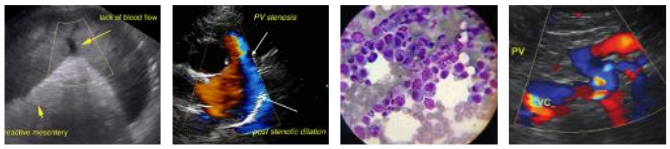
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Layla Melton

SPECIES

Canine

BREED

Maltese

SEX

Spayed Female

AGE

9 Years 8 Months

WEIGHT

22

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Katie Freson

HOSPITAL NAME

Kings VH

REFERRING VET

Dr. Katie Freson

INVOICE

20890

DATE

1/31/23

PRESENTING CLINICAL SIGNS

History: She has chronic skin disease/allergies, historical urinary issues and bladder stones, as well as dental disease. She is proteinuric. She is here today to evaluate her renal and urinary systems.

Abnormal PE/Chem/CBC/UA Results: Prot- 134.5 mg/dL Creat- 194.7 mg/dL Pro/Crea- 0.7

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with primarily anechoic contents. No masses are observed. However, multiple small cystoliths are noted along the dependent wall, with the largest measuring between 0.3 cm and 0.4 cm in size. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Left kidney is normal is size (4.7 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal is size (5.5 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

Left adrenal gland is unable to be fully visualized in these images.

Right adrenal gland is normal in size (0.47 cm at cranial pole and 0.36 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal.

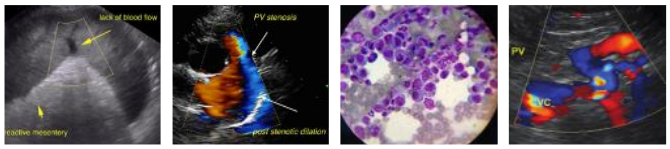
Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

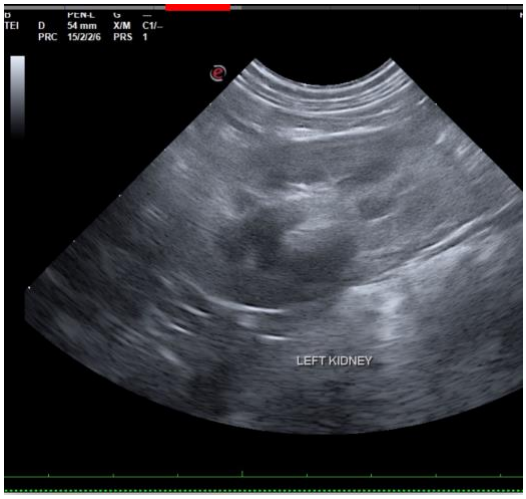
There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

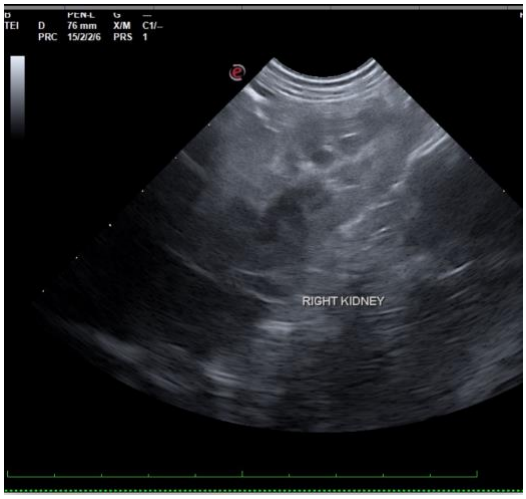
ULTRASONOGRAPHIC FINDINGS

- Multiple small cystoliths, the largest of which measures 0.3 cm to 0.4 cm in size.
- Hyperechoic splenic nodules – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a CBC , chemistry panel and electrolytes are recommended, given the desire to fully assess this patients kidney health and mild proteinuria. A blood pressure could also be considered if not recently evaluated. A UPC of 0.7 should be interpreted in combination with whether or not the patient is azotemic, as treatment is not warranted at 0.7 in a non-azotemic patient, especially with other urinary bladder pathology, such as present in this patient. A urine culture is recommended. If possible, given the cystolith size, a bladder flush, avoiding urohydropropulsions, could be considered to try to identify the mineral/cystolith composition to help better direct treatment. If mineral cannot be obtained via a bladder flush, and patient is clinical without a causative urinary tract infection, ultimately cystotomy may be required.





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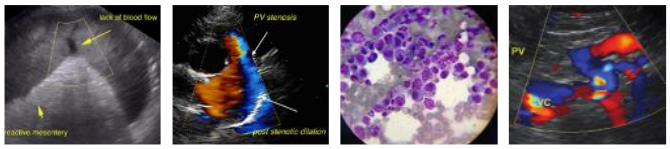

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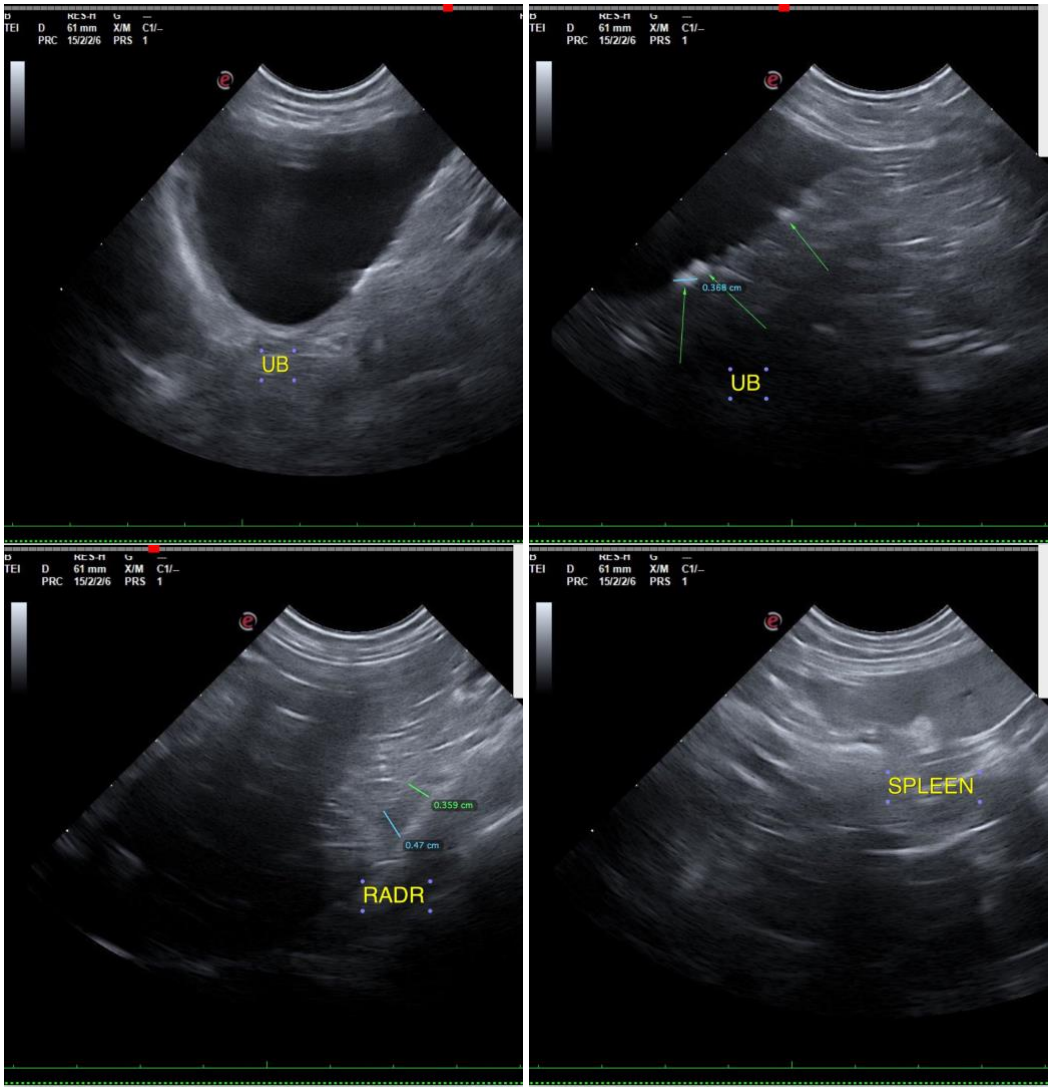

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com