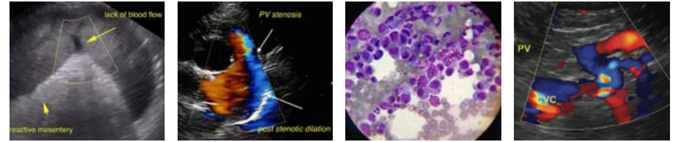
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Leila Dapice

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed female

AGE

13 years

WEIGHT

1.81 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Carver

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

Dr. Carver

INVOICE

32834

DATE

9/12/22

PRESENTING CLINICAL SIGNS

History: P presented for kidney failure - diagnosed at rDVM last Friday and received SQ fluids - p did okay over weekend, but was lethargic, acting abnormal today.
Abnormal PE/Chem/CBC/UA Results: EPOC: azotemia (improved from Friday - BUN 82, Creat 1.6
Lepto ELISA snap: negative USG 1.026, blood in U+ PT/PTT: normal

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 was 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 and no evidence of pelvic dilation was present. Anechoic cyst was noted in the medial cortex of the left kidney. The left kidney measured 2.9 cm and the cyst measured 1.0 cm. The right kidney measured 2.9 cm.

Adrenal Glands

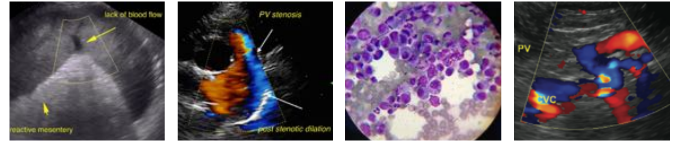
The left **adrenal gland** was not visualized. The right adrenal gland was uniform and measured 0.2 cm at the cranial pole and 0.3 cm at the caudal pole.

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** was course in architecture with increased portal markings isoechoic to hypoechoic nodular changes and irregular contour. The gallbladder presented acceptably thin walls with primarily anechoic content. Anechoic cysts were noted in the left lateral liver. A pronounced hepatoma type mass was noted in the caudal aspect of the left liver measuring 2.3 cm. Minor regional inflammatory pattern was noted around the left lateral lobe. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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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.

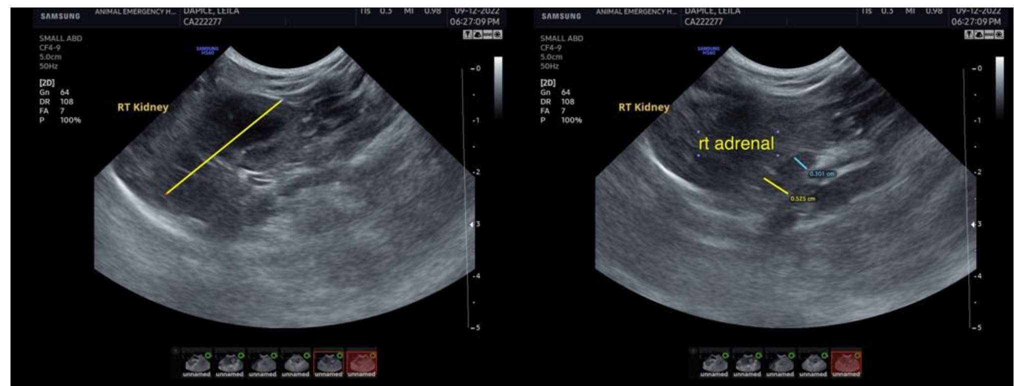
ULTRASONOGRAPHIC FINDINGS

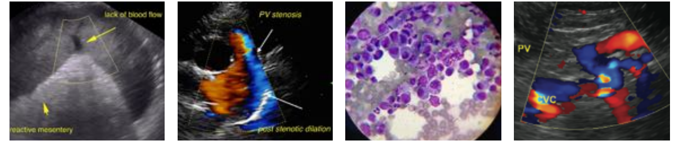
Age related renal changes with slight left renal cyst.

Nodular and cystic hepatic changes with left lateral mass with peripheral inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile and FNA of the general hepatic parenchyma and left caudal mass is recommended. The kidneys do not appear overtly end stage. Prerenal disease is likely playing a role. If the bile acids are elevated the liver may be the primary issue as well as the azotemia as causing the clinical signs.





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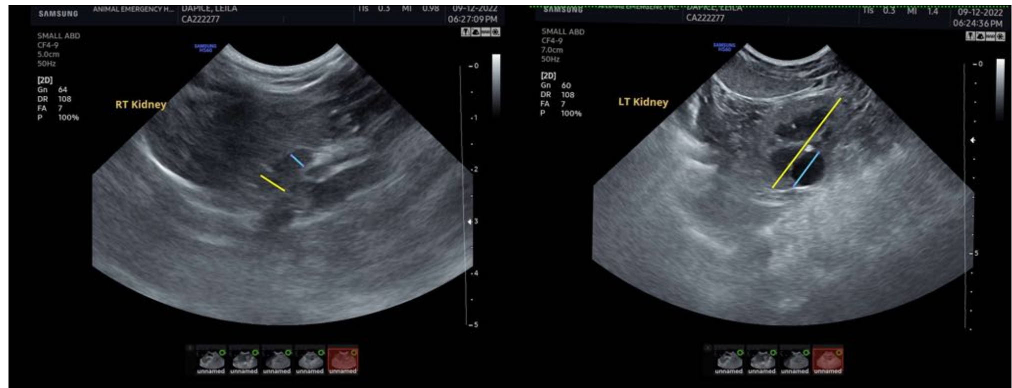

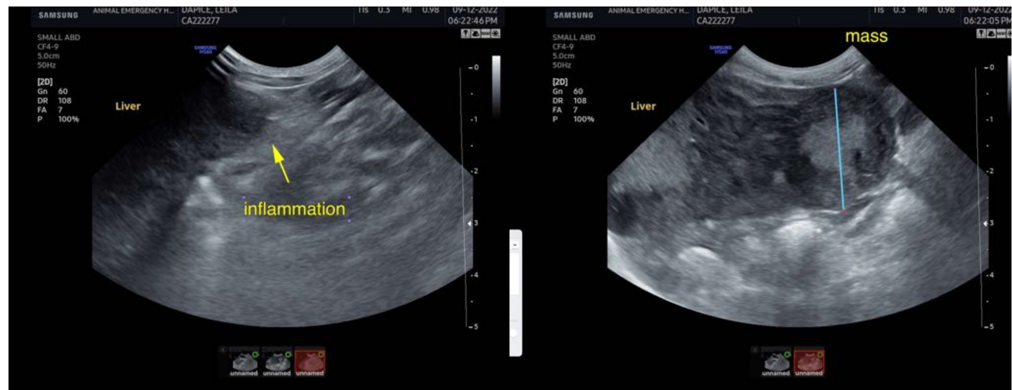

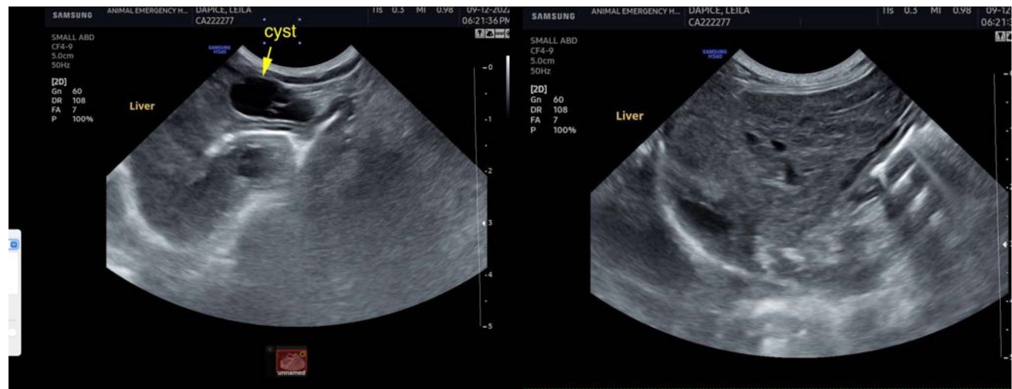

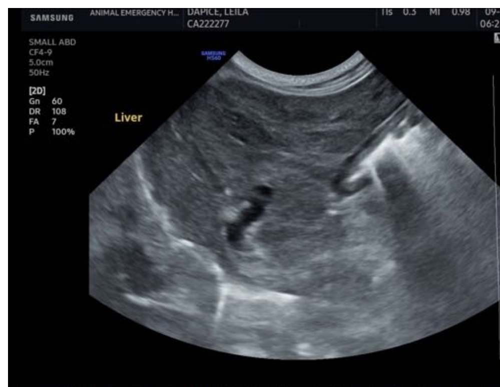

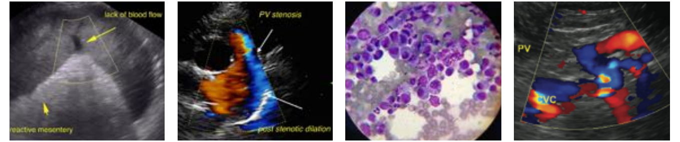

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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