



PATIENT

Riley Howard

SPECIES

Canine

BREED

Cocker Spaniel

SEX

FS

AGE

10 years

WEIGHT

36.6

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Alex Emerson DVM

HOSPITAL NAME

Animal Clinic of
Casselberry

REFERRING VET

Alex Emerson DVM

INVOICE

13019

DATE

1/10/22

PRESENTING CLINICAL SIGNS

Examined 12/17/21 for PUPD, soft stool. Labs led to Ddx cushings. LDDS normal. Started on ursodiol 12/21/17 and 3 successive UA performed over next two weeks, each hyposthenuric, the final tested UPC. BP today- normal 4DX test today- normal
Abnormal PE/Chem/CBC/UA Results: 12/17/21 USG 1.008 3+ protein. ALP 1450 12/20/21 LDDS-normal UA 1/5/22: high UPC, microalbumin

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. Both kidneys exhibited mild cortical hypertrophy exhibiting mild nonuniform cortical echogenicity including pinpoint areas of hyperechoic cortical foci which may indicate pinpoint areas of microinfarction, fibrosis, or mineralization. No evidence of pyelectasia was noted in either kidney. The left kidney measured 6.5 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

The left adrenal gland exhibited mild generalized enlargement with subjective mild hypoechoic to nonhomogeneous parenchyma. Primarily maintained symmetrical left adrenal capsule margination aside from potential focal area of parenchymal expansion possibly in the area of the left phrenicoabdominal vein was present. The left adrenal gland measured approximately 2.2 cm length x 1.2 cm width at the cranial pole and 1.1 cm width at the caudal pole. The right adrenal gland was overtly normal. The right adrenal gland measured 0.68 cm width at the caudal pole and 0.83 cm width at the cranial pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver exhibited generalized enlargement with normal structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

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The visualized gastric walls were sonographically normal. The lumen of the stomach contained moderate, primarily nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

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The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild left adrenomegaly exhibiting potential for early phrenicoabdominal vein invasion
- Sonographically unremarkable right adrenal gland
- Hepatomegaly exhibiting generalized mild parenchymal remodeling, sonographically unremarkable gallbladder
- Mild bilateral nonspecific chronic renal changes with pinpoint hyperechoic cortical foci

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Given the proteinuria in this patient and elevated UPC, potential for primary protein-losing nephropathy such as glomerulonephritis vs. other glomerulopathy is possible. However, concern for potential emerging left adrenal neoplasia such as pheochromocytoma, which may present similar clinical presentation including Isosthenuria, evidence of proteinuria, may be possible. The lack of systemic hypertension does not definitively rule out pheochromocytoma. Urine catecholamine levels could be considered. Ideally, CT assessment of the left adrenal gland for further clarification is recommended. Sonographic monitoring of the left adrenal gland for evidence of progressive enlargement would be a more conservative approach.

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Continued monitoring of systemic blood pressure is suggested. Empirical therapy for protein-losing nephropathy with continued monitoring of UPC level is recommended.

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For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.



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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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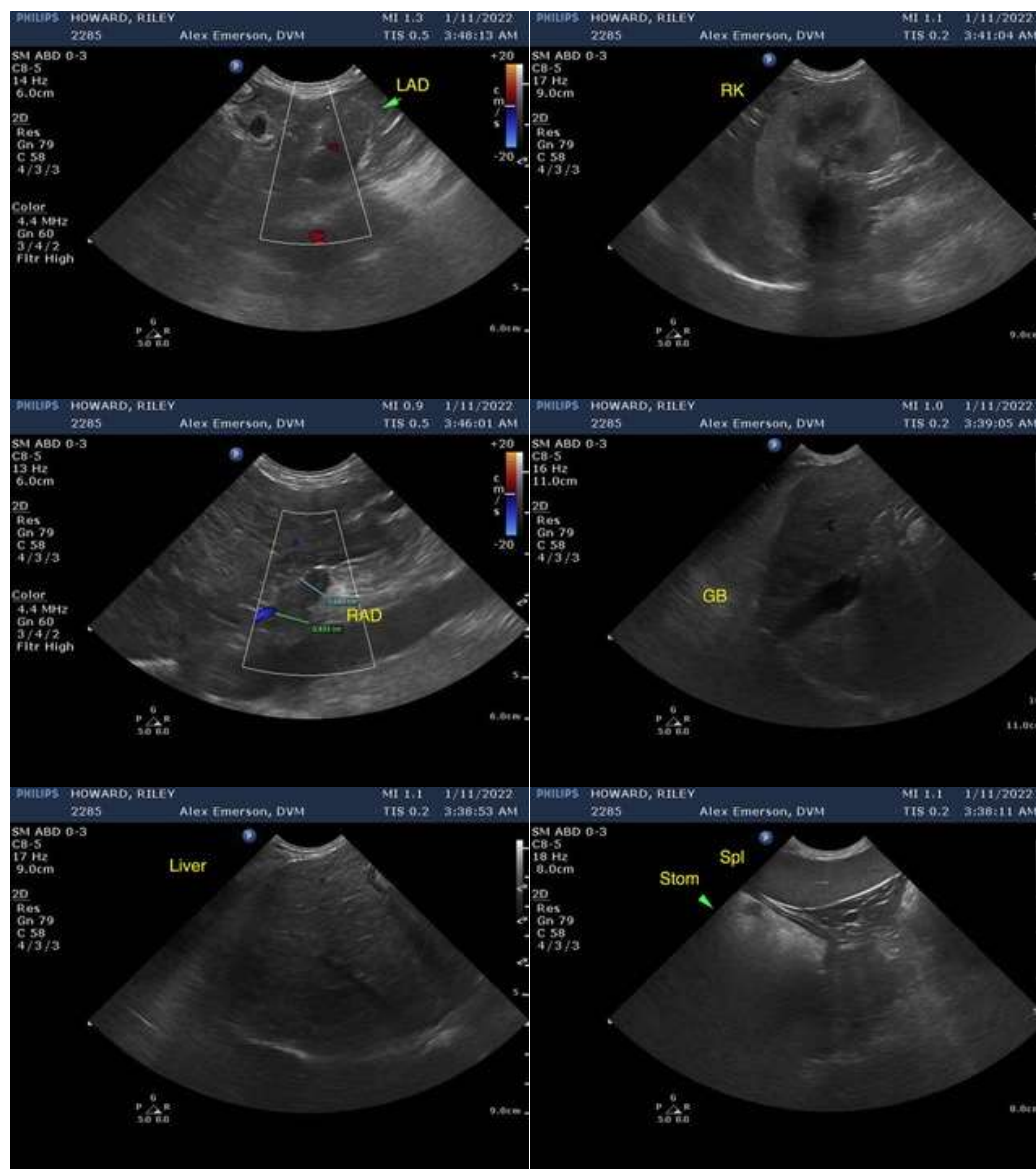
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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