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Clinical Sonography & Telecytology
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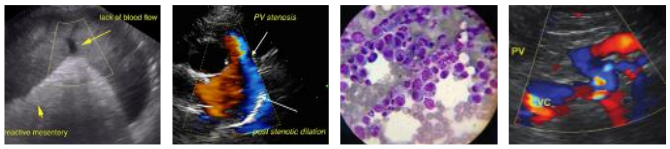

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Penny Martino

SPECIES

Canine

BREED

Cavalier King Charles

SEX

FS

AGE

7yr

WEIGHT

28lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Suciu

HOSPITAL NAME

Animal Clinic of Queens

REFERRING VET

Dr. Mucera

INVOICE

12709ag

DATE

01/16/2023

PRESENTING CLINICAL SIGNS

On abdominal x-rays taken 1/8/23, family vet noticed sublumbar space displacing the colon.

Abnormal PE/Chem/CBC/UA Results: Bloodwork was unremarkable, high globulin 3.8 (1.6-3.6), high ALP 153 (5-131), cholesterol 396 (92-324), trace protein in the urine (USG 1.029), cocobacili (<10/hpf), no cells or crystals, thyroid was normal (T4 2.2)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 were noted.

Normal size and margination were present in the left kidney. 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. Mild left kidney pyelectasia was present. The left kidney measured 4.3 cm in length.

The right kidney was not definitively visualized.

The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width at the caudal pole and 0.25 cm width at the cranial pole.

The right adrenal gland was not definitively visualized.

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 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 thin walls and primarily anechoic luminal content with mild echogenic luminal debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. 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.

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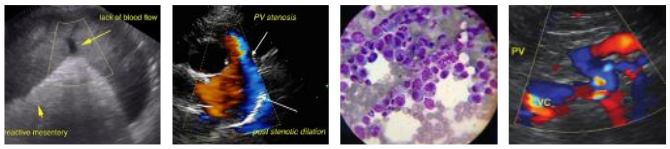

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

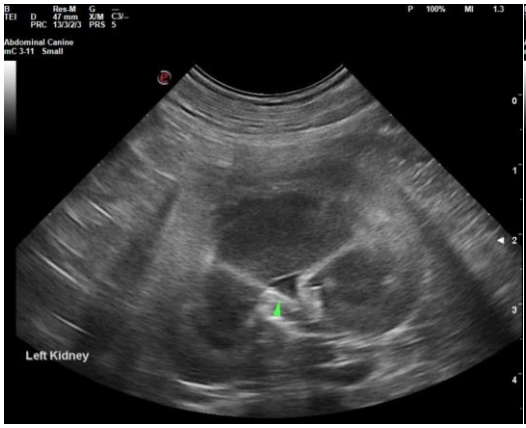
Fat echogenicity noted in the caudoventral abdomen as well as within the sublumbar area.

ULTRASONOGRAPHIC FINDINGS

- Subjective sublumbar and intra-abdominal fat echogenicity-probable sublumbar to intra-abdominal lipomas
- Low grade benign hepatopathy
- Minor gallbladder debris (non-mucocele)
- Mild left kidney pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left kidney pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Potential for low-grade pyelonephritis cannot be excluded given the UA findings. Urine C/S and protein: creatinine ratio on sterile urine sample is recommended. Overall no overt evidence of visceral pathology with subjective fat echogenicity present in the sublumbar space and elsewhere in the abdomen. No evidence of peritoneal or retroperitoneal neoplastic criteria.



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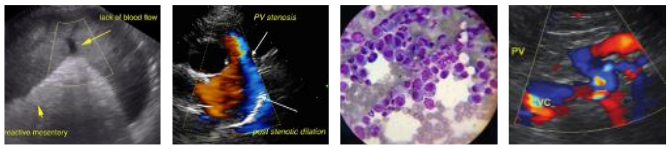

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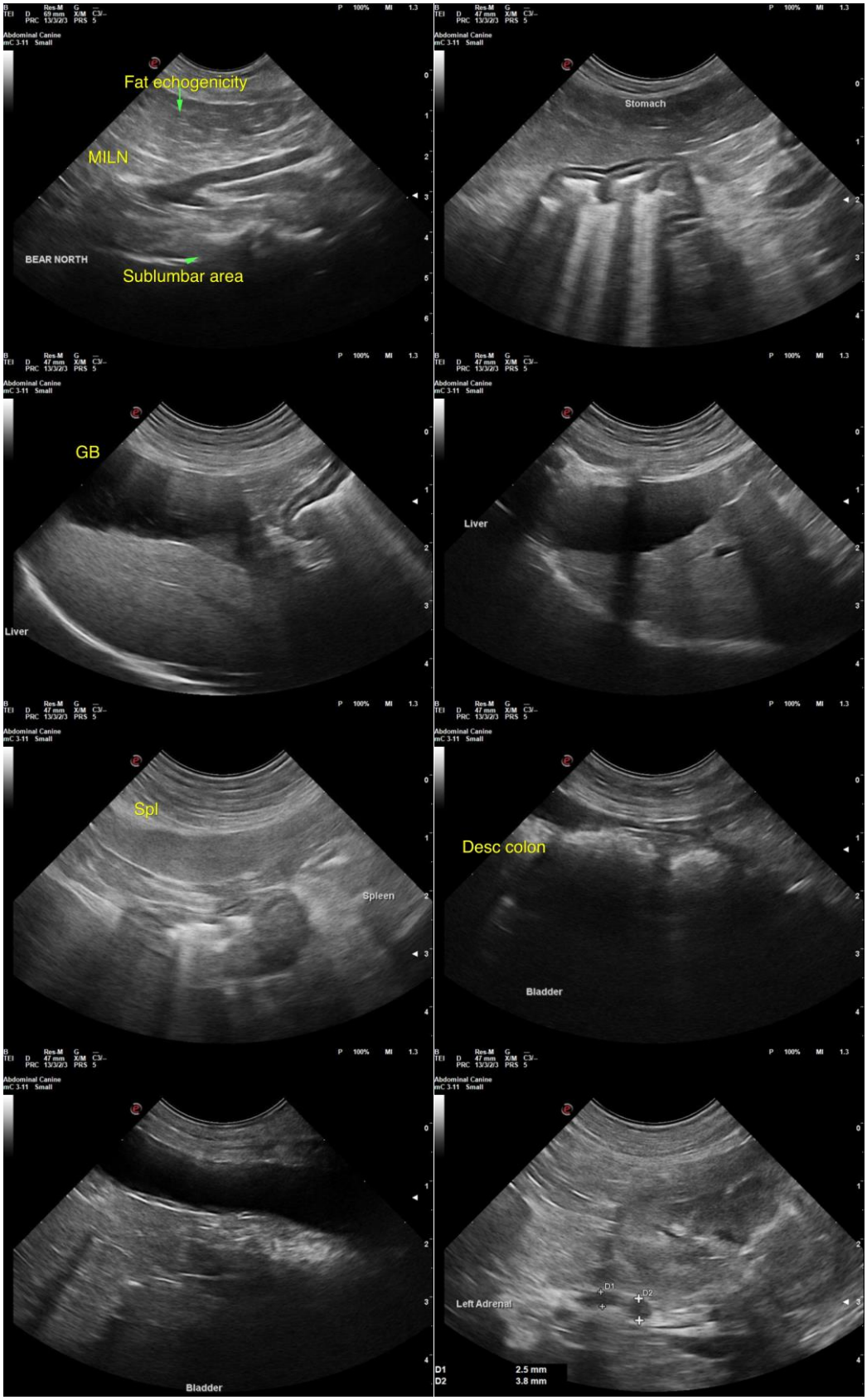

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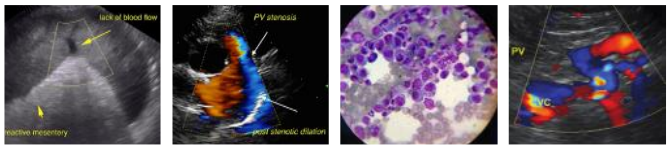

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com