



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Kayla Arthurs
Liver values increased- previous ultrasound showed adrenal mass on left adrenal, kidney changes- done on 2/21/2023 invoice #42912

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: alk phos 168 BUN 51 USG 1013

BREED

Min Pinscher

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately 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 bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. The left kidney is small measuring 2.64 cm and contains large cortical cysts including a 1.2 cm cyst in the cranial pole and a 1.0 cm cyst in the caudal pole. The right kidney is normal in size measuring 3.37 cm and contains multiple small cortical cysts.

AGE

15 Years

WEIGHT

6.94 Pounds

Adrenal Glands

The right adrenal gland is normal in size (0.88 cm at the cranial pole and 0.54 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The left adrenal gland is enlarged (0.53 cm at the cranial pole and 1.0 cm at the caudal pole) with mild heterogenous parenchymal changes. Swollen capsular expansion is noted without evident capsular escape or vascular invasion.

IMAGING PERFORMED BY

Dr. Ashley Whitesell

Spleen

The 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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Liver

The 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.

REFERRING VET

Dr. Ashley Whitesell

INVOICE

44594

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic, except for some mineral sand/debris and the concern for several cholecystoliths measuring between 0.60-1.3 cm in size. There is no evidence of cystic or common bile duct dilation.

DATE

8/8/23

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta.



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There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

Kayla Arthurs

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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 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.

Canine

BREED

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Min Pinscher

Pancreas

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The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Spayed Female

AGE

Free Abdomen

15 Years

There is no evidence of free peritoneal effusion noted in these images.

WEIGHT

There is no apparent lymphadenopathy noted in these images.

6.94 Pounds

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

- Left adrenal mass with a relatively normal size right adrenal gland – This could represent an adrenal adenoma or even less likely adenocarcinoma, but given the lack of a decrease in size of the right adrenal gland, slightly atypical hyperplasia secondary to pituitary dependent hyperadrenocorticism is also possible. Additionally, early pheochromocytoma cannot be ruled out. The appearance of the adrenal glands, however, is relatively static to the previous ultrasound.

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

- Chronic Kidney Disease with bilateral cortical cysts – This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc. The cysts are slightly progressive in size but more definitively consistent with cysts versus the previously suspected possible nodules. Having said that, abscess or infiltrative neoplasia can't be ruled out but are considered much less likely.

Dr. Ashley Whitesell

HOSPITAL NAME

- Gallbladder debris and suspect cholecystoliths with no evidence of obstruction - 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.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

Further recommendations for this patient are largely dependent on diagnostics that were done previously as well as patient's current clinical status, etc.

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Given the reported azotemia and isosthenuria, if not recently evaluated, a blood pressure is recommended, and if tolerated and not already in place, instituting medical management for mild or



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emerging chronic kidney disease could be considered.

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REFERRING VET

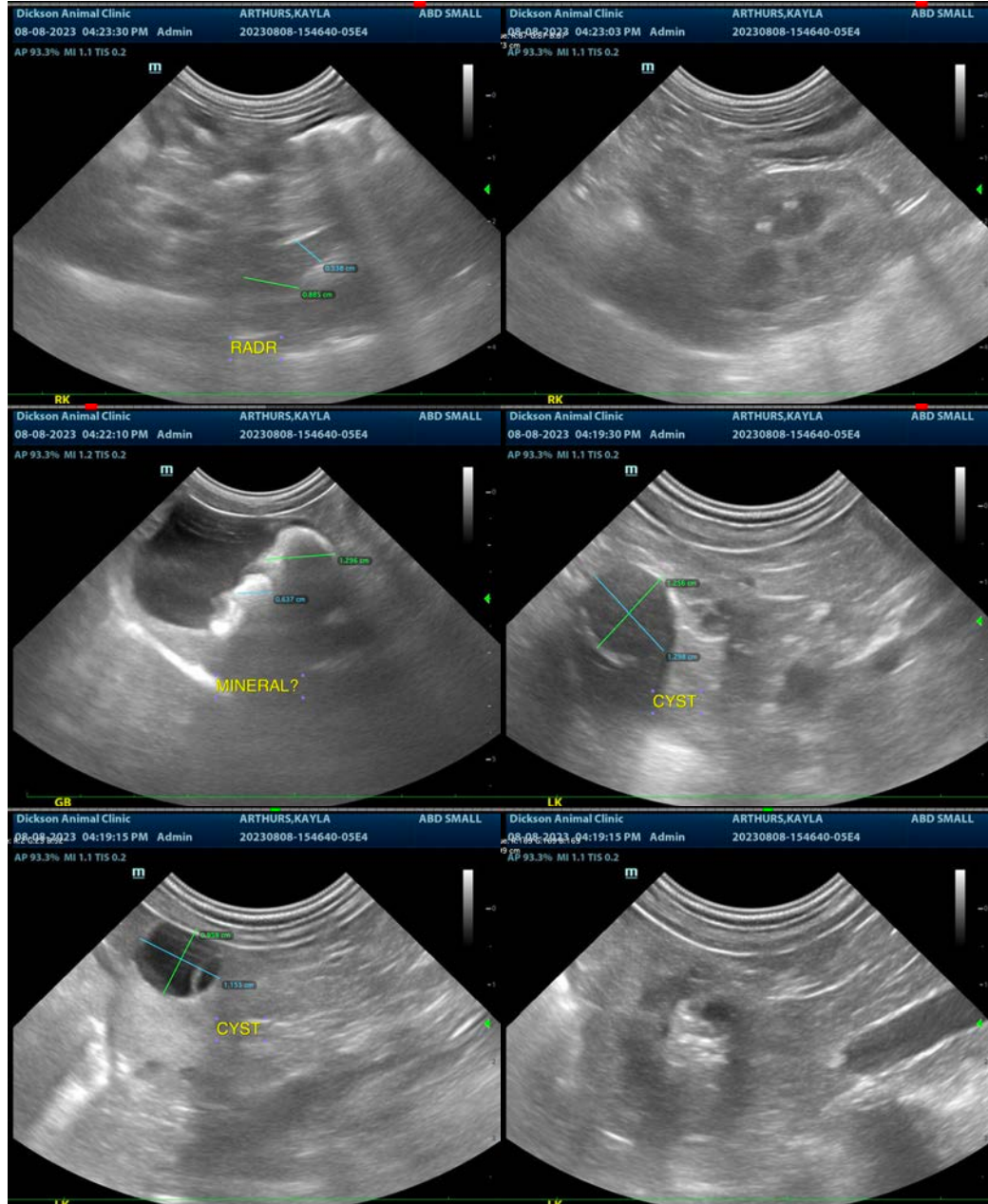
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
info@sonopath.com