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Clinical Sonography & Telecytology
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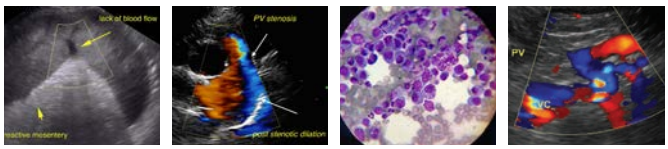

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Stark Lezcano

SPECIES

Canine

BREED

Yorkshire Terrier X

SEX

Neutered Male

AGE

3 Years

WEIGHT

15.7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Megan Cassels-Conway

HOSPITAL NAME

Central Broward AH

REFERRING VET

Dr. Janeen Lezcano

INVOICE

40910

DATE

8/31/22

PRESENTING CLINICAL SIGNS

Dark brown urine noted last night, today golden brown. Lethargic starting yesterday. Soft stool with mild orange tinge starting 2 days ago. No trauma or strenuous exercise known. MM pk/m, crt<2s. Cardiopulmonary ausc wnl. Thoracic rads wnl. Abdominal rads showed possible mild enteritis. On D/D salmon diet for tentative IBD/food intolerance. P known to have frequently eaten sopadilla fruit from tree in yard. History of resolved hypoalbuminemia 1 year ago.
Abnormal PE/Chem/CBC/UA Results: 8/31/22 CBC WNL (HCT 40%) Chem: AST 73, ALP 182, TBili 0.5, Chol 378, TG 294 T4 WNL UA: 1.033, trace protein, pH 6.5, Bili 3+, trace blood Accuplex pending

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, masses or cystic calculi.

The prostate is normal in size (0.49 cm) 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, mass effect or calculi.

The left kidney has a normal shape and size (4.26 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.23 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 0.36 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. 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 borderline small, echogenicity is normal with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

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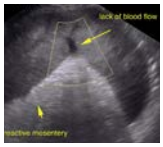
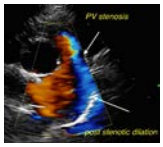
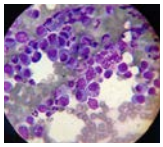
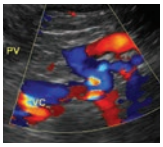

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Gastrointestinal

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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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.

Other

On two views submitted, there is a structure visualized lateral to the right kidney measuring 2.4 cm x 0.92 cm. This could be an obliqued normal structure, etc., but consider reevaluation of this area.

ULTRASONOGRAPHIC FINDINGS

- Borderline small liver – This could be normal in this individual, but given the age and breed, a portosystemic shunt is always a concern. Consider a liver function test.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan appears relatively normal. No major lesions were visualized. The liver appears questionably small. This could be normal for this individual. Correlate with abdominal radiographs, as they will give a more accurate idea of liver size. Additionally, consider pre- and post-prandial bile acids to further evaluate. I did not see a liver shunt on today's exam, but this is still possible. A liver shunt does not typically cause these types of changes, or bloodwork changes, but a primary hepatopathy is possible.

In the unlikely event of early hemolysis, recommend a recheck of the red blood cell count, as this could be a differential for discolored urine. Additionally, consider screening for Leptospirosis and a urine culture.

Hopefully this is a case of acute enteritis. On two views submitted, there is a structure next to the right kidney, which I could not definitively identify. This could be an obliqued view of a normal structure, but consider reevaluation of this area.

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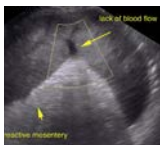
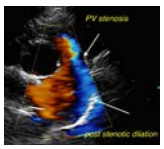
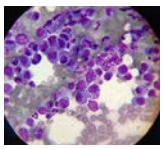
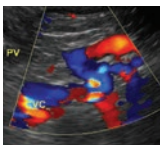

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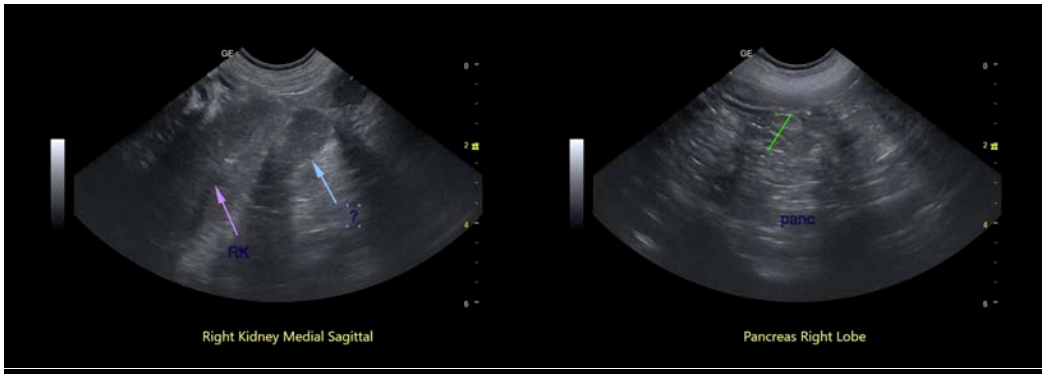

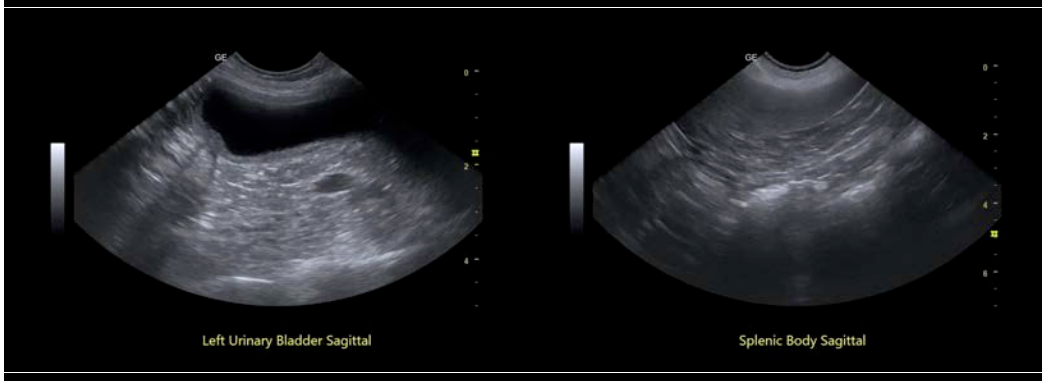

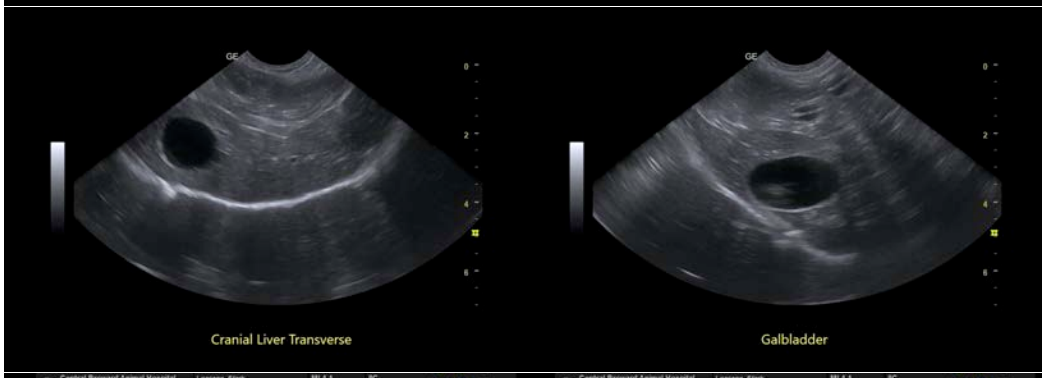

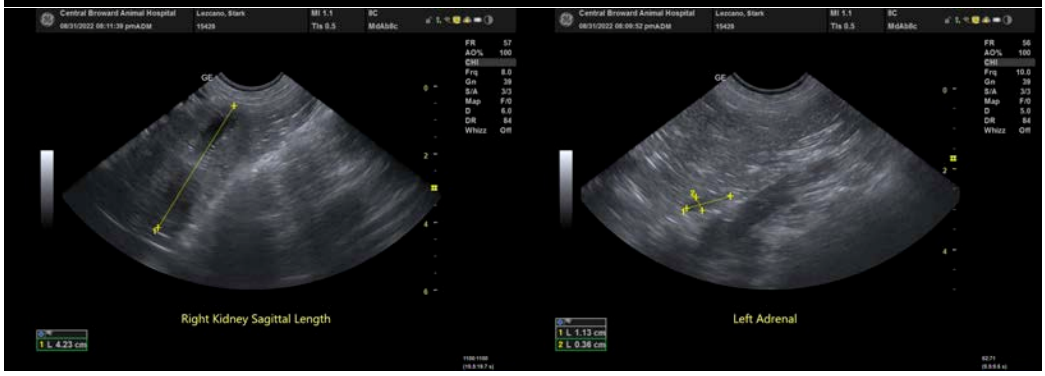

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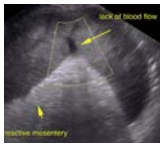
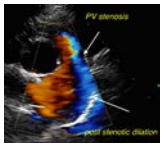
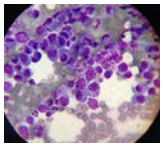
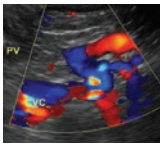

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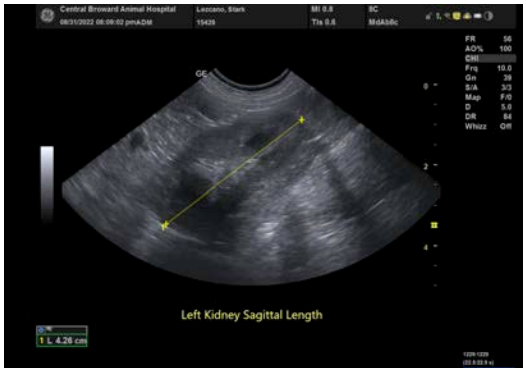

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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kathleen.sennello@sonopath.com