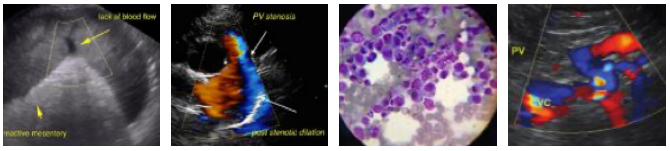
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Minnie Leonardis

SPECIES
Canine

BREED
Italian Greyhound

SEX
Female, spayed

AGE
11 Yrs.

WEIGHT
11.9 lbs.

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

IMAGING PERFORMED BY
Jessica Miller

HOSPITAL NAME
Millburn VH

REFERRING VET
Dr. Turowsky

INVOICE
14526

DATE
1/31/23

PRESENTING CLINICAL SIGNS

History: Recurrent UTI's, also hx of nodular liver changes (last AUS 11/8/21) Current meds: Furosemide
Abnormal PE/Chem/CBC/UA Results: CK 233 UA: Quiet sediment, culture neg (after antibiotics) AG: 1.034

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally distended. The wall is thickened (up to 0.62 cm) and irregular. Within the lumen, echogenic debris and mineralized sand is observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (3.57 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. An ill-defined hyperechoic medullary band is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.57 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. An ill-defined hyperechoic medullary band is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.53 cm at cranial pole) (0.52 cm at caudal pole) (2.08 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 normal size (0.84 cm at cranial pole) (0.41 cm at caudal pole) (1.96 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.

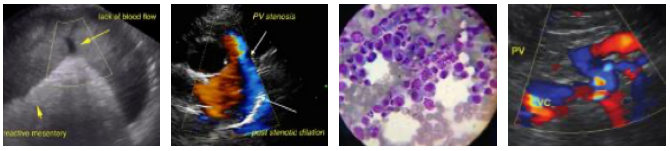
Spleen

The spleen is subjectively normal in size (1.60 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is subjectively mildly hypoechoic and subtly mottled in appearance. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely mottled with a few ill-defined hypoechoic nodules/areas, the largest measuring 2.82 x 1.36 cm. 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 moderate amount of mostly gravity-dependent hyperechoic debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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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 pyloric outflow tract is patent. 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. The lumen of the descending colon contains shadowing fecal material. 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:

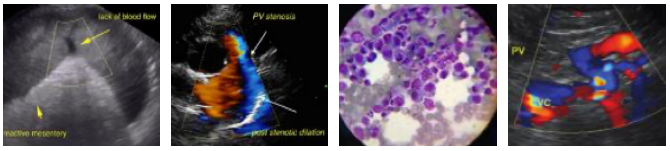
- The urinary bladder wall changes could be consistent with cystitis or may be artifactual due to lack of luminal distention. Mineralized luminal sand is present.

Secondary Findings:

- Mild bilateral, age-related renal changes. Changes are similar to the previous sonogram.
- The hepatic parenchymal changes could be consistent with regenerative nodular hyperplasia, vacuolar hepatopathy and/or age-related remodeling. Inflammatory disease and infiltrative neoplasia are considered less likely. Correlation with the patient's liver values is recommended. Overall, hepatic changes are similar to the previous sonogram. However, the largest hypoechoic nodule is slightly bigger compared to the previous study.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Gallbladder sludge, non-mucocele.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Although a discreet cystic calculus is not definitively identified, consider abdominal radiographs or a repeat ultrasound when the urinary bladder is full to better assess for small calculi.
- Periodic monitoring (i.e., every 3 months) of urine cultures is recommended to assess for recurrence of the urinary tract infection.
- Evaluation of the patient's external genitalia is recommended to assess for factors that may predispose to urinary tract infections.
- Baseline labwork is also recommended to assess the patient's overall metabolic function.



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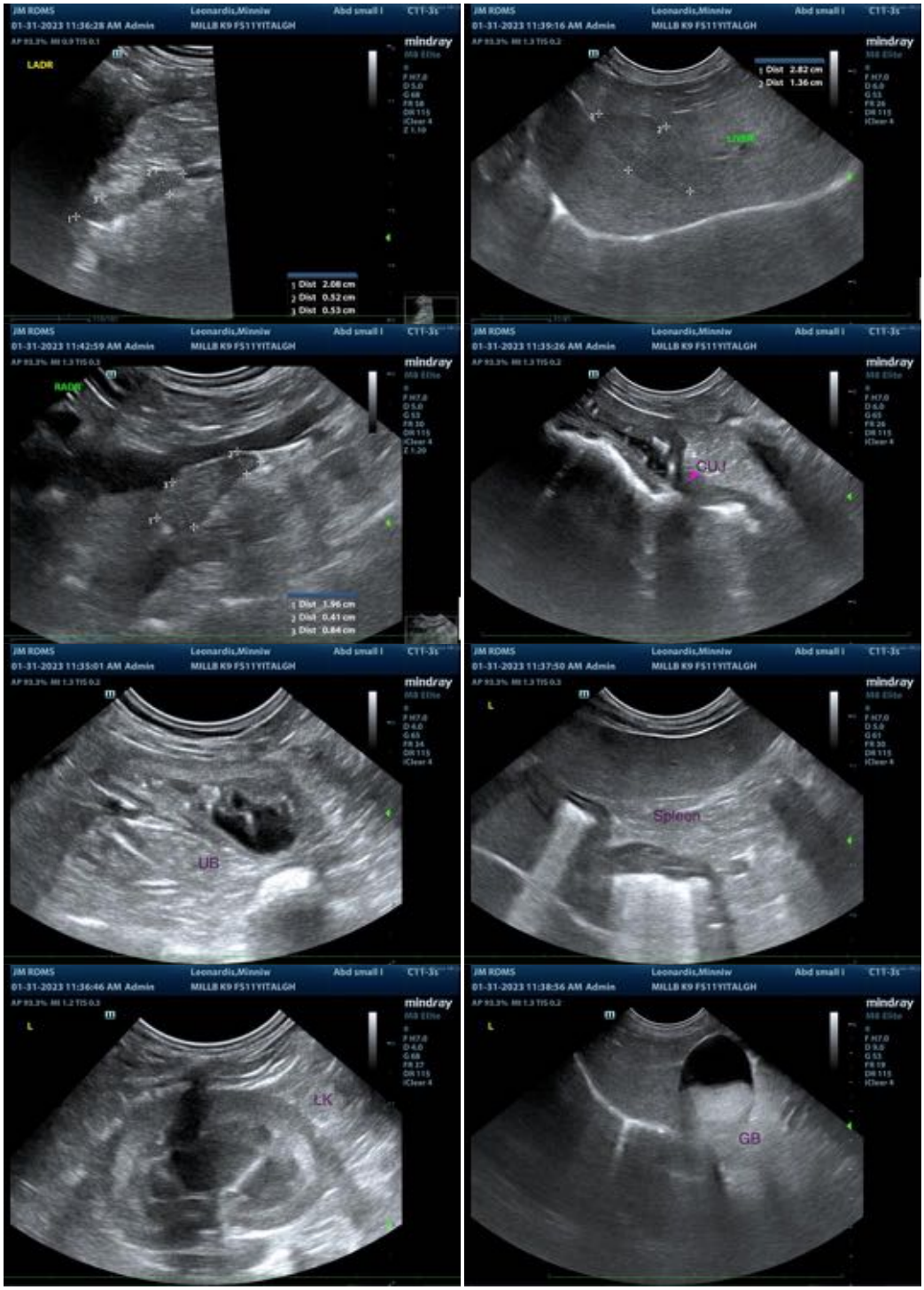
- Consider initiation of a cranberry supplement (i.e., Crananidin).



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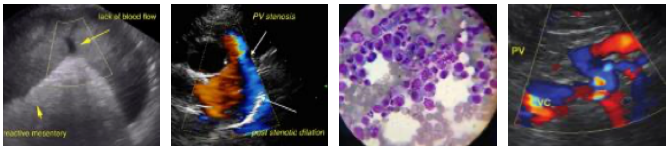

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com