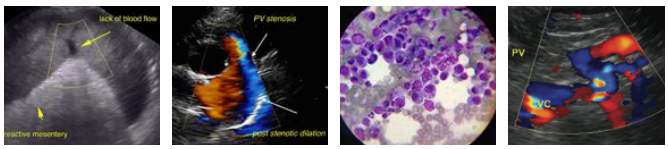
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Finn Raab

SPECIES
Canine

BREED
Mix

SEX
Neutered male

AGE
12 years

WEIGHT
74 lbs

INTERPRETED BY
Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY
Dr. Roche

HOSPITAL NAME
Fredon AH

REFERRING VET
Dr. Roche

INVOICE
42243

DATE
12/20/22

PRESENTING CLINICAL SIGNS

History: increased anxiety/pacing. on deramaxx and gabapentin for orthopedic pain issues.
Abnormal PE/Chem/CBC/UA Results: ALT 161, ALKP 205

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 an irregular capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. Hyperechoic shadowing in left renal pelvis with no dilation consistent with non-obstructive nephroliths. The left kidney measured 4.6 cm. The right kidney measured 5.4 cm.

Adrenal Glands

Left adrenal gland was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.0 cm in length x 0.48 cm at the caudal pole and 0.57 cm at the cranial pole.

Spleen

The spleen was normal with a mostly smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. Multifocal mostly perivascular hyperechoic nodules visualized are most consistent with benign myelolipomas. 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 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.

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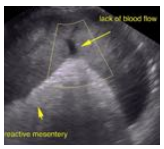
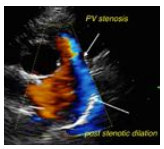
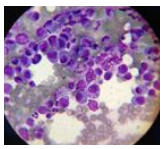
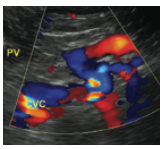

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There were no focal lesions consistent with obstruction or a mass effect observed. The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed 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. Age related degenerative renal changes with non-obstructive nephroliths
2. Splenic myelolipomas
3. Normal hepatic parenchyma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt ultrasonographically evident cause of increased anxiety identified. Right adrenal gland was not definitively visualized, and if clinically suspected, testing for hyperadrenocorticism (ACTH stimulation test vs LDDST) could be considered. Correlate clinical significance of renal changes with bloodwork/urinalysis findings and clinical signs. Splenic changes are a common age related change and nodules are most consistent with benign myelolipomas. Fine needle aspirate could be considered to further characterize parenchymal changes if clinically indicated. Given the unremarkable hepatic parenchyma low grade inflammatory hepatopathy/reactive hepatopathy likely cause of LE elevations. Hepatic FNA to further define. Further assessment of pacing and panting may include chest radiographs, ECG, blood pressure measurement, and full neurologic, ocular and orthopedic evaluation.

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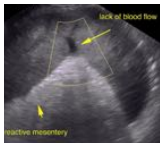
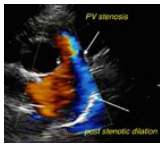
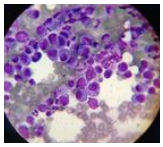
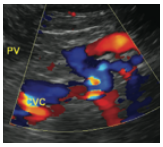

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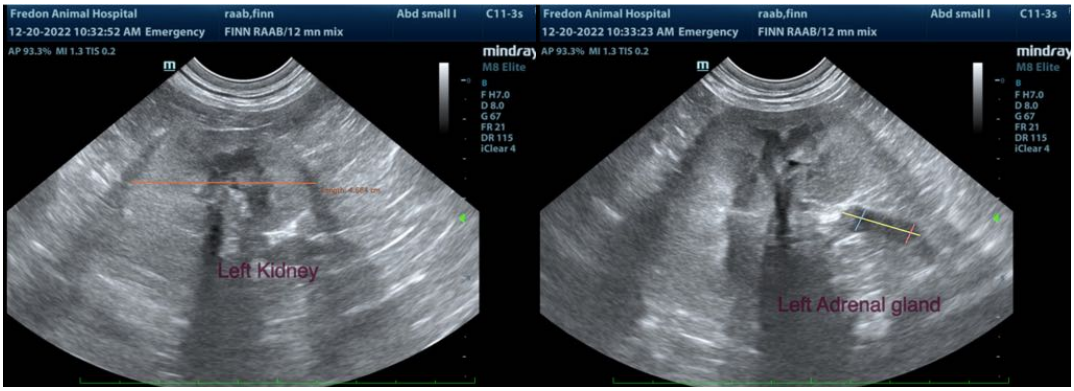

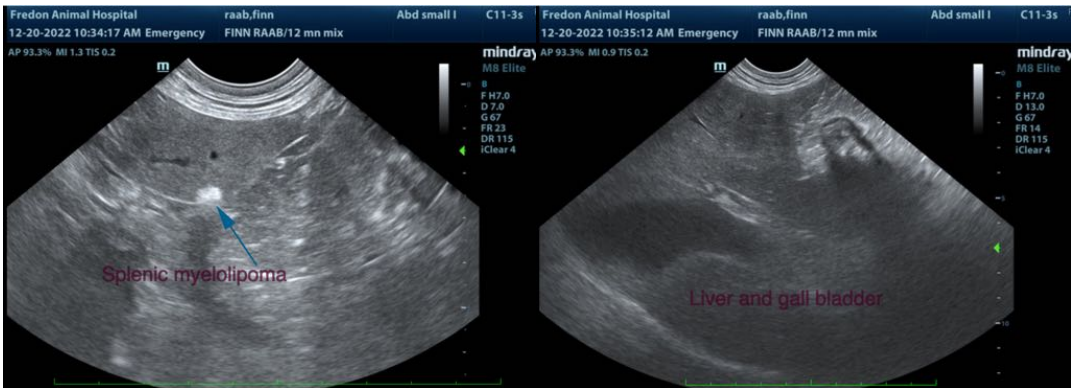

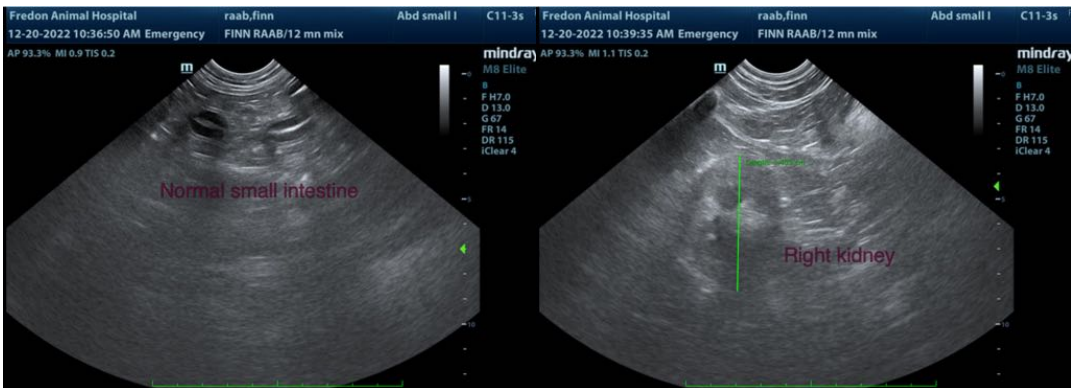

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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