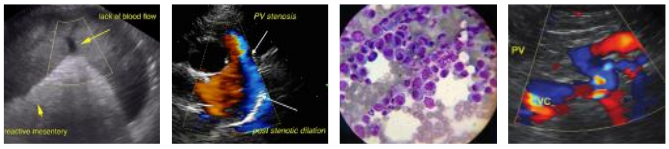
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Amber Feinberg

SPECIES

Canine

BREED

Grey Hound

SEX

FS

AGE

13 years

WEIGHT

62 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Millburn VH

REFERRING VET

Dr. Turowsky

INVOICE

15784

DATE

1/10/23

PRESENTING CLINICAL SIGNS

PU/PD several week, gets up in middle of night to urinate, no incontinence or straining (had incontinence but responded to incurin)

Current meds: Gabapentin, Galliprant, Tylan, Incurin, Cosequin
Abnormal PE/Chem/CBC/UA Results: Creat 2.1, BUN 59, SDMA 13

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.

No evidence of pathology was noted In the area of the uterine remnant.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation or pyelectasia was present. The left kidney measured 6.8 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

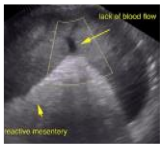
Both adrenal glands exhibited heterogeneous nonmineralized parenchyma with minor capsule asymmetry to discrete nondisruptive bilateral adrenal nodular changes. An example of a discrete caudal left adrenal nodule measured 1.3 cm x 0.6 cm. No evidence of capsular escape or vascular invasion. The overall left adrenal gland measured 3.0 cm length x 0.85 cm width at the caudal pole. The right adrenal gland measured 3.4 cm length x 0.60 cm width at the caudal pole.

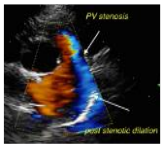
Spleen

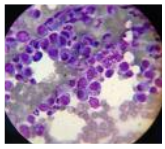
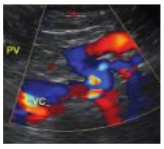
The spleen was overall normal in size with areas of mild capsule asymmetry and generalized parenchyma heterogeneity. A solitary mid-lateral mildly expansive to irregular nonhomogeneous splenic macronodule to small mass was present resulting in subtle distortion of the lateral capsule, yet without evidence of parenchymal escape. Normal splenic vascularity was noted. The macronodule to small mass measured 3.6 cm x 1.9 cm.

Liver/ Gallbladder

The liver exhibited potential for borderline to mild 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. A solitary discrete nondisruptive intraparenchymal nodule was present in the ventral liver measuring 1.3 cm diameter.





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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

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.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age-related pancreatic changes and likely incidental. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal urinary bladder
- Bilateral mild chronic renal changes
- Heterogeneous to discretely nodular adrenal glands - suspect age-related adrenal changes or discrete adenomas vs. minor benign hyperplasia, with potential for emerging adrenal neoplastic criteria, thought less likely
- Mildly expansive nonhomogeneous splenic macronodule / small mass - hyperplasia, hematopoiesis, splenitis, granuloma, potential for emerging neoplasia cannot be excluded
- Mild hepatic parenchymal remodeling with nonspecific discrete intraparenchymal nodule - discrete hyperplasia, hematopoiesis, granuloma, emerging primary or metastatic intraparenchymal nodule possible yet thought less likely

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-gauge needle, FNA cytology of the splenic macronodule / small mass, as well as if accessible FNA cytology of the discrete splenic nodule is warranted for cytology and further assessment. Sonographic monitoring of the splenic lesion and hepatic nodule for evidence of progression with initial recheck in 4 weeks would be a more conservative approach.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Assessment of systemic BP +/- full adrenal workup if clinical signs of Cushing's Syndrome may be considered.

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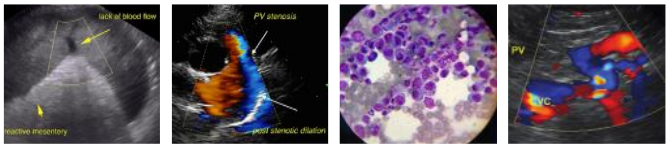

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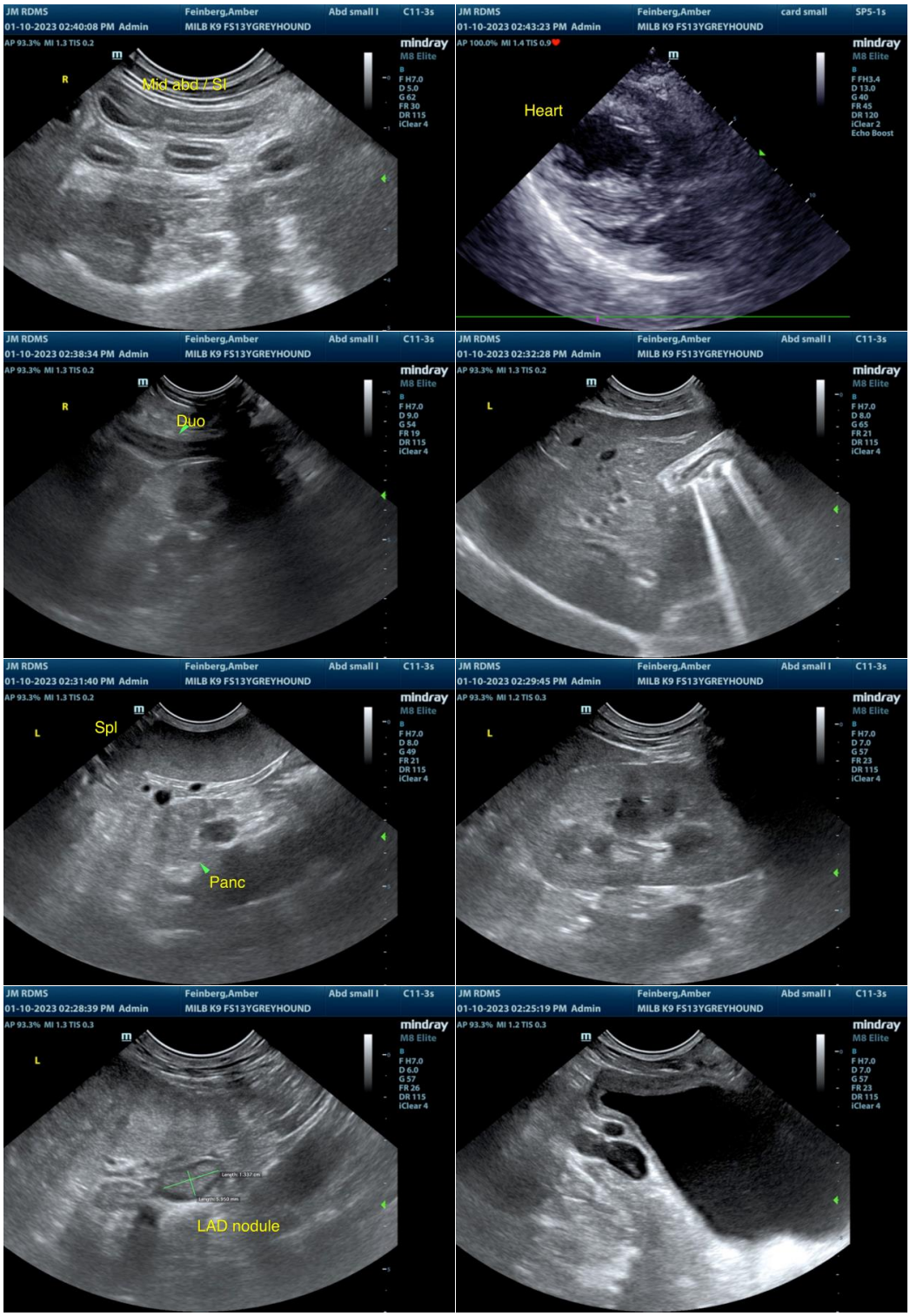

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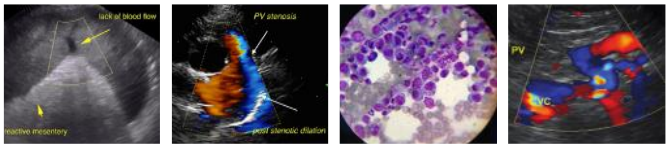

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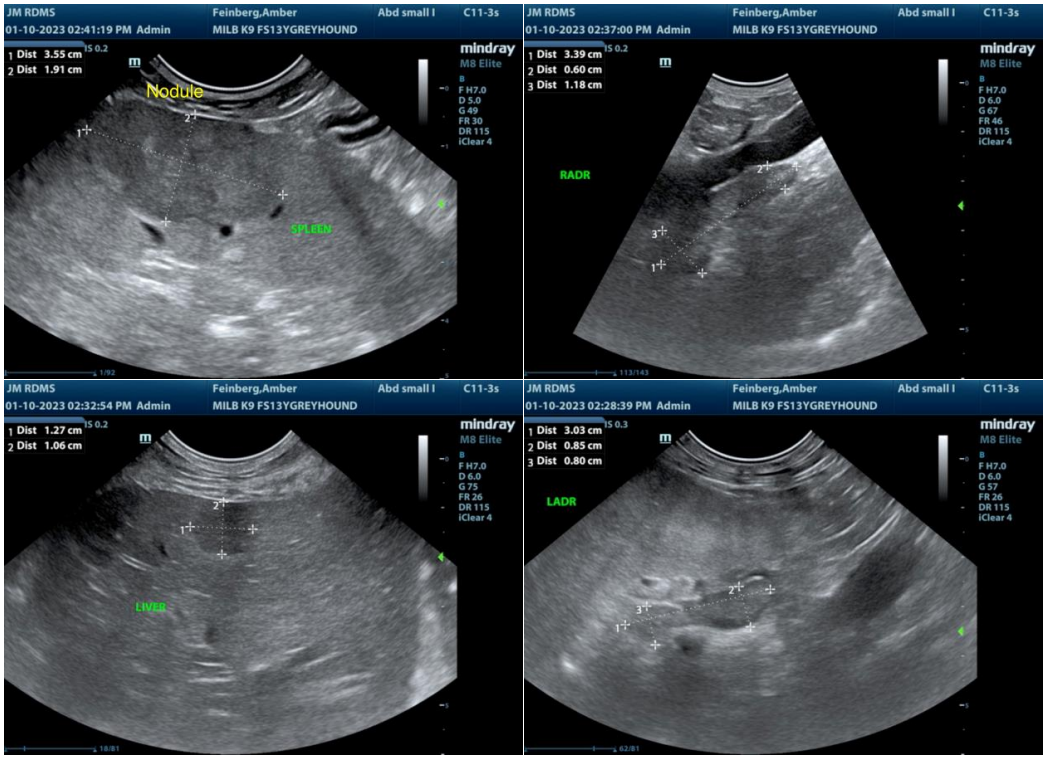

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com