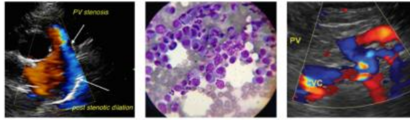
IMAGING PERFORMED BY

svsimaging.net 309-737-3070



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Hannah Dunn

SPECIES

Canine

BREED

Grey Hound

SEX

Spayed Female

AGE

8 Years

WEIGHT

62.8 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Wilhelm

INVOICE

13620

DATE

1/25/22

PRESENTING CLINICAL SIGNS

History: ADR. Lethargic. Urinating in the house the last 2 weeks. Weight loss (7lb).
Abnormal PE/Chem/CBC/UA Results: Lyme positive on 4DX test 1y ago, no further testing or treatment at that time. BUN 58, Cre 4.5. USPG 1.022. hematuria, proteinuria, pyuria. Plts 20K, HCT 57.4%. BCS 2/9. Rads=There was a loss of detail in the cranial abdomen on the VD view.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra, to a depth of 3.0 cm, exhibited normal tone. Anechoic urine was present primarily with very minor particulate sediment, likely indicative of minor cellular or crystalline debris. No calculi or overt masses present in the bladder. The ureteral papillae were normal. The ureters were not visible which is normal. Aortic trifurcation was normal.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present. Mild asymmetrical lateral capsule contour was present in the left kidney, indicating potential for infarct. The left kidney measured 7.8 cm in length. The right kidney measured 7.3 cm in length.

Adrenal Glands

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.3 cm in length x 0.70 cm width at the caudal pole.

No overt pathology in the area of the left adrenal gland.

Spleen

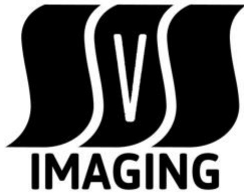
The spleen exhibited mild generalized enlargement with a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence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

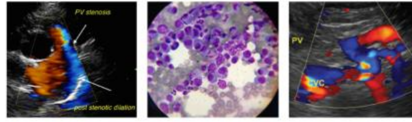
Liver

The liver presented normal in size. Subtle to mild subjective decreased hepatic parenchyma echogenicity compared to the spleen and falciform fat. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with 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. Mild retained chyme and luminal gas were present. The gastric body wall measured 0.37 cm.





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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. The duodenum wall measured 0.45 cm. The jejunum wall measured 0.37 cm.

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

Pancreas

The left pancreatic limb exhibited subjective potential for prominent size with mild swollen contour and heterogeneous to mildly hypoechoic parenchyma.

Free Abdomen

Generalized mild reactive mesentery was present, most notable in the mid to cranial abdomen. No evidence of significant lymphadenopathy or evidence of effusion.

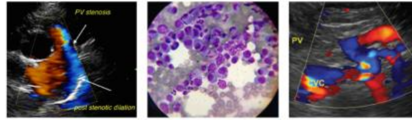
ULTRASONOGRAPHIC FINDINGS

- Mild cystitis pattern
- Bilateral nephropathy- chronic to potential acute on chronic
- Mild nonspecific splenomegaly
- Subjective mild hypoechoic yet uniform hepatic parenchyma
- Suspect gastroenteritis, potential mild to low-grade pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for evidence of cranial abdominal subxiphoid discomfort in the area of the pancreas recommended. If present, potential for low-grade to mild pancreatitis would be suspected. The clinical significance of the hepatosplenic presentation is unclear. However, given the patients weight loss and assuming normal clotting status, hepatosplenic FNA, using a 25-gauge needle for screening cytology to assess for evidence of inflammatory cells and/or neoplasia would be warranted.

The overall appearance of the kidneys was nonspecific. Full urinary work up, including culture and sensitivity, baseline UPC +/- leptospirosis titers/PCR (if clinically indicated) suggested for further assessment. Potential for lyme nephritis may be considered in this patient given the previously lyme positive test. Reassessment may include retesting lyme test. Empirically, hospitalization with IV fluids with assessment of renal response, as needed gastrointestinal support +/- pancreatitis protocol, if clinically indicated is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.



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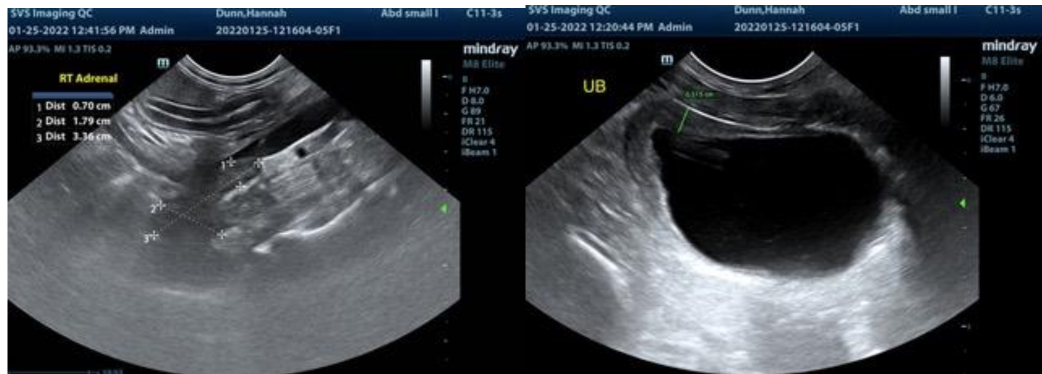

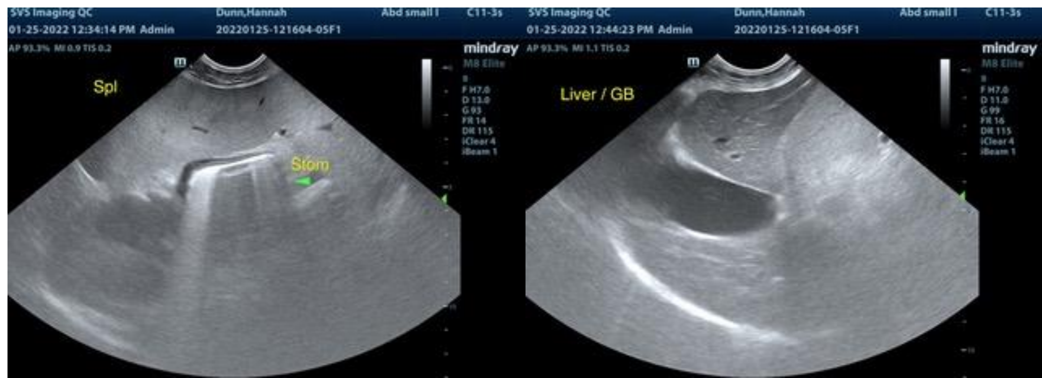

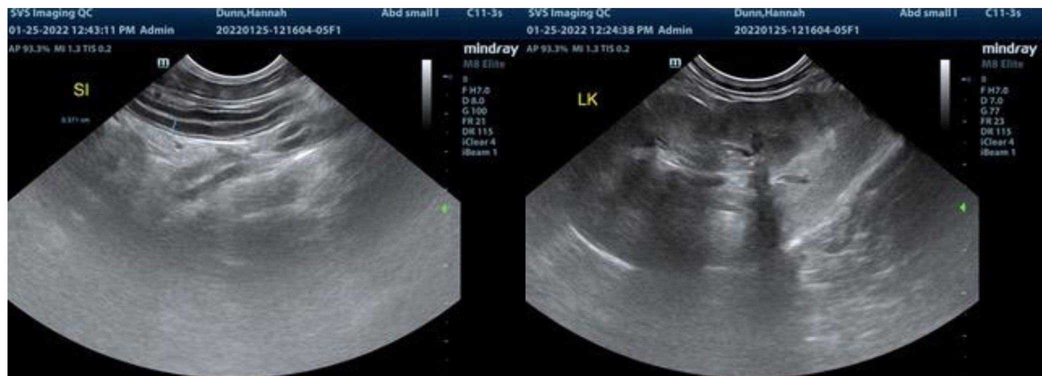

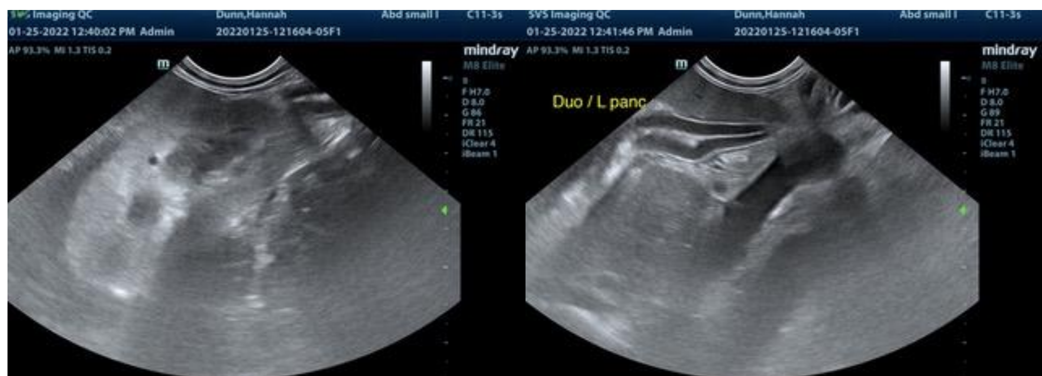

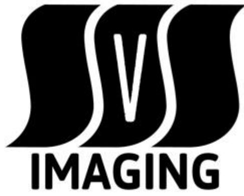

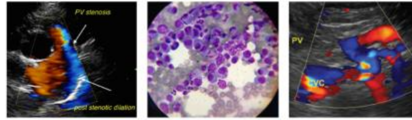

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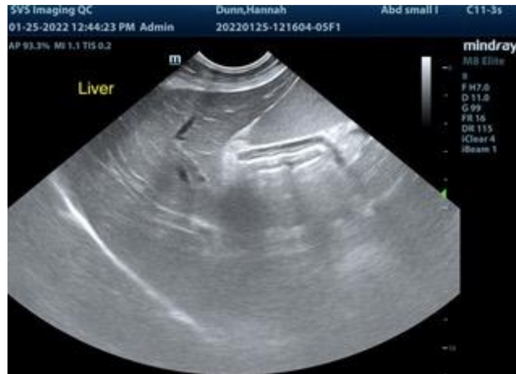

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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