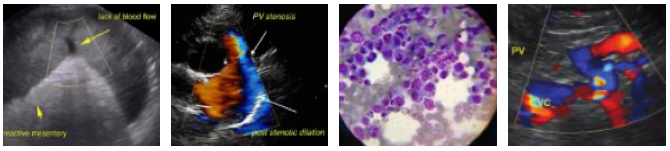
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Griffin Eddwards

SPECIES
Canine

BREED
Terrier mix

SEX
Male, neutered

AGE
10 Yr 10 months

WEIGHT
4.3 kg.

INTERPRETED BY
Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY
Dr. Brian Barnes

HOSPITAL NAME
Westview VH

REFERRING VET
Dr. Brian Barnes

INVOICE
12935

DATE
2/1/22

PRESENTING CLINICAL SIGNS

History: Dog had urethral ca oxalate stones that blocked his urethra and required surgical treatment Non 24 2021. One stone was lodged at the tip of the penile urethra and the stone was surgically removed. Is urinating well since surgery. Has been getting owners up whining on and off over the last month.
Abnormal PE/Chem/CBC/UA Results: Recently started whining and seemed painful. suspect ivdd though has hx of tail paralysis- could be secondary to tail pull injury so cannot rule out neuropathy. Xrays no signs IVDD. Treated with analgesics and Pred and improved. Has now relapsed again as drugs were tapered. Mild rear leg ataxia and mild CP deficits and T-L pain with palpation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly to moderately distended. A small amount of gravity-dependent mineralized sand as well as a scant amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal. The penile urethra is evaluated. No obvious pathology is observed.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal in size (3.82 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Mild pyelectasia is present (0.21 cm in the transverse plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.87 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Tiny non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

Adrenal Glands

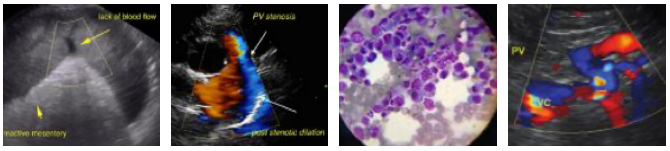
The left adrenal gland is normal size (0.51 cm at cranial pole) (0.39 cm at caudal pole) (1.23 cm in length) with a slightly irregular shape. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (1.14 cm at cranial pole) (0.44 cm at caudal pole) (1.51 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.

Spleen

The spleen is normal in size (1.02 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.29 cm hyperechoic nodule is observed at the caudomedial aspect. Splenic vasculature is normal.

Liver



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The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen. The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated echogenic to mineralized gravity-dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is minimally distended with ingesta. 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 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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Minor degenerative renal changes with dystrophic mineralization and right non-obstructive nephrolithiasis.
- Urinary bladder sand.
- The hepatic parenchymal changes are most consistent with a benign hepatopathy (i.e., vacuolar hepatopathy, regenerative nodular hyperplasia) with a lower possibility of inflammatory or infiltrative disease or other, more insidious, hepatopathies. However, correlation with clinical findings is recommended.

Secondary Findings:

- The small hyperechoic splenic nodule is likely benign (i.e., myelolipoma).
- Mineralized gallbladder sand- incidental.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider a urine culture and sensitivity to assess for occult pyelonephritis as a cause for back pain. If negative, continued pursuit for a neurological orthopedic cause for pain is recommended.

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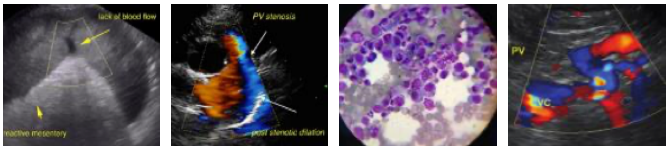

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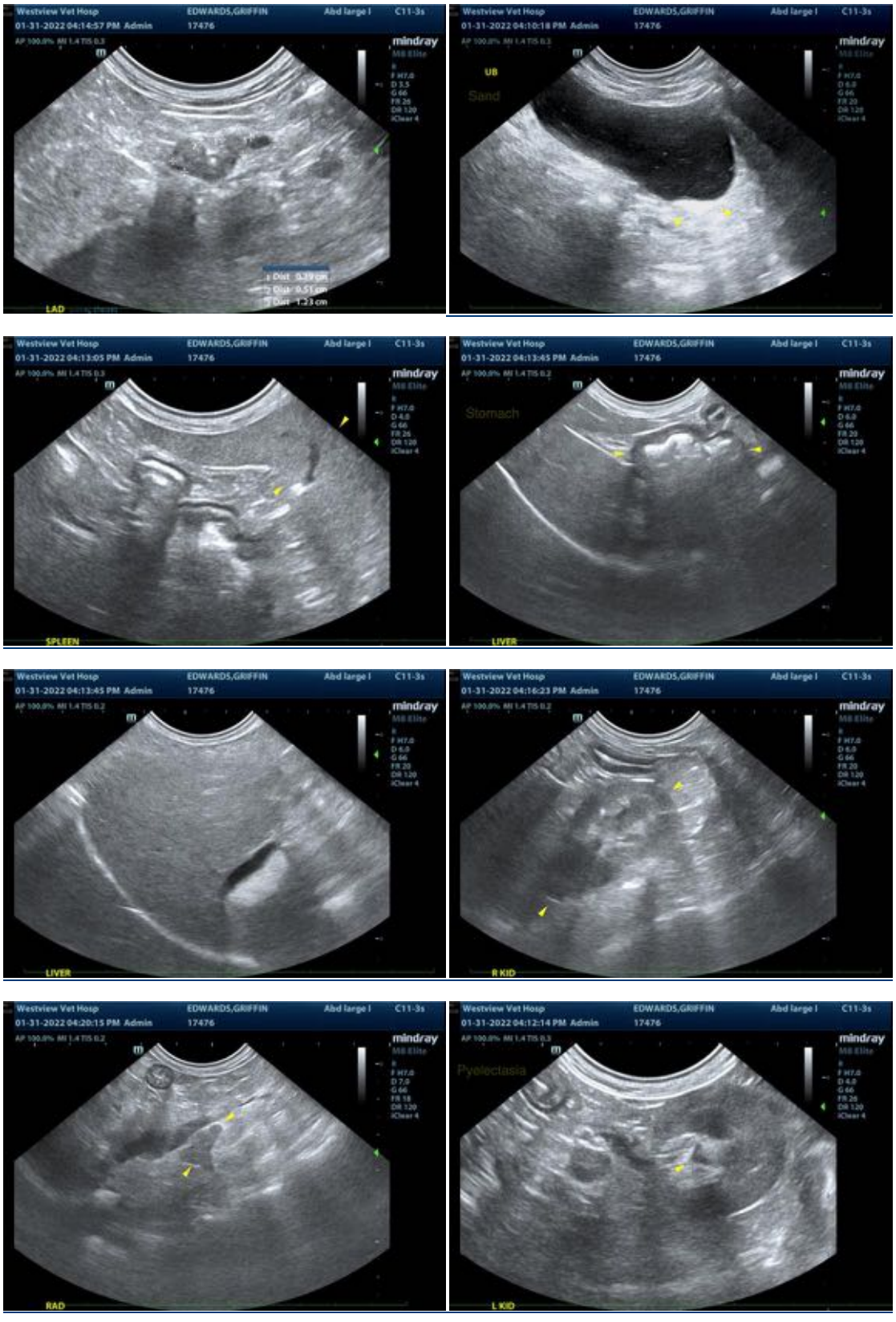

The information and recommendations provided are based on the images presented by the referring

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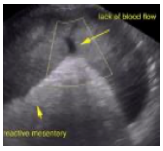
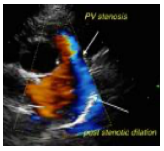
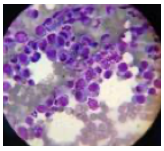
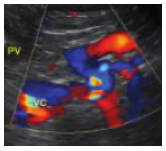

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veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com