



PATIENT PRESENTING CLINICAL SIGNS

Cissy Duffy
History: History of heart murmur/MVD, recent echo, no signs or meds needed. Routine urine screening showed repeatable and progressive proteinuria with progressively elevated AP. Ultrasound is part of evaluation for underlying cause of proteinuria.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Grade 2/6 murmur Blood and urine tests attached: see above

BREED

Terrier Mix

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.

SEX

Spayed Female

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 4.2 cm. The right kidney measures 4.63 cm.

AGE

9 Years

Adrenal Glands

Left adrenal gland is normal in size (0.43 cm at cranial pole and 0.43 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.79 cm at cranial pole and 0.47 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

WEIGHT

20 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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). No focal nodules or masses are observed. Splenic vasculature appears normal.

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Judy Surdam, VMD

Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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REFERRING VET

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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

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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.

DATE

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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.



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

Cissy Duffy

Pancreas

SPECIES 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.
Canine There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

BREED *Free Abdomen*

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

ULTRASONOGRAPHIC FINDINGS

SEX *Primary Findings*

- Spayed Female
- Hyperechoic hepatomegaly – This appearance is non-specific and most consistent with a benign steroid (endocrine) or vacuolar hepatopathy or reactive or idiopathic hepatopathy. Inflammatory and/or infiltrative disease (such as round cell neoplasia) are also possible but considered less likely.

AGE

9 Years

Secondary Findings

- Age-related kidney changes

WEIGHT

20 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a blood pressure is recommended.

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Differentials for this patients mild proteinuria and increased ALP, may still include hyperadrenocorticism that is early or mild or potentially atypical. If clinical signs of hyperadrenocorticism are present in the form of polyuria/polydipsia/polyphagia, etc., then testing for atypical hyperadrenocorticism could be considered with a full adrenal panel to the University of Tennessee. However, if clinical signs are not present, then further investigation is not warranted until they become present, if they do.

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In the meantime, the urine protein to creatinine ratio is on the border of recommended monitoring versus recommended treatment in a non-azotemic dog. Therefore, options include no additional management at this time with a recheck urine protein to creatinine ratio in 3 months to monitor for progression and institute treatment if progression occurs versus beginning therapy now in the form of ace-inhibitor, antithrombotic therapy (if coagulation status is appropriate), fatty acid therapy, diet change, etc.

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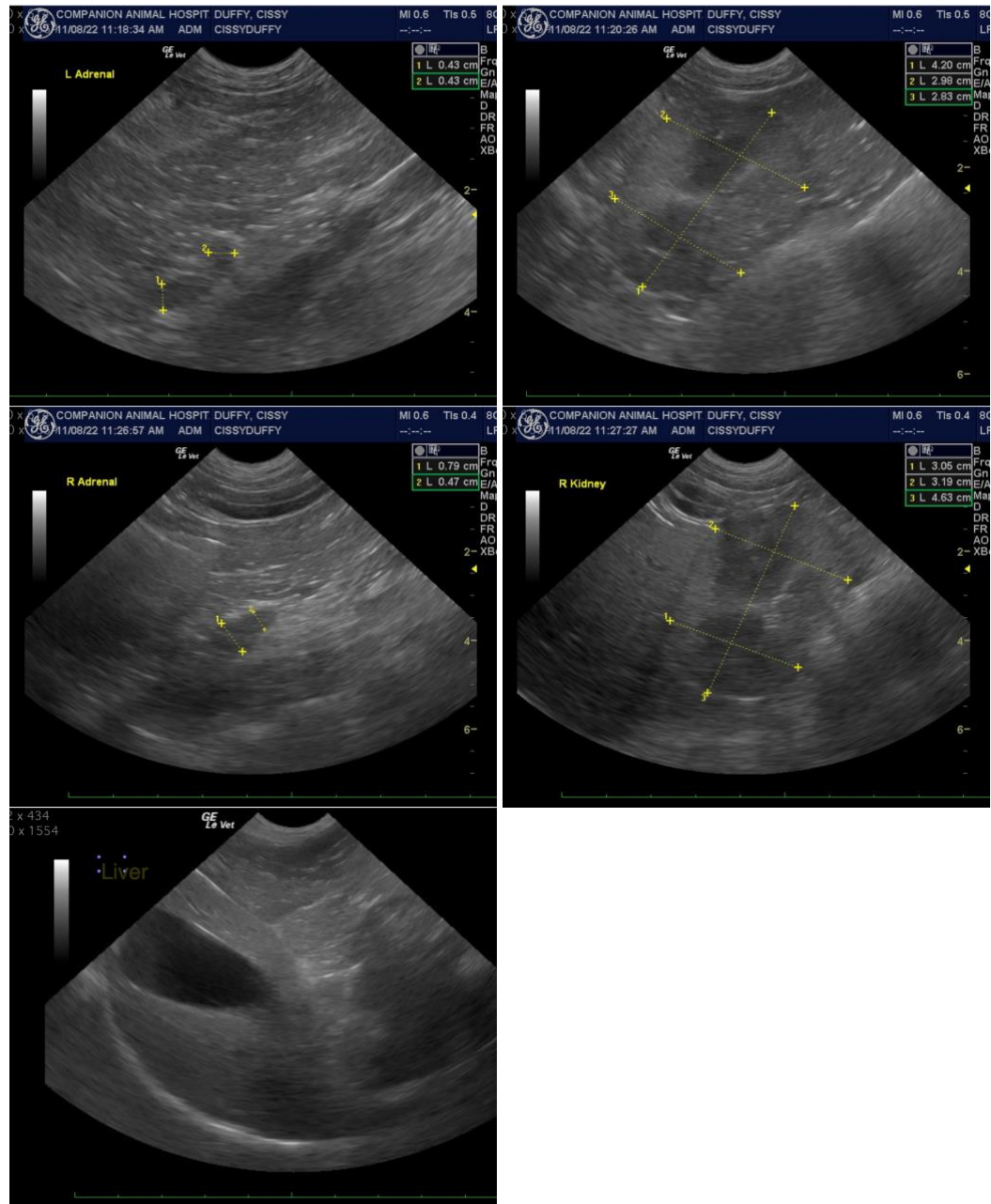
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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