



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Roxy Irons
SPECIES Canine
BREED Terrier X
SEX Spayed Female
AGE 14 Years 9 Months
WEIGHT 9.2 kg

Presents for recheck Abdominal US and BW. P has historical elevated liver values. P has been on Denamarin, Ursodiol, and vitamin E long term. US to recheck gallbladder sludge and changes since last abdominal US pursued. P doing great at home.

Abnormal PE/Chem/CBC/UA Results: BW pending

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is distended with anechoic urine and bladder thickness is considered normal for volume of urine. No masses, inflammatory changes or calculi are observed.

The left kidney measures small at 3.48 cm and is smaller than on the last ultrasound when it measures 3.8 cm. This kidney is severely misshapen from prior renal infarcts. There is loss of corticomedullary distinction, although there is still some. There are several anechoic cortical cysts, the largest measuring 0.18 cm x 0.16 cm. There are hyperechoic speckles within the cortex, consistent with nephrocalcinosis, and there is scant pyelectasia.

The right kidney measures a bit larger than last year at 4.2 cm. Last year it measured 3.8 cm. This is typical for compensatory hypertrophy, given the appearance of the left kidney. There is moderately decreased corticomedullary distinction, and there is also an irregular contour of the caudal portion of the kidneys, consistent with prior renal infarcts.

Adrenal Glands

The left adrenal gland is larger in size as compared to last year (last year caudal pole measured 0.60 cm). The left adrenal gland is normal in echogenicity. The caudal pole has a bulbous appearance. The left adrenal gland measured 0.74 cm at the caudal pole, 0.52 cm at the cranial pole.

The right adrenal gland is normal in size. The right adrenal gland has normal shape and it is normal in appearance and echogenicity. The right adrenal gland measured 0.60 cm at the cranial pole, 0.73 cm at the caudal pole.

Spleen

The spleen has enumerable hyperechoic nodules along the peripheral margins that are consistent with myelolipomas. The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis.

Liver

The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. It is mildly hyperechoic with normal portal markings. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

The gallbladder lumen is significantly distended with echogenic bile. There is a significant amount of both dependent echogenic debris and debris that is adherent to the walls. On today's ultrasound compared to the previous ultrasound, more of the echogenic debris is adhered to the wall, but it is still mild overall. There is also slightly less dependent echogenic debris on today's exam as compared to last

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Jessica Midence, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dallas Reynolds, LVT

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

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year. The wall is a normal thickness and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not visible.

SPECIES

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Gastrointestinal

The gastric lumen is empty. The stomach wall is of normal wall thickness with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears patent.

BREED

Terrier X

The visualized areas of duodenum, jejunum and ileum appear normal in thickness. The duodenum measures normal with distinct wall layering. The remainder of the small intestines also measures normal with normal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.

SEX

Spayed Female

Sections of colon are visualized with formed fecal material and gas shadowing distally. The colon measures normal. There is no observed focal or generalized colon wall thickening or loss of layering.

AGE

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Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity.

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PRIMARY FINDINGS

- Significant degenerative renal changes, left worse than right
- Significant gallbladder sludge, not organized and essentially static from last year

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SECONDARY FINDINGS

- Adrenomegaly

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This sonographic examination is compared to one performed on 5/5/22. The appearance of the gallbladder is similar to prior. There is a significant amount of dependent echogenic debris (e.g., sludge) within the gallbladder with a small amount adherent to the walls. The last ultrasound did not show any sludge adherent to the walls, but on this examination today there is slightly less dependent debris. This is not organizing into a mucocele. Consider increasing the dose of Ursodiol to the maximum dose of 15 mg/kg BID if it is not contraindicated in this patient. Alternatively, continuing at the current dose is acceptable, given the gallbladder changes were largely static and have not progressed.

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The left kidney has undergone progressive degeneration. It is significantly misshapen and is difficult to recognize as a kidney, although there is still some corticomedullary definition. The right kidney also shows chronic degenerative changes, but it has undergone some compensatory hypertrophy. Continue to monitor renal values and urinalysis for emerging and progressive chronic kidney disease.

The adrenal glands have also grown slightly in size, and the left appears more bulbous. This could be from chronic physiologic stress, although if there are other symptoms of hyperadrenocorticism or concerns for adrenal hyperfunction on lab work, then a workup for Cushing's could be considered with an ACTH



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stimulation test, low-dose Dexamethasone suppression test, or even a urine cortisol to creatinine ratio to screen for the possibility of hyperadrenocorticism.

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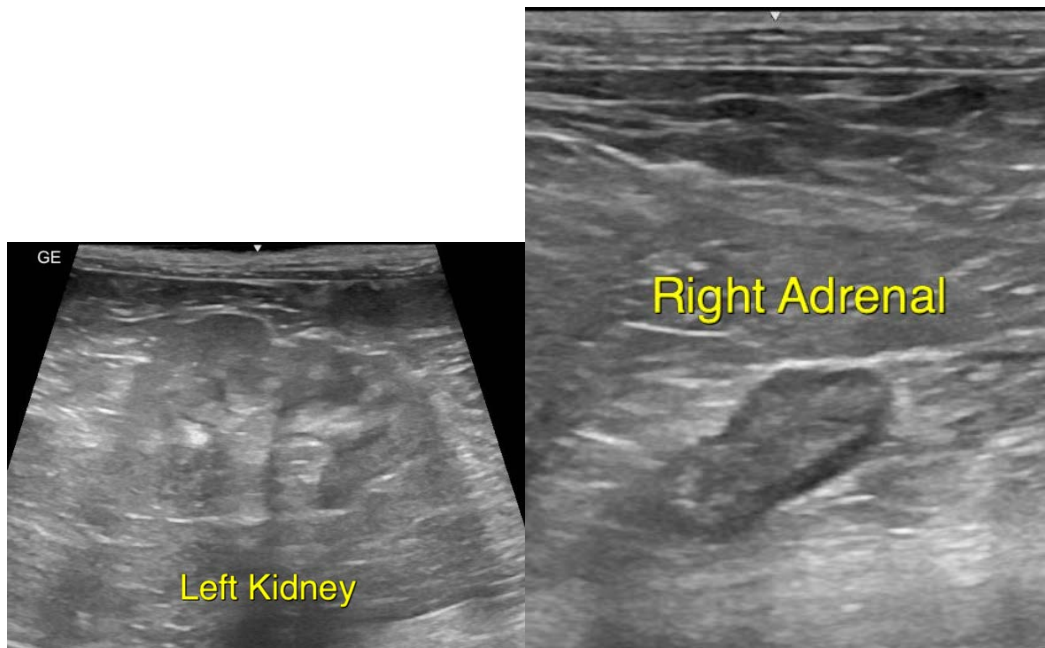
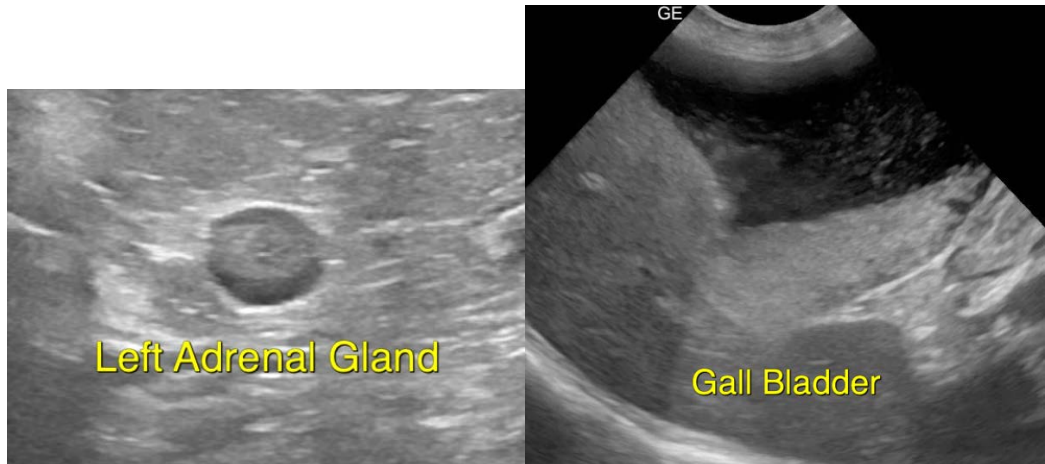
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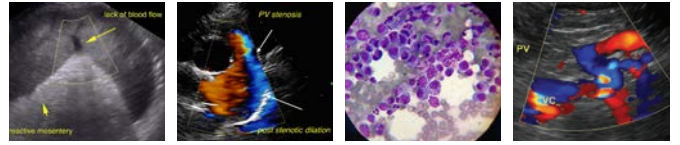
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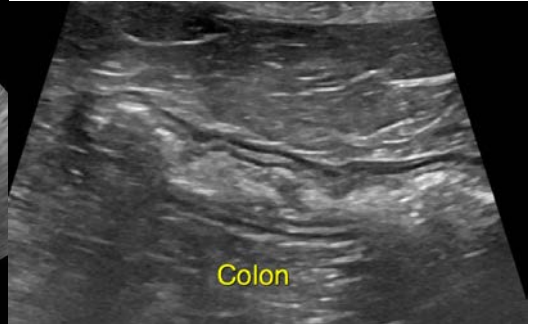
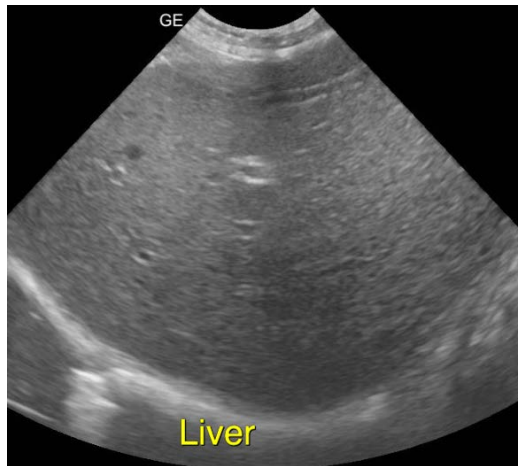
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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