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Clinical Sonography & Telecytology
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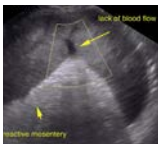
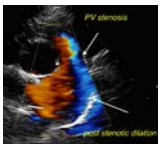
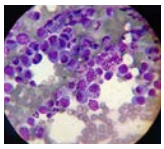
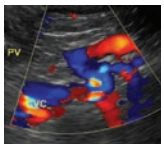





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Rylee Mihok

SPECIES

Canine

BREED

Bichon-Lhasa X

SEX

Neutered Male

AGE

12 Years

WEIGHT

20 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

North Jersey AH

REFERRING VET

Dr. Mark Reidel

INVOICE

26568

DATE

10/21/21

PRESENTING CLINICAL SIGNS

Patient presents for elevated renal values, lethargy, and decreased appetite. Current meds: Baytril 68mgs 1/2 tab BID, K/D diet.
Abnormal PE/Chem/CBC/UA Results: SDMA 30, BUN 79, creat. 4.3, P 10.1, ALT 374, AP 1407, alb. 4.0, TP 7.9. U/A: 2+ protein, rare rods, USG 1.010.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, or masses. There are two large shadowing mineralizations in the dependent portion of the urinary bladder, consistent with bladder stones, one measuring 1.0 cm and one measured 0.76 cm.

The prostate is normal in size (1.22) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, or mass effect. At the level of the prostate, there are mineralizations present. These could be intraprostatic or in the prostatic urethra. These measure at approximately 0.38 cm x 0.25 cm. There is no evidence of an obstruction. Possible differentials would be embedded urethral calculi or prostatic mineralizations, which can be concern for possible neoplasia.

The left kidney has a normal shape and size (5.04 cm) with non-obstructive nephroliths, the largest measuring 0.5 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.27 cm) with numerous non-obstructive nephroliths. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.88 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

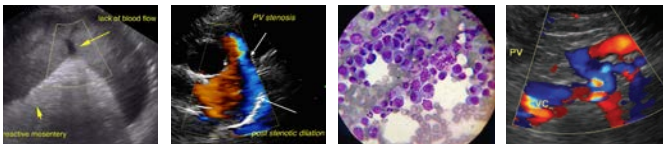
The right adrenal gland is normal in size measuring 0.61 cm. at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is large in size with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a mild amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measured 0.49 cm. Jejunum wall measured 0.31 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

PRIMARY FINDINGS

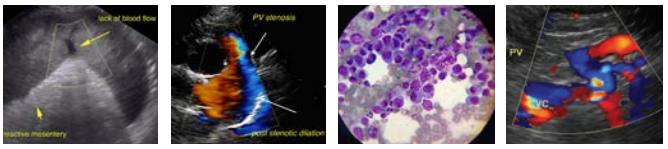
- Decreased corticomedullary distinction in both kidneys with non-obstructive nephroliths
- Mineralizations consistent with bladder stones in the dependent portion of the urinary bladder
- Mineralization in the prostate – could be consistent with prostatic urethral calculi or could be consistent with prostatic mineralization.
- Hyperechoic liver – The diffuse hepatic changes are non-specific and can be seen with vacuolar hepatopathy, reactive change, nodular hyperplasia or, less likely, inflammatory/immune-mediated disease, infiltrative neoplasia, or other hepatopathy.

SECONDARY FINDINGS

- Mild gallbladder debris – The gastric distension and hypomotility could be consistent with focal ileus or a proximal duodenal obstruction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidney changes observed are consistent with the azotemia reported in the history. These are likely chronic progressive changes. Additionally, there are stones in the urinary bladder and possibly prostatic urethra. Recommend urinalysis and culture and correlate with abdominal radiographs. You could consider placing a urinary catheter and seeing if the stones flush back into the urinary bladder or if there is any resistance. If there is concern for prostatic neoplasia, you could consider a fine needle aspirate of



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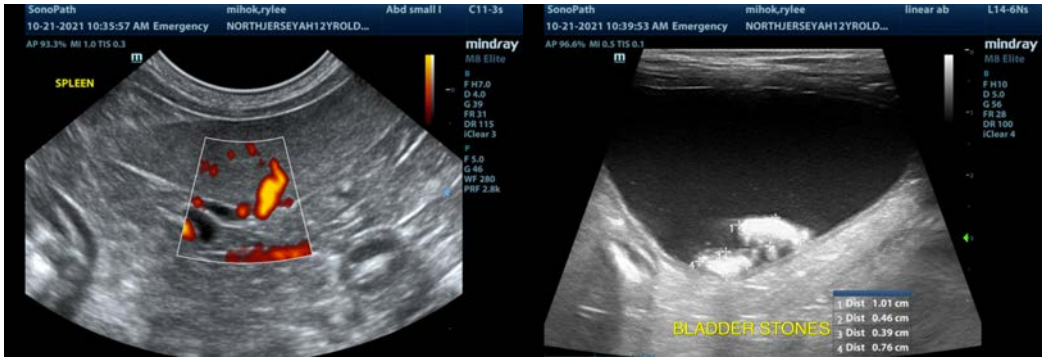
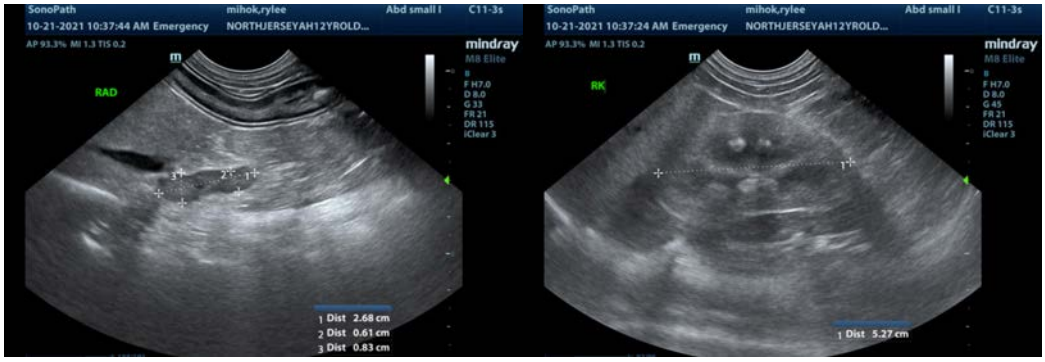
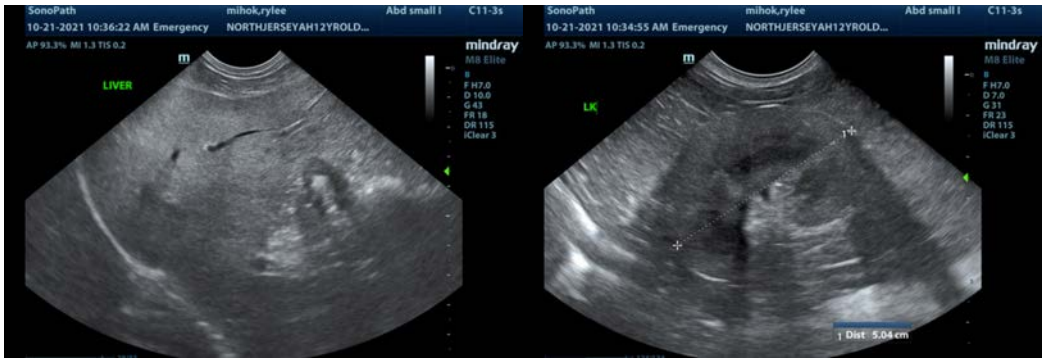
the prostate. The prostate is somewhat prominent but smooth and symmetrical in size. If this pet was neutered prior to puberty, it would be large, but otherwise it may be normal for this situation. Recommend blood pressure evaluation and urine protein/creatinine ratio.

Additionally, the liver is mildly hyperechoic. If liver values are normal, this is likely an incidental age related change. If liver enzymes are elevated, then considered primary liver disease or Cushing's disease if clinically appropriate.







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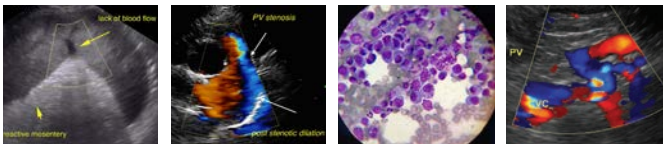

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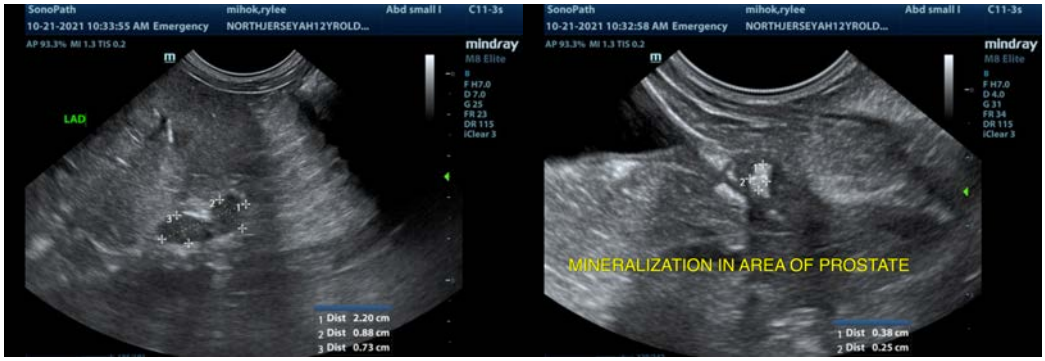

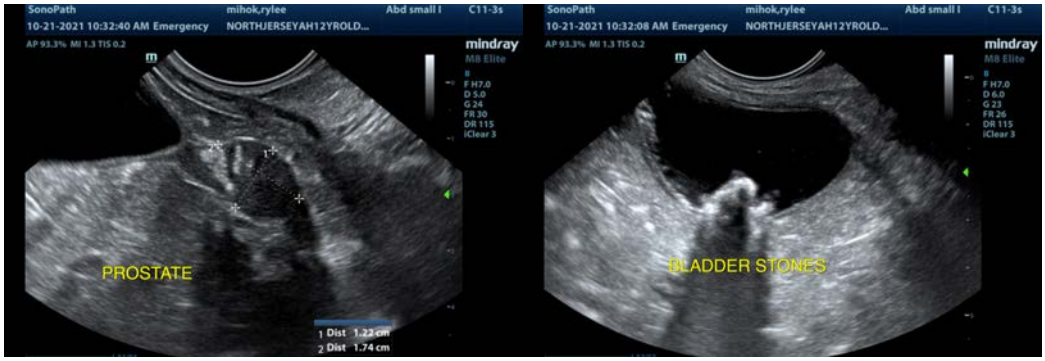

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com