



PATIENT **PRESENTING CLINICAL SIGNS**

Wally Reiche Johnson

History: Recent episode of hematuria per owner. Blood and urine submitted yesterday. Every 6 months he undergoes routine abdominal ultrasound screening . No current problems. Suspected Cushing's patient.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: 3/27/23 ALP 1400; Cholesterol 426; SDMA 12.7; UC pending and UA pending. 12/2022 - USG 1013; pH 6.5, quiet urine sediment PE - wnl; stifle MPLs and chronic ACL reinjury L stifle. Good skin and hair. Mild pruritis seasonally - treated with cytopoint. Main objective is to keep an eye on kidney system.

BREED

Bichon Frise

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Neutered male

Urinary System

The **urinary bladder** and trigone presented normal thicknesses and normal tone. The urethra was not visualized. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

AGE

12 years

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight, hyperechoic medullary rim sign was noted in both kidneys, yet is idiopathic. The left kidney measured 3.7 cm and the right kidney measured 4.1 cm.

WEIGHT

16 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

Both **adrenal glands** were not visualized.

IMAGING PERFORMED BY

Dr. McCaughan

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

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Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

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

ULTRASONOGRAPHIC FINDINGS

Idiopathic, hyperechoic medullary rim sign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend further imaging of the deep pelvic urethra in this patient as well as further adrenal glands as they were not overtly visible. The regions were imaged and there were no obvious masses noted. Assessment for UTI, underlying coagulopathy should be considered. If the hematuria was episodic then passage of small calculi may have occurred. However, all in all the abdomen appears benign.



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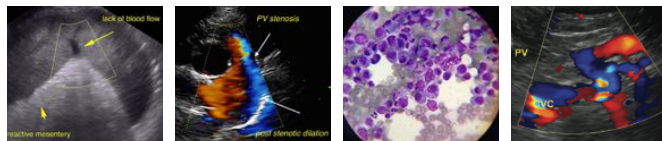
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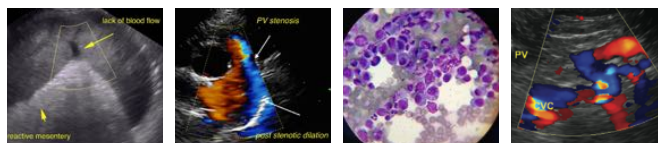
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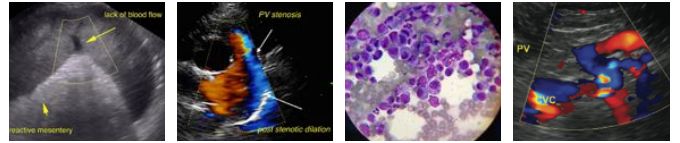
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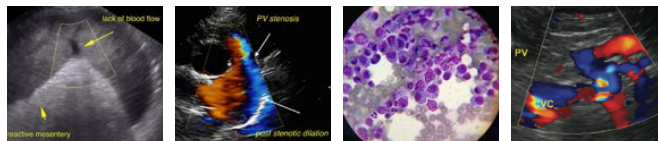
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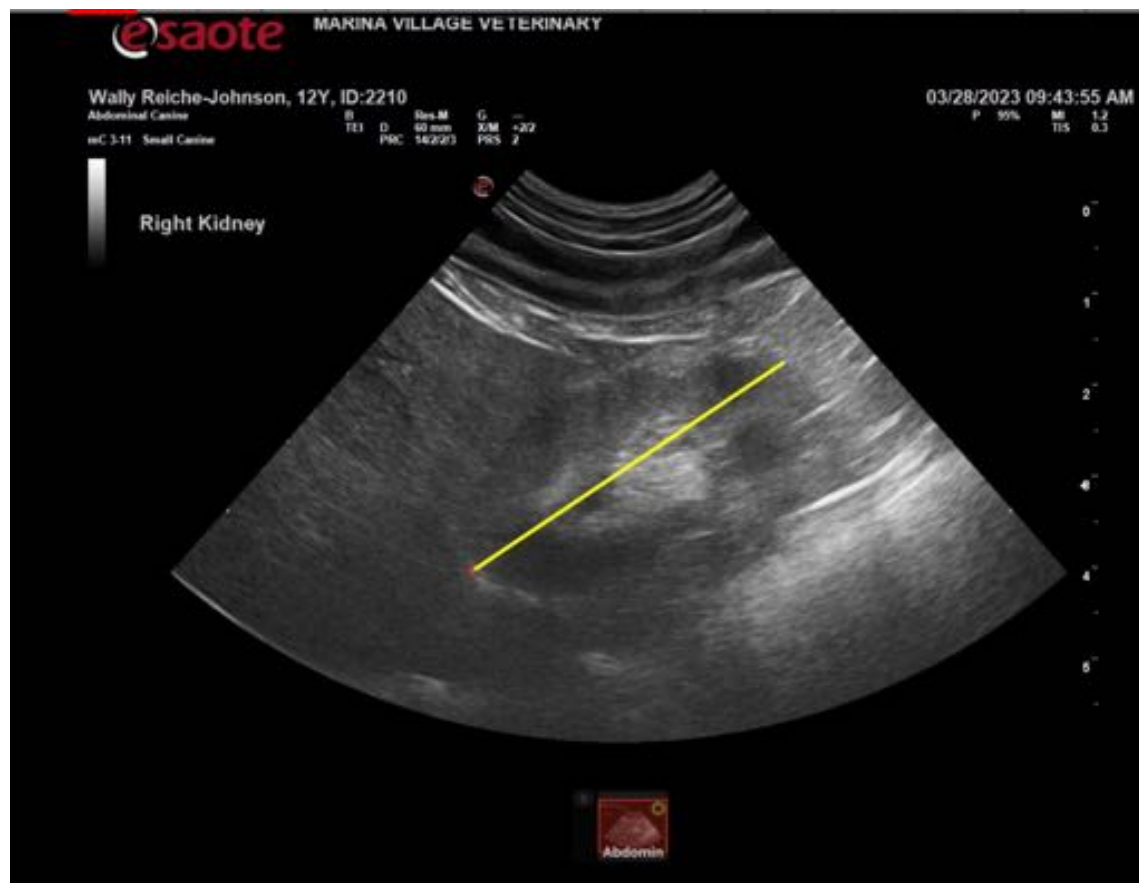
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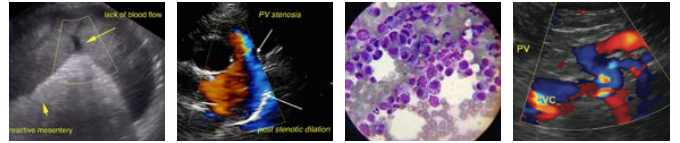
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com