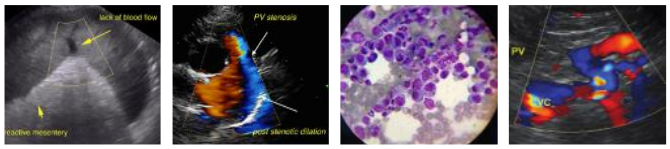
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Charlie Pickett

SPECIES
Canine

BREED
Terrier Mix

SEX
Neutered Male

AGE
9

WEIGHT
28

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Judy Surdam, VMD

HOSPITAL NAME
Companion AH

REFERRING VET
Judy Surdam, VMD

INVOICE
18864

DATE
11/29/22

PRESENTING CLINICAL SIGNS

History: Elevated creatinine and high normal BUN on routine testing, UA USG 1.019. No signs of disease. Started renal diet and repeated renal profile with stable elevated creatinine.

Abnormal PE/Chem/CBC/UA Results: PE: normal Creatinine 2.6 consistently over 5 months BUN 31 Normal to High Normal SDMA USG 1.019-1.047, 1+ prot CBC: hemoconcentration with elev retic/retic Hb (stressed) Blood pressure 110mmHg Pending UPC and urine culture

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The area of the prostate was examined without evident pathology.

Left kidney is normal is size (4.33 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 (4.74 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 normal in size (1.51 cm long x 0.48 cm at cranial pole and 0.56 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (1.93 cm long x 0.39 cm at cranial pole and 0.38 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

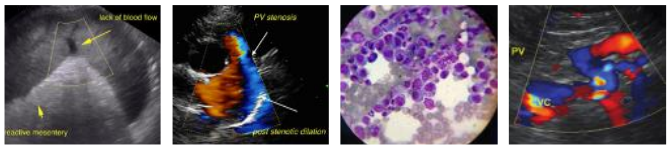
Spleen

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). A 2.0 cm x 2.5 cm slightly heterogenous primarily hypoechoic nodule/mass is noted in the mid body resulting in a mild capsular bulge. 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. An approximately 1.0 cm cyst is noted in the deep liver. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.



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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.

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

- Hypo to anechoic splenic nodule – likely represents a benign lesion such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions, and cannot be ruled out.

- Gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

- A small anechoic nodule in the liver most consistent with a benign or incidental hepatic cyst

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no ultrasonographically visible evidence of kidney disease present in these images at this time. Given this patients ability to concentrate urine to a specific gravity of 1.047, kidney disease in the face of that information is less likely and the increased creatinine in that scenario is more consistent with a prerenal azotemia, however, if the most recently increased creatinine is at the same time as isosthenuria, then kidney disease is more likely and further investigation of possible infectious disease such as leptospirosis, toxic insult, etc., could be considered with continued management of kidney disease, as is already in place.

Additionally, while both the liver lesion and splenic lesion are likely incidental and trend towards the benign, a fine needle aspirate of the splenic nodule is recommended if patients coagulation status is appropriate.

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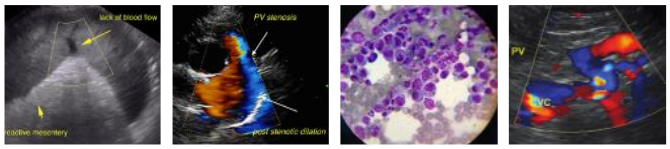

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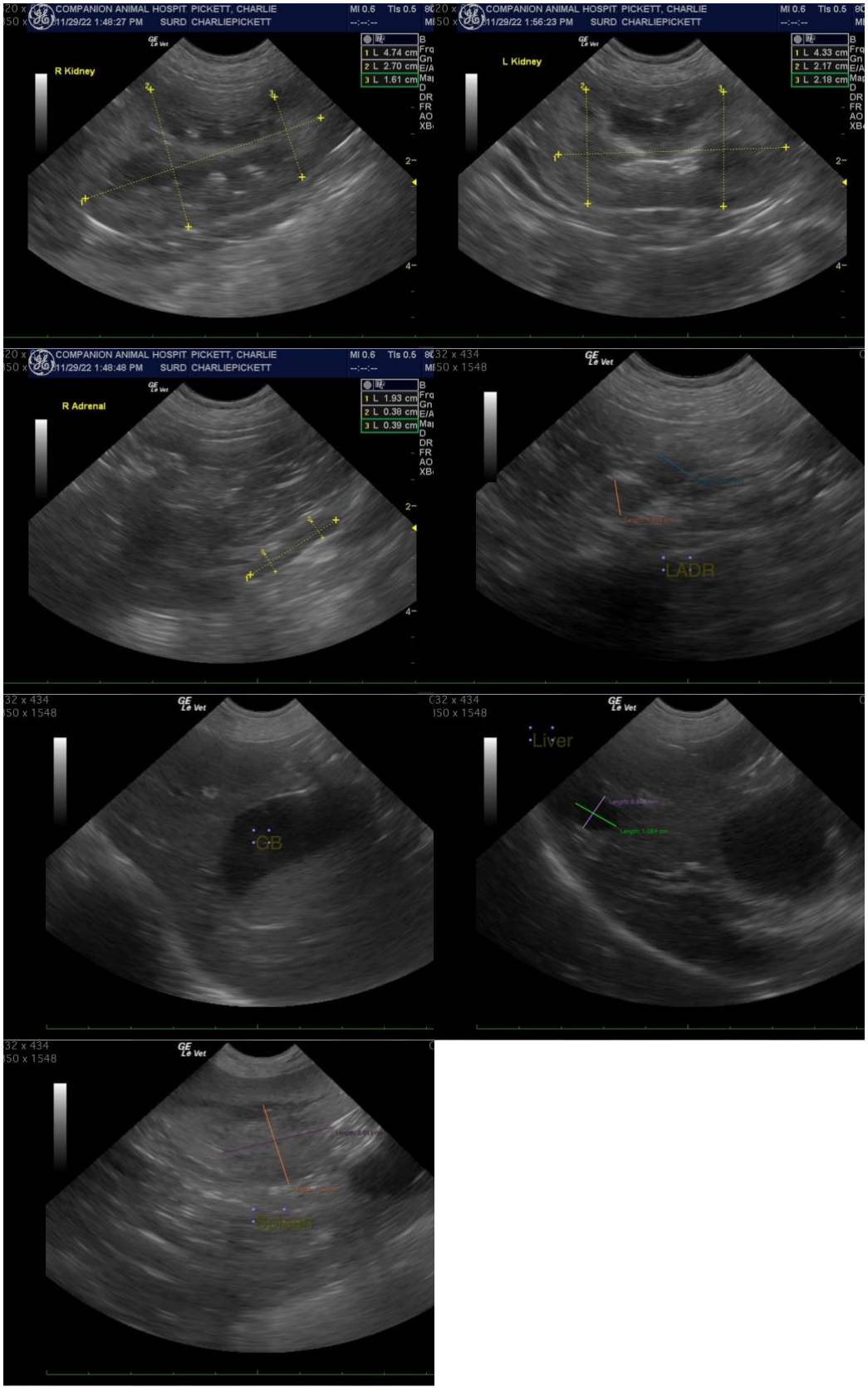

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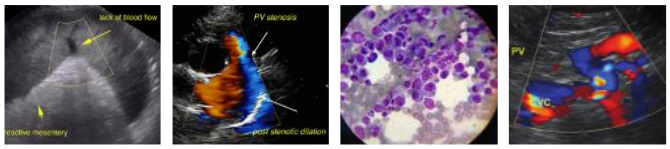

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com