SonoPath
Clinical Sonography & Telecytology
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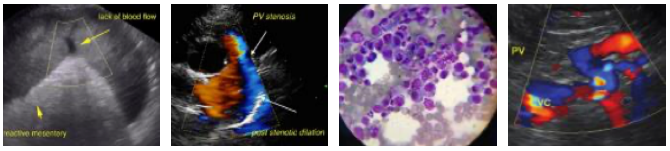

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Duke Ritter

SPECIES
Canine

BREED
Golden Retriever

SEX
Male

AGE
4 Yrs.

WEIGHT
26 lbs.

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

IMAGING PERFORMED BY
Hayley Heindel

HOSPITAL NAME
Masxon Dixon Animal ER

REFERRING VET
Dr. Longbottom

INVOICE
14635

DATE
2/28/23

PRESENTING CLINICAL SIGNS

History: lethargy, diarrhea, anorexia, nausea
Abnormal PE/Chem/CBC/UA Results: UA: transitional cells and TNTC cocci, glucose PCV 18 Cortisol: 11 Creat 13.6 BUN 130 Phos 16.1

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. 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 prostate is enlarged (2.59 cm in width) with normal curvilinear peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and subtly heterogeneous in appearance. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

The left kidney is normal size (7.12 cm in length) with a slightly irregular shape. The cortex is isoechoic to hyperechoic relative to the spleen and diffusely thickened. There is poor corticomedullary distinction. There is no evidence of pyelectasia, nephroliths or hydroureter.

The right kidney is normal size (8.36 cm in length) with a slightly irregular shape. The cortex is isoechoic to hyperechoic relative to the spleen and diffusely thickened. There is poor corticomedullary distinction. There is no evidence of pyelectasia, nephroliths or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.75 cm at cranial pole) (0.58 cm at caudal pole) (3.63 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.

What is thought to be right adrenal gland is normal size (0.53 cm at cranial pole) (0.50 cm at caudal pole) with a normal shape and smooth peripheral contours. The glandular echogenicity and detail are unremarkable. Surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of gravity-dependent hyperechoic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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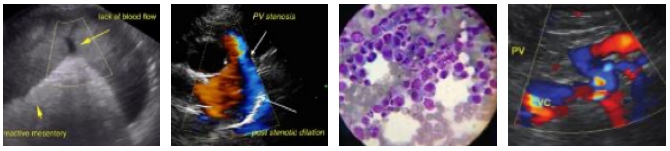

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The gastric lumen is mildly fluid distended. The gastric wall is subjectively normal in thickness with a normal layering pattern. A few small intestinal segments are mildly fluid distended. The remaining small intestinal lumen is empty. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obvious 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

The bilateral renal changes could be consistent with prior insult (i.e., infection, toxin), renal dysplasia, infiltrative neoplasia (i.e., lymphoma), or other nephropathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urine culture and sensitivity is recommended.
- Also consider Leptospirosis testing (i.e., blood and urine PCR, serology).
- If proteinuria is present, consider testing for tick borne disease.
- A renal aspirate may be useful in ruling out lymphoma.
- A baseline blood pressure measurement should also be considered.
- While awaiting test results, symptomatic care including empirical antibiotic therapy, IV fluids, and other supportive measures is recommended.

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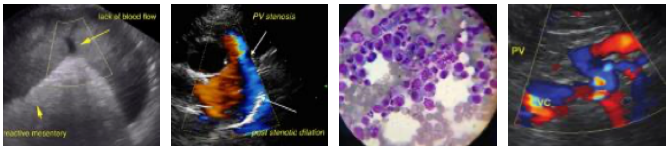

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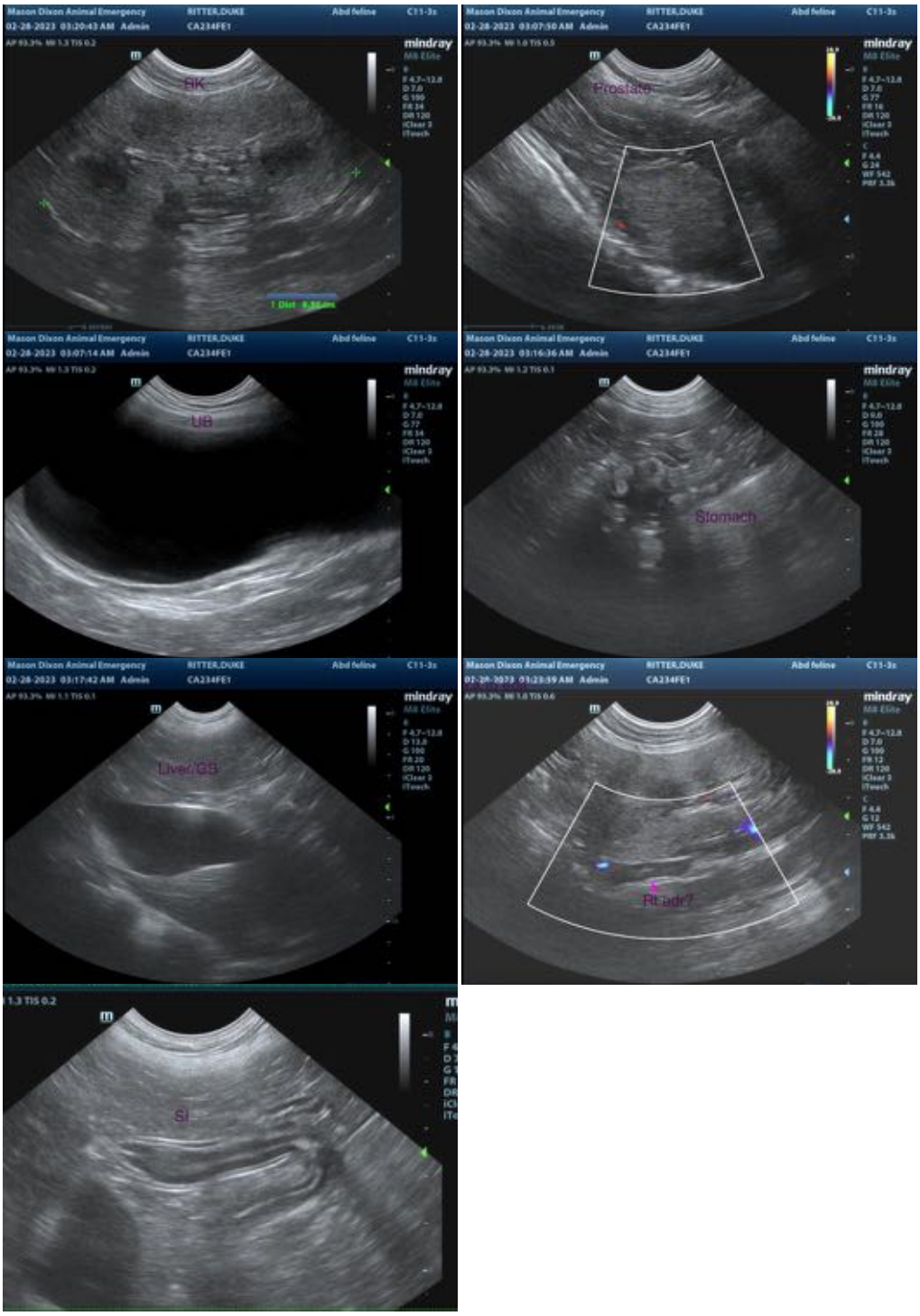

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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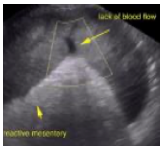
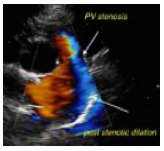
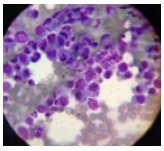
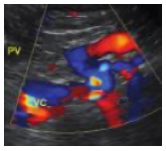

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