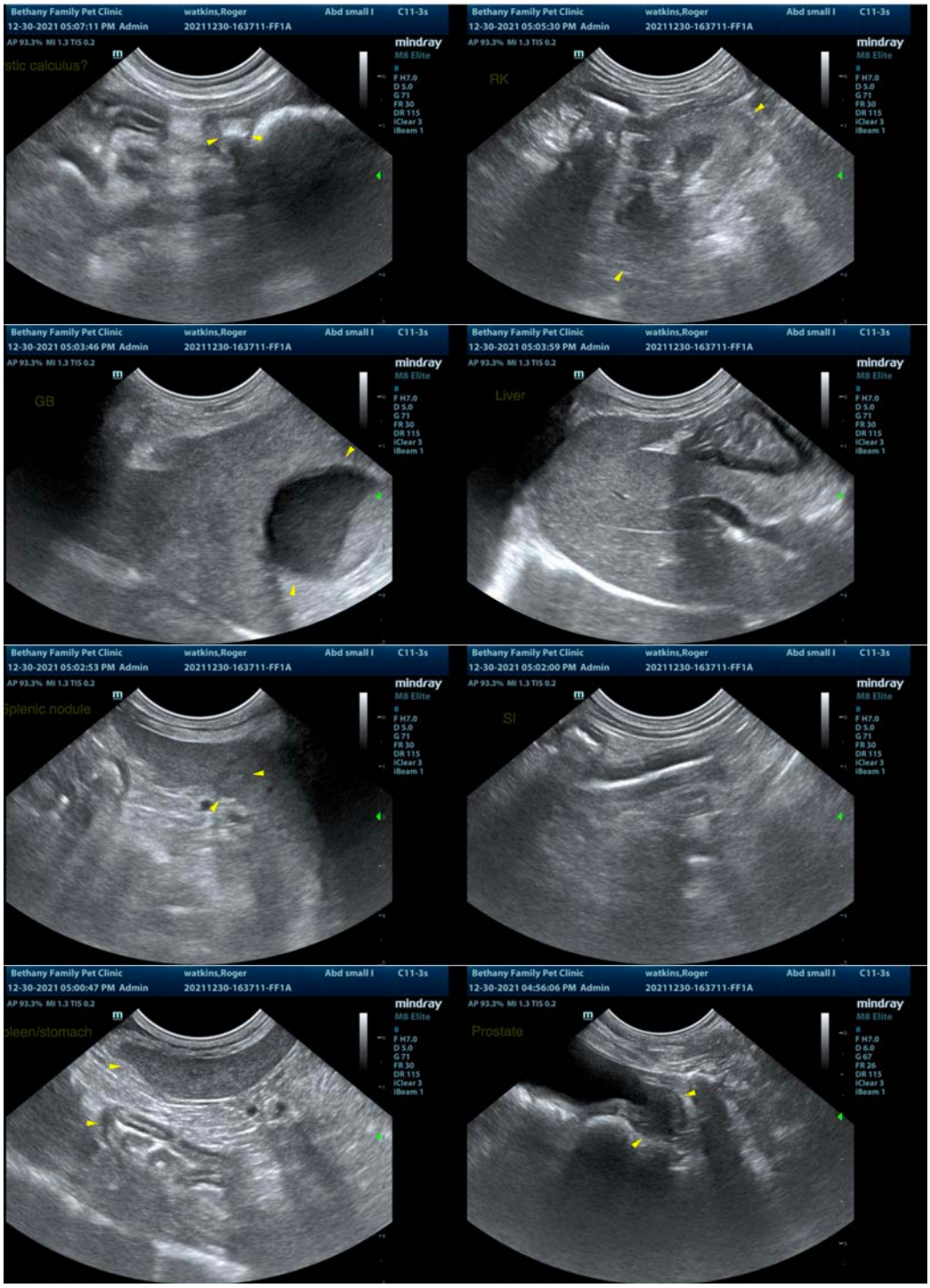

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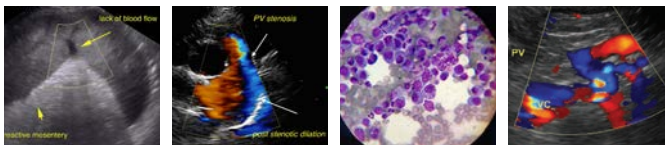

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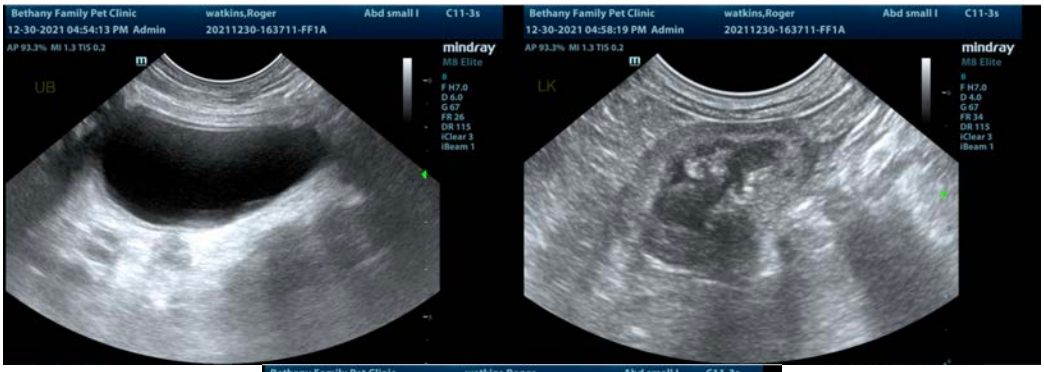

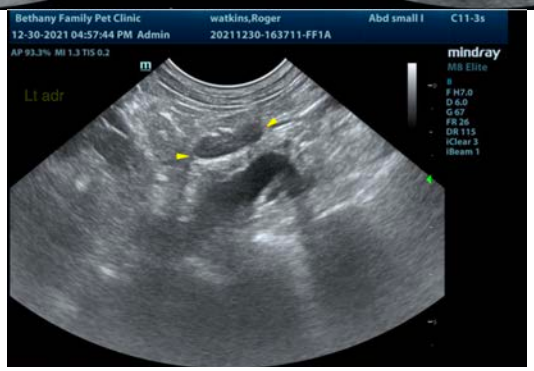

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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