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Clinical Sonography & Telecytology
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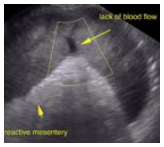
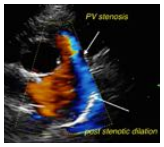
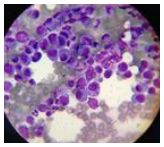
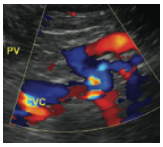

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1-800-838-4268 info@sonopath.com

PATIENT

Luther Scheuten

SPECIES

Canine

BREED

German Shepherd

SEX

Male

AGE

9 years

WEIGHT

69.2 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

Animal Care Center of Flanders

REFERRING VET

Dr. Casulli

INVOICE

43201

DATE

12/20/22

PRESENTING CLINICAL SIGNS

History: elevated UPC on thyroid tabs 0.5mh bid , takes apoquel 16mg sid
Abnormal PE/Chem/CBC/UA Results: urine culture pending 11/5/22 - t4 - 3.6 (hi), glob - 3.7(hi) , ast - 132 (hi) , alt - 244(hi), a/g ratio - 0.7, ALKP 160(hi), GGTP (hi) 15 u/a - pH - 8.5 sg - 1.015

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys have a smooth capsule and with mild hazing of corticomedullary definition with approximate maintenance of normal ratio (cortex 1/3 of medulla). No evidence of pelvic dilation was present. Pinpoint areas of cortical mineralization. The left kidney measured 6.0 cm. The right kidney measured 7.7 cm.

Adrenal Glands

The caudal pole of left adrenal gland was visualized and recognized as having normal shape, size, position and echogenicity for this breed. Capsule, cortex, and medullary definition were normal for this age patient.

Spleen

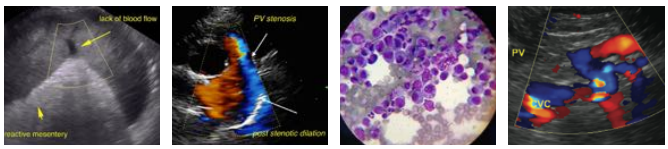
The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed. The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid



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distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

1. Chronic degenerative renal changes
2. Urinary bladder distended with normal appearance and contents

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinary bladder is distended with urine but has a normal appearance and shape. Distension makes it visible in many views of the abdomen and it may be pressing intestinal contents forward. Renal cortical mineralization is present bilaterally and likely represents degenerative kidney disease, which proteinuria may be an early sign of. This dystrophic mineralization can also be seen with hyperadrenocorticism. While the entirety of both adrenal glands were not definitively identified in this study, the portion of left adrenal gland visualized was normal. If clinically warranted, additional testing for hyperadrenocorticism (ACTH stimulation test vs LDDST) could be considered.

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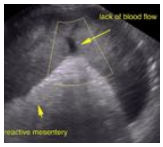
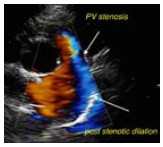
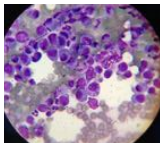
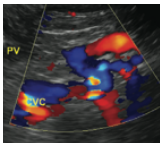

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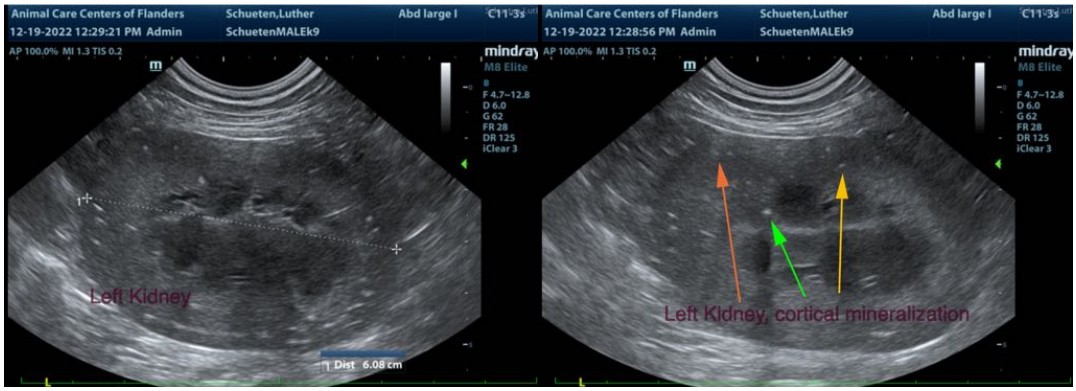

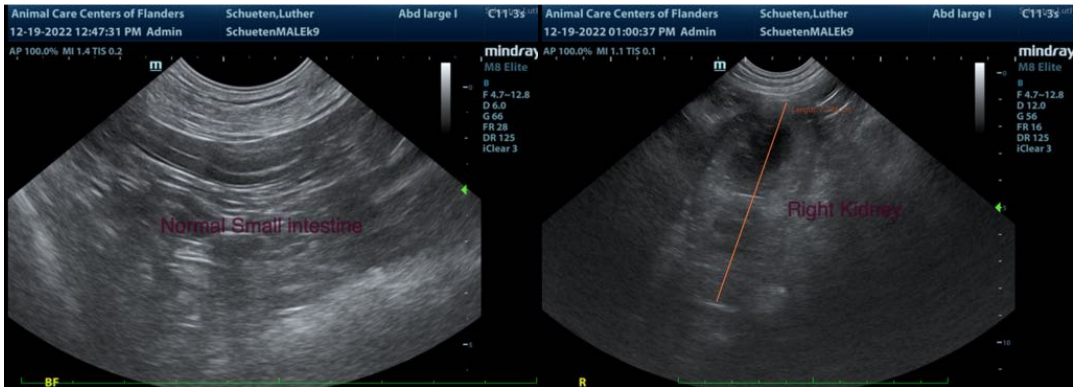

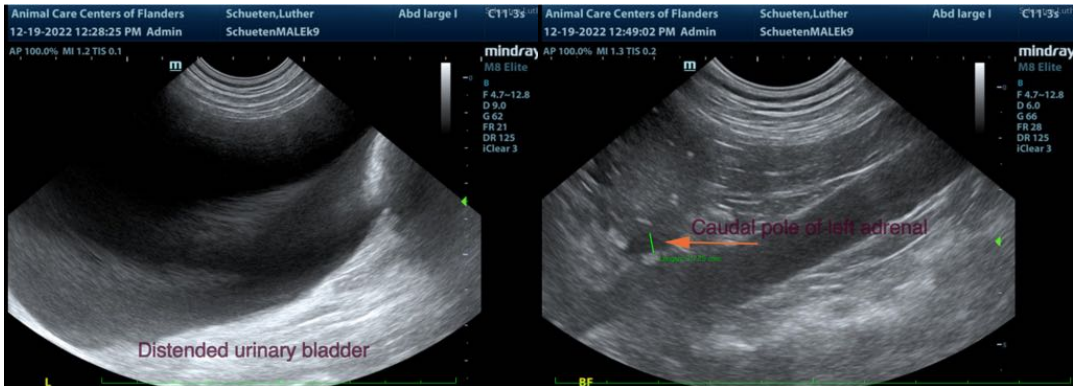

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC
info@SonoPath.com