



PATIENT

Molly Volkmar

PRESENTING CLINICAL SIGNS

History: History: Overall p is doing well. Proteinuria with elevated UPC found on recent labwork
Physical exam findings: All WNL. Abnormal CBC values: mild erythrocytosis Abnormal Chemistry
Values: mild ALP elevation - 291 Abnormal UA Values: UPC 3.4, urine culture - no growth Radiograph
Findings(email radiographs if available): N/A Reason for Ultrasound: Investigating for cause of
proteinuria

SPECIES

Canine

BREED

Welsh Corgi

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

Urinary bladder is subjectively mildly overdistended 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.

AGE

10 Years

Left kidney is normal in size (7.33 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.

WEIGHT

45 Pounds

Right kidney is normal in size (6.01 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

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Adrenal glands are plump/swollen in size. Normal shape and contour are maintained without evidence of capsular invasion. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The left adrenal gland measured 0.99 cm at the cranial pole and 1.23 cm at the caudal pole. The right adrenal gland measured 1.0 cm at the cranial pole and 0.71 cm at the caudal pole.

Spleen

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT
LVT

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 3.0 cm x 3.5 cm hypoechoic splenic mass was noted. Splenic vasculature appears normal.

Liver

HOSPITAL NAME

Alpine AH

REFERRING VET

Dr. Lindsay Sjolín

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.

INVOICE

20214

Gallbladder is moderately distended with anechoic bile as well as mild 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.

DATE

12/19/22

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is:



PATIENT

Molly Volkmar “Auto text empty” - empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

SPECIES

OR
Canine

“Auto text normal ingesta” – mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

BREED

OR
Welsh Corgi

“Auto test gas” – mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

SEX

Spayed Female 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:

AGE

10 Years “Auto text empty” - empty with no evidence of obstruction, foreign material or infiltrative disease.
OR

WEIGHT

45 Pounds “Auto text normal ingesta” – mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is 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.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT
LVT

Free Abdomen

There is a very scant amount of anechoic free fluid, primarily around the spleen.

HOSPITAL NAME

Alpine AH

The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

REFERRING VET

Dr. Lindsay Sjolín

Other

There is no evidence of pericardial effusion noted in these images at this time.

ULTRASONOGRAPHIC FINDINGS

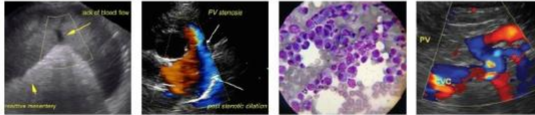
INVOICE

Primary Findings

- 20214 • Bilateral adrenomegaly

DATE

12/19/22



PATIENT

Molly Volkmar

- Hypoechoic splenic mass – This could represent a benign lesion, such as a hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however, especially given the mild amount of anechoic free fluid, infiltrative neoplasia can mimic benign lesions and is also possible.

SPECIES

Canine

- 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.

BREED

Welsh Corgi

- Reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

SEX

Spayed Female

- A scant amount of anechoic free fluid

Secondary Findings

AGE

10 Years

- Mild 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.

WEIGHT

45 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

A fine needle aspirate of the splenic mass could be considered if patients coagulation status is appropriate or alternatively, given the risk of hemorrhage with even benign splenic masses, an exploratory laparotomy for planned splenectomy could be pursued.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT
LVT

The splenic nodule, however, while possibly significant, is likely an incidental finding, given the presenting complaint of proteinuria. Given the adrenal, gallbladder, liver, etc. changes, combined with the proteinuria and the overdistention of the urinary bladder, hyperadrenocorticism could be the underlying reason for the proteinuria. If clinical signs of hyperadrenocorticism, such as PU/PD, etc., are present, then testing is warranted in the form of a low dose dexamethasone suppression test, however, without clinical signs, further investigation of hyperadrenocorticism is not indicated other than evaluation of blood pressure and medical management of the proteinuria alone is recommended in the form of ace-inhibitors, fatty acids, antithrombotic therapy, such as low dose aspirin or Plavix, etc.

HOSPITAL NAME

Alpine AH

REFERRING VET

Dr. Lindsay Sjolin

INVOICE

20214

DATE

12/19/22



PATIENT

Molly Volkmar

SPECIES

Canine

BREED

Welsh Corgi

SEX

Spayed Female

AGE

10 Years

WEIGHT

45 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT
LVT

HOSPITAL NAME

Alpine AH

REFERRING VET

Dr. Lindsay Sjolin

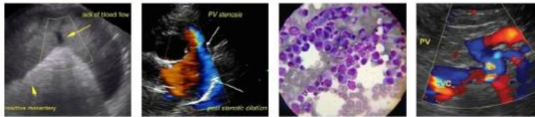
INVOICE

20214

DATE

12/19/22





PATIENT

Molly Volkmar

SPECIES

Canine

BREED

Welsh Corgi

SEX

Spayed Female

AGE

10 Years

WEIGHT

45 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT
LVT

HOSPITAL NAME

Alpine AH

REFERRING VET

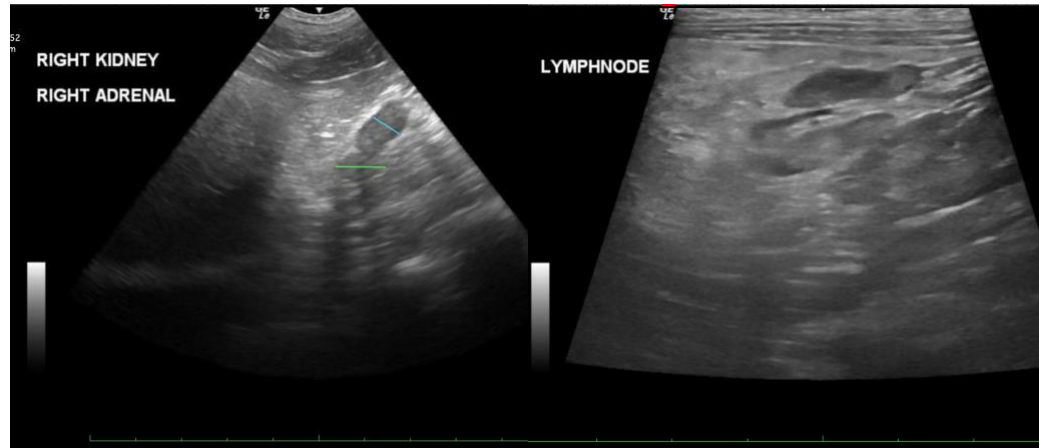
Dr. Lindsay Sjolín

INVOICE

20214

DATE

12/19/22



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