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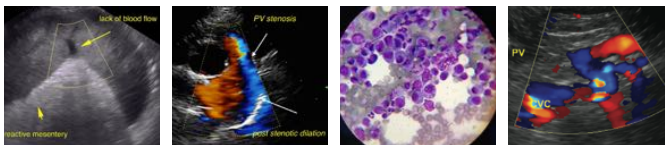
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Ava Dangro

SPECIES
Canine

BREED
Terrier Mix

SEX
Spayed female

AGE
15 years

WEIGHT
11 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Jack Reese

HOSPITAL NAME
Willow Run VC

REFERRING VET
Dr. Reese

INVOICE
44032

DATE
4/26/23

PRESENTING CLINICAL SIGNS

History: History of recurrent UTIs, gastrointestinal distress, early renal disease. P currently doing well at home -planned to recheck U/S to evaluate previously noted splenic changes (possible nodule) found on previous study and reevaluate right adrenal gland for heterogeneity noted on last study.
Abnormal PE/Chem/CBC/UA Results: Urine culture pending Total Health Plus to Idexx pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed minor apical mucosal thickening. Assessment for cystitis is warranted if not already performed.

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. Occasional cortical cysts were noted in the kidneys. The left kidney measured 4.5 cm with slight pyelectasia. The right kidney measured 4.3 cm with slight areas of mineralization.

Adrenal Glands

Both **adrenal glands** were 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 0.44 cm at the caudal pole and 0.44 cm at the cranial pole. The right adrenal gland was heterogenous, yet stable and measured 0.82 cm at the cranial pole and 0.45 cm at the caudal pole.

Spleen

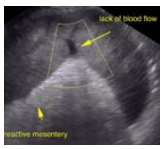
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or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

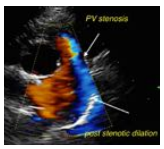
Liver

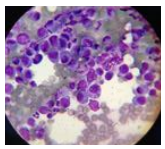
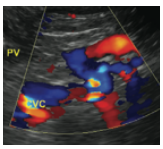
The **liver** revealed minor coarse architecture. The gallbladder and common bile duct were unremarkable. There was no evidence of disease or progression from the prior sonogram.

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





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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

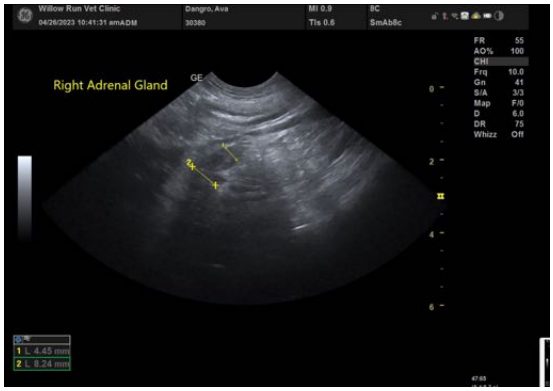
Age related renal and minor hepatic changes with cortical renal cysts and slight mineralization.

Minor renal pyelectasia.

Heterogenous, yet stable right adrenal gland. No progression from the prior sonogram.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The nodule noted on the prior sonogram appears to have resolved. This is a fairly common occurrence of the spleen as it is a sinusoidal organ and sinusoidal changes can occur and create nodular aspects. I recommend updated urinary work up to assess for any persistent inflammatory sediment. If any inflammatory sediment is present then culture is indicated. Pulse antibiotics may be necessary to control any UTI or attempt at clearing any UTI may entail 4-6 week protocol.



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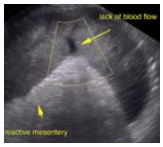
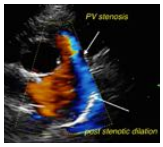
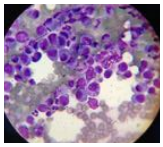
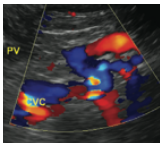

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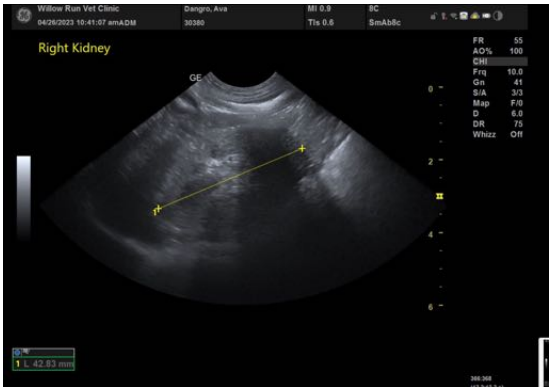

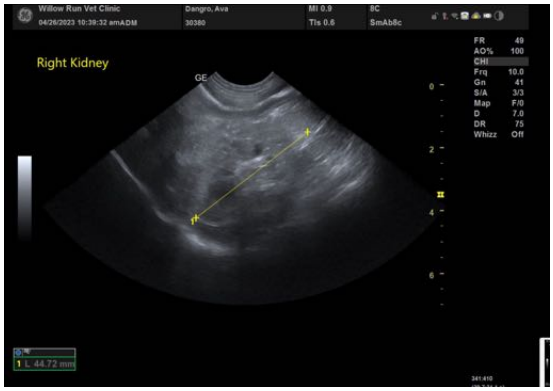

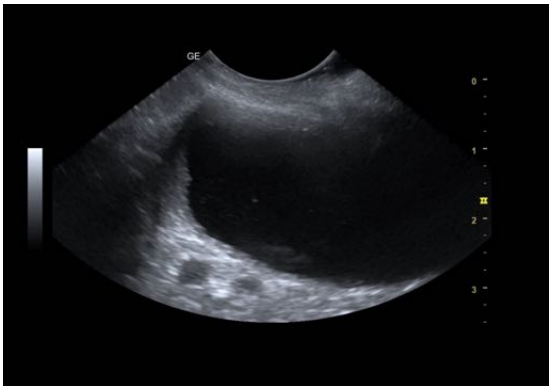

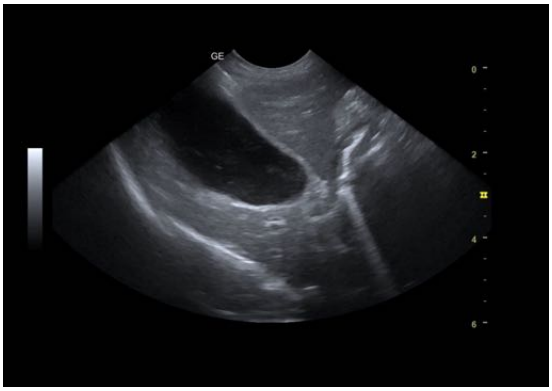
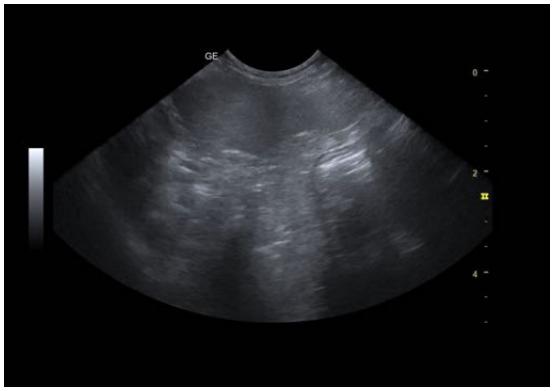

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com