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Clinical Sonography & Telecytology
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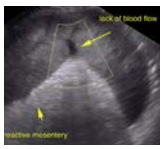
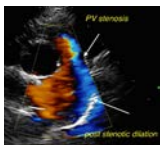
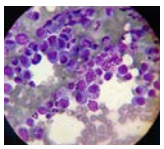
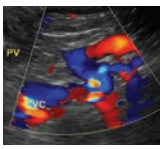

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Daisy Kurtze

SPECIES
Canine

BREED
Yorkshire Terrier

SEX
Spayed Female

AGE
10 Years

WEIGHT
4.4 kg

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Jole Stegemoller

HOSPITAL NAME
North Idaho AH

REFERRING VET
Dr. Dawn Mehra

INVOICE
25102

DATE
8/31/21

PRESENTING CLINICAL SIGNS

Presented for ultrasound following chronic hematuria after cystotomy to remove calcium oxalate uroliths. Patient also has pendulous abdomen and concern for emerging hyperadrenocorticism, but is not PU/PD. Current medications include Galliprant, tramadol, and a probiotic. Cystotomy was performed June 201. Patient also has atopic dermatitis.
Abnormal PE/Chem/CBC/UA Results: June 8, 2021 (prior to cystotomy) - RBC 7.49, lymphopenia, TP 9.3, Alb 4.1, Glob 5.2, ALT 127, ALP 133 Bladder wall culture at time of cystotomy - Staph. hominis resistant to penicillin and amoxicillin Urolith report - calcium oxalate 100% UA (most recent 8/24/21, voided sample)- USG 1.015, pH 7, urine protein 500mg/dL, bld 250 ery/uL, RBC >50/hpf

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. 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 were noted. Ureteral papillae were normal.

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. The left kidney measured 4.2 cm. The right kidney measured 4.5 cm with slight pyelectasia noted. Mineralization noted in both kidneys, non-obstructive at the time of the sonogram, yet this could change at any time.

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 1.58 cm x 0.56 cm at the cranial pole and 0.52 cm at the caudal pole. The right adrenal gland measured 2.1 cm x 0.58 cm at the cranial pole and 0.38 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 were noted.

Liver

Exam of the cranial abdomen demonstrated excessive **liver** size, swollen contour, with conserved uniform architecture. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat. Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. Gallbladder polyps noted. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.

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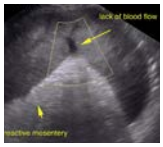
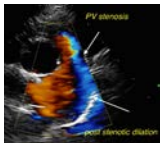
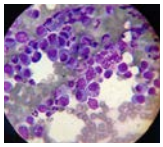
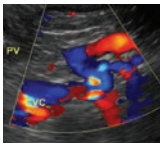

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Gastrointestinal

Some retention of ingesta was noted in the **stomach**. The small intestine and colon were unremarkable.

Pancreas

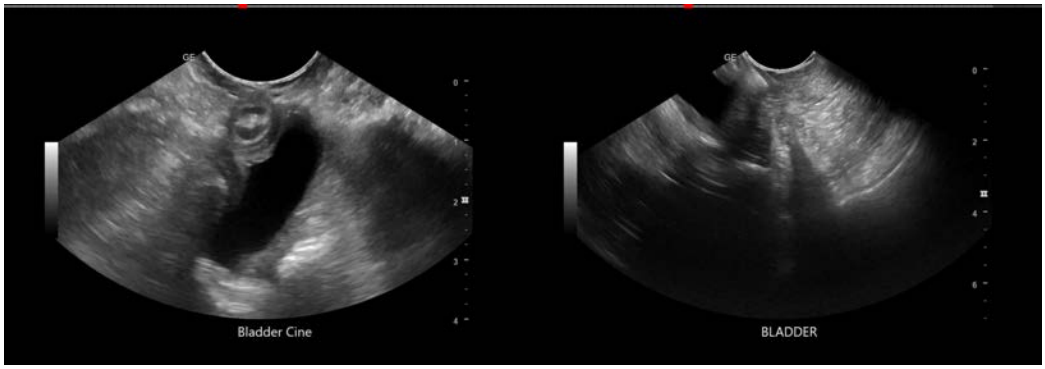
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

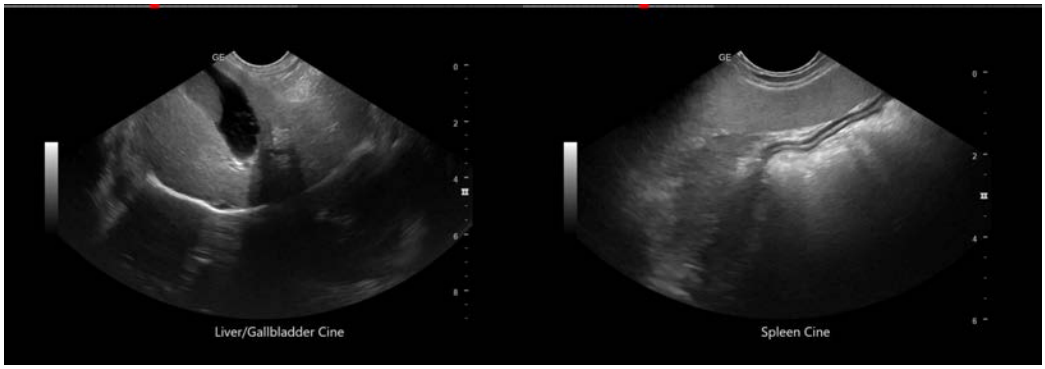
ULTRASONOGRAPHIC FINDINGS

- Renal mineralization, non-obstructive at time of sonogram
- Vacuolar hepatopathy pattern
- Gastric retention of ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient is likely passing calculi periodically, yet no obstructive disease noted at the time of the sonogram.





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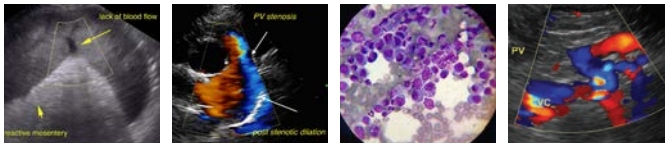

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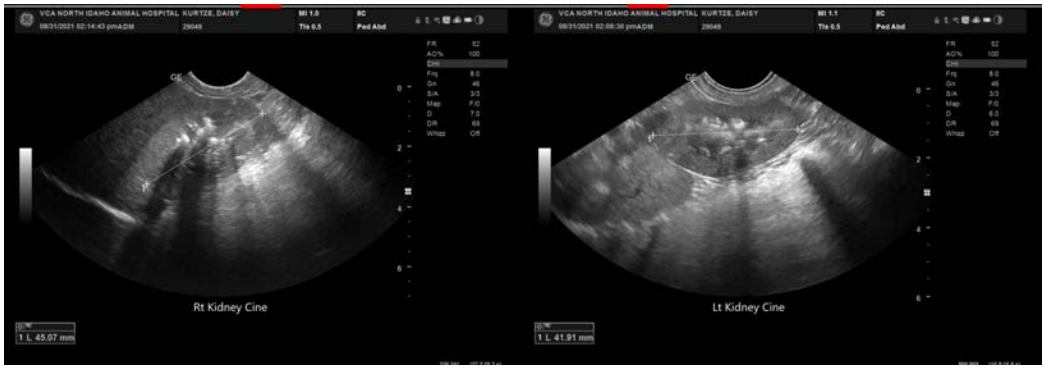

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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