

PATIENT

Nove Robillard

SPECIES

Canine

BREED

German Shepard

SEX

Female Spayed

AGE

7y

WEIGHT

74.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harriganm
RDCS, Certified
Veterinary
Sonographer

HOSPITAL NAME

Rhode Island Animal
Medical Center

REFERRING VET

Jessica Ribeiro, DVM

INVOICE

13055

DATE

1/10/26

PRESENTING CLINICAL SIGNS

History: Weight loss (still in good body condition). Chronic intermittent diarrhea. Urinary accidents at night. Hematuria in November. History of creatinine 1.9. History hypcobalaminemia. UA - USG 1.047, pH 6.5, 1+ blood, 1+ protein

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and subjective overtly normal visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone and measuring 0.67 cm width. 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 were noted.

No evidence of pathology in the area of the uterine remnant.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.0 cm in length. The right kidney measured 7.0 cm in length.

Adrenal Glands

A well-defined, mildly expansive, hyperechoic, non-homogeneous, non-mineralized nodule without evidence of capsule escape was present in the caudal left adrenal gland measuring 1.8 cm x 1.5 cm. Associated mild caudal left adrenomegaly measuring 1.55 cm width in the caudal pole. Cranial left adrenal gland measured 0.69 cm width. The nodule did not exhibit signs of mineralization or vascular invasion. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.56 cm width at the caudal 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

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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.



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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. Jejunum wall measured 0.31 cm.

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

Pancreas

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 was evident.

Free Abdomen

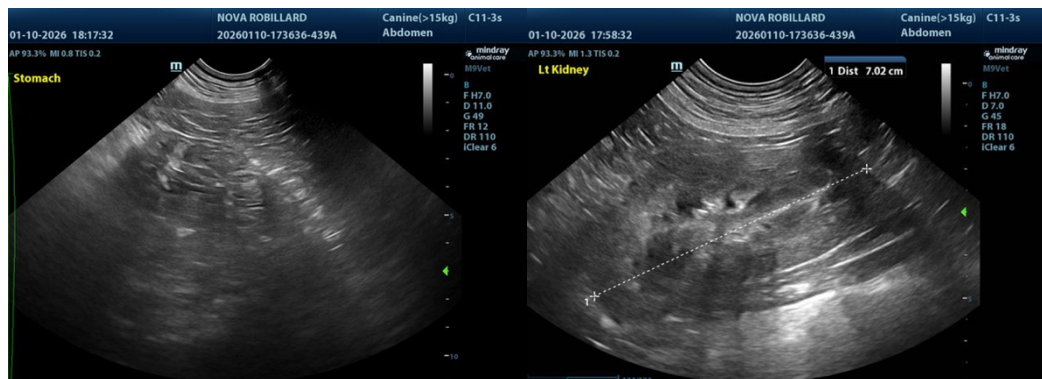
No overt lymphadenopathy or peritoneal effusion was present.

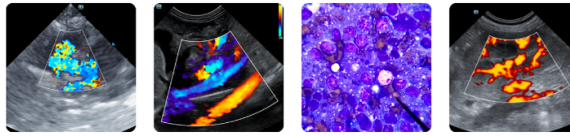
ULTRASONOGRAPHIC FINDINGS

- Sonographically normal gastrointestinal tract/colon with current formed fecal matter
- Sonographically normal urinary bladder and subjective visible proximal urethra
- Left adrenal nodule – hyperplasia, adenoma, lipogranuloma favored, emerging left adrenal tumor not excluded
- Mild gallbladder debris (non-mucocele)
- Normal bilateral kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recheck GI panel to include PLI/TLI/Cobalamin/Folate if not recently, done is recommended. Novel protein or hydrolyzed diet trial with potential long-term dietary therapy. Cobalamin supplementation pending assessment of Cobalamin level and if not currently instituted, high colony count probiotic such as Provable. Empirical deworming Panacur 50 mg/kg SID for 5 days with repeat protocol in 3 weeks despite fecal testing and +/- assessment of caloric plane or for competitive eating environment if clinically applicable is recommended. No obvious evidence of urinary tract or uterine remnant pathology. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Monitoring of systemic blood pressure for evidence of hypertension as well as sonographic monitoring of the left adrenal gland for evidence of progression is recommended.





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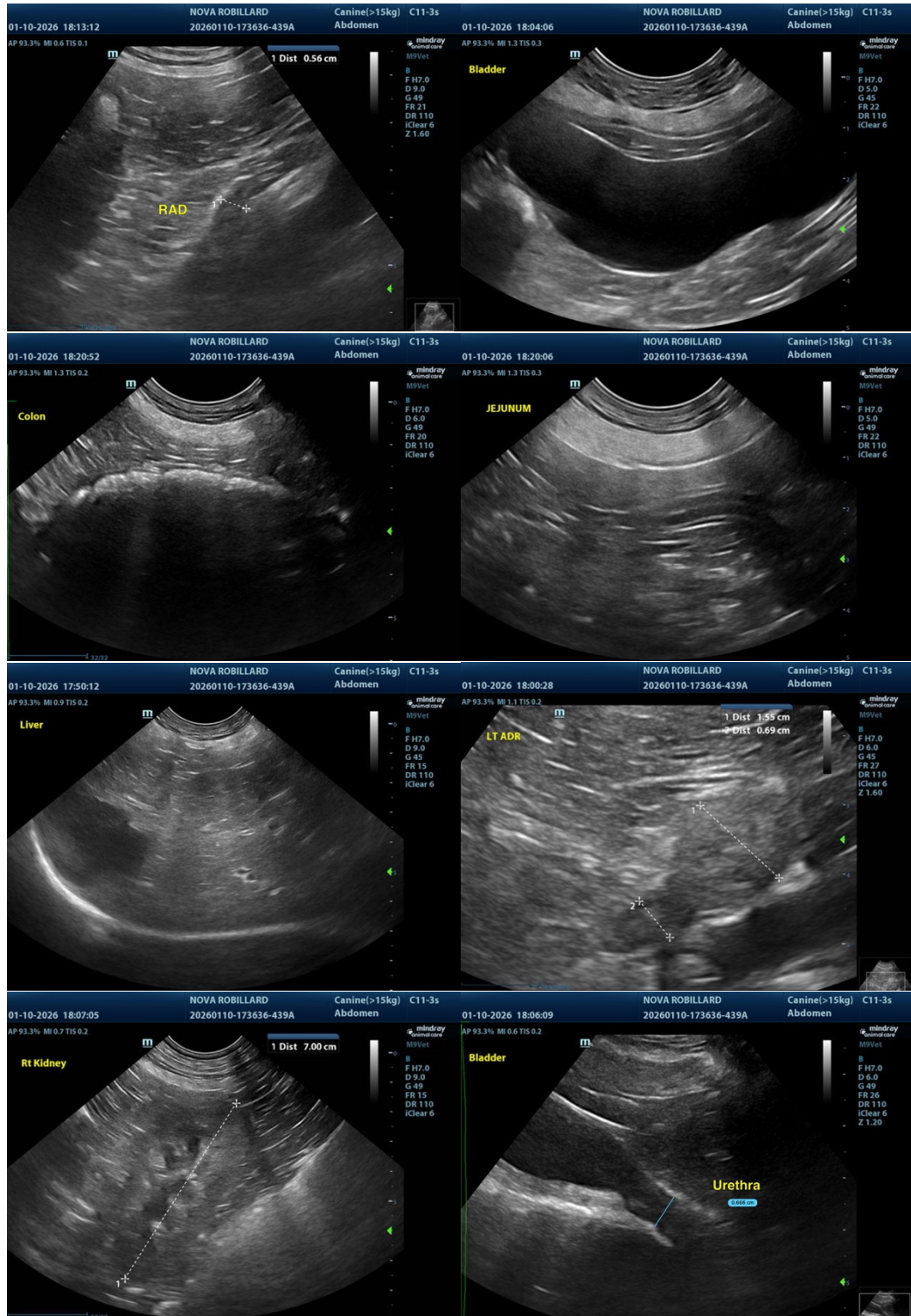
Jessica Ribeiro, DVM

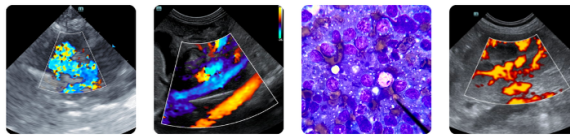
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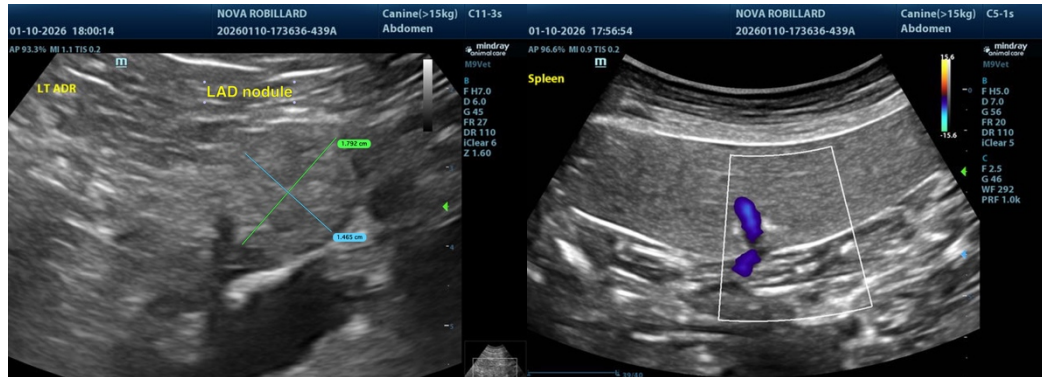
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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