

PATIENT

Riley Bucci

PRESENTING CLINICAL SIGNS

PU/PD, increased appetite, incontinence while sleeping. Current meds: Rimadyl 25 mg SID, Gabapentin 50 mg PRN.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: AST 69, ALT 197, Urea nitrogen 51, Creatinine 2, SDMA 14.8.

BREED

Coton de Tulear

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 visualized proximal urethra exhibited subjective normal structure and tone to a depth of 3.0 cm.

SEX

M/N

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.75 cm in diameter.

AGE

13 years

The area of the aortic trifurcation was free of pathology.

WEIGHT

12.6 lbs.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild to moderate left kidney pyelectasia was present. Pinpoint dystrophic medullary mineral was noted. The left kidney measured 3.8 cm in length. The right kidney measured 3.0 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. No adrenomegaly, or tumors. The left adrenal gland measured 0.42 cm width in the cranial pole and 0.41 cm width in the caudal pole.

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

The right adrenal gland was mildly subnormal in size compared to the left. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. Non-disruptive, nonhomogeneously hyperechoic cranial right adrenal nodule was present measuring 0.49 cm x 0.35 cm. The overall right adrenal gland measured 0.42 cm width at the caudal pole and 0.43 cm width at the cranial pole.

HOSPITAL NAME

Rhode Island Animal
 Medical Center

REFERRING VET

Rachel Rogoff, DVM

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.

INVOICE

15893

Liver/ Gallbladder

DATE

1/20/23



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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 containing primarily anechoic content with moderate, non-dependent, nonorganized, mobile, echogenic gallbladder debris. No evidence of inflammatory criteria was noted. 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. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal urinary bladder, residual prostate, and visible proximal urethra
- Bilateral moderate chronic kidneys with left kidney pyelectasia
- Nonspecific subjectively benign right adrenal nodule - suspect adenoma
- Low-grade benign hepatopathy - possible low-grade inflammatory hepatopathy i.e., cholangiohepatitis
- Gallbladder debris (non-mucocele)
- Overtly normal gastrointestinal tract
- Minor pancreatic remodeling - suspect age-related / patient variant and minor benign remodeling owing to possible previous inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA hepatic cytology could be considered for potential assessment for parenchymal inflammatory criteria. No evidence of portosystemic vascular anomaly is noted. Subjectively, the liver was not overtly suggestive of steroid hepatopathy.



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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). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

SPECIES

Canine

Adrenal workup could be considered if strong clinical suspicion for Cushing's Syndrome, given the right adrenal nodule. Screening blood pressure is recommended to assess for evidence of hypertension, which may allude to a more aggressive emerging right adrenal pathology, i.e., pheochromocytoma.

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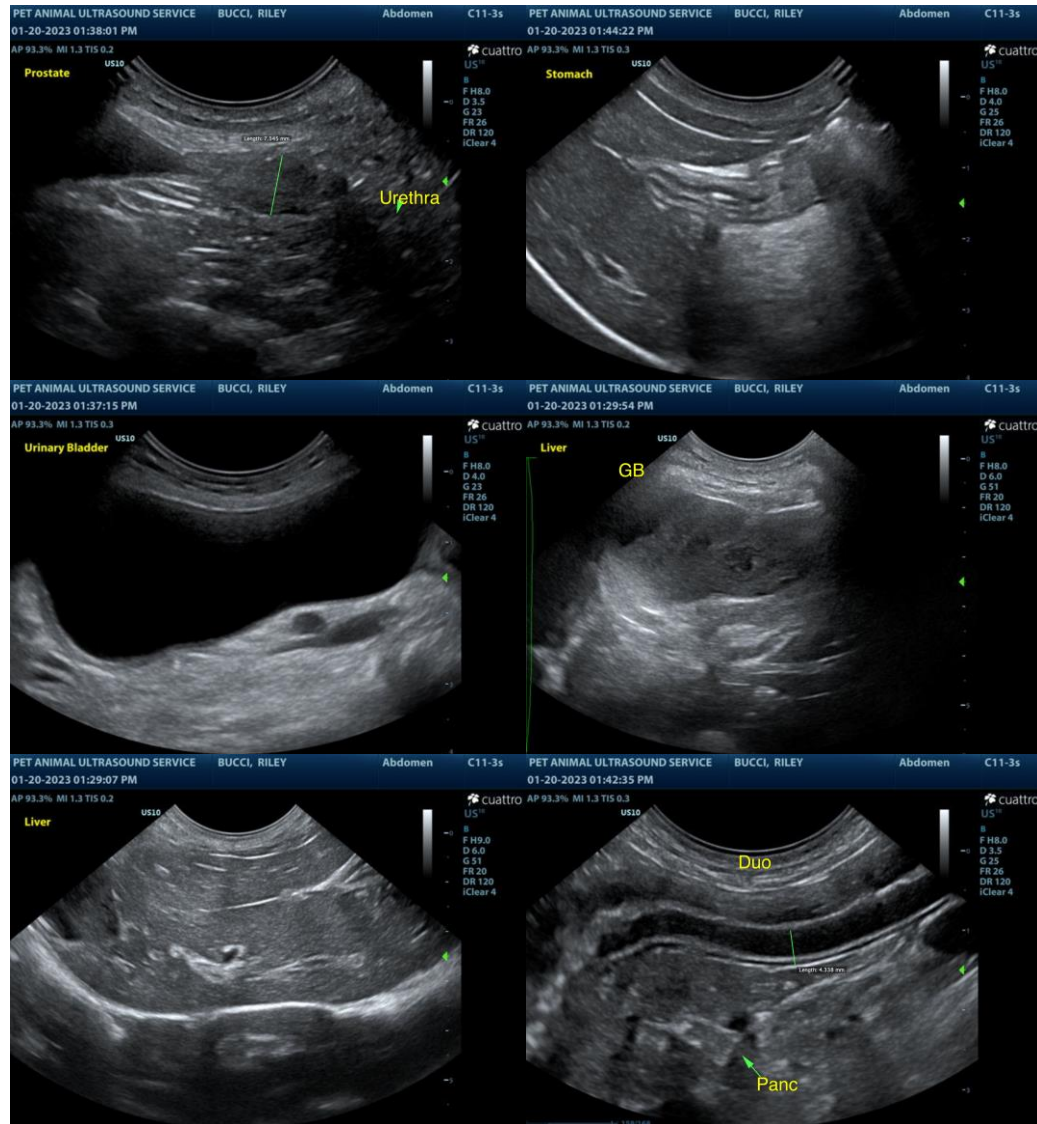
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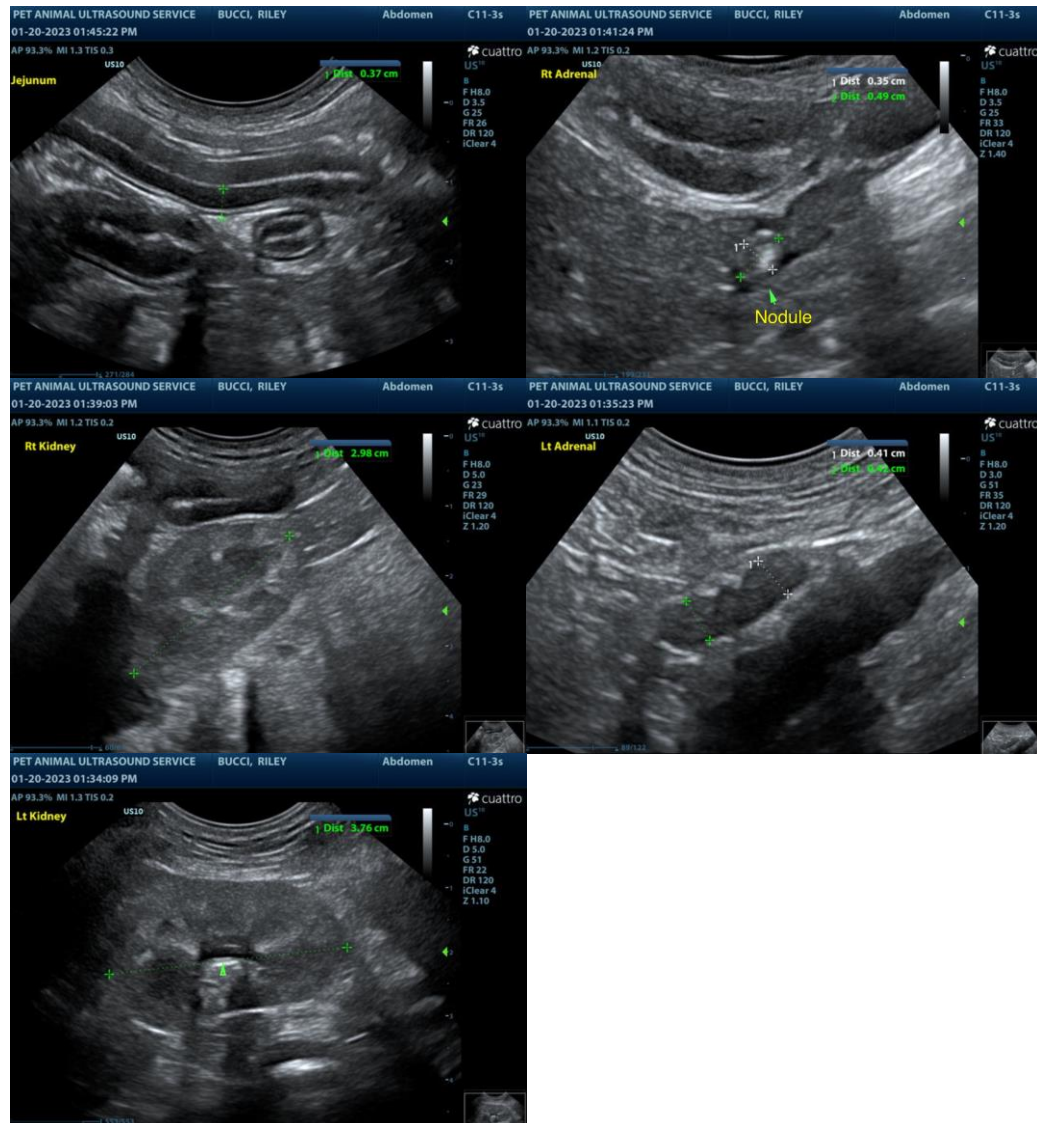
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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