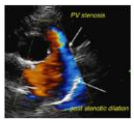
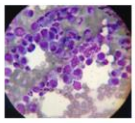
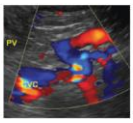

PATIENT

Everest Stephenson

SPECIES

Canine

BREED

Weimaraner

SEX

SF

AGE

14 years

WEIGHT

58 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. Doerscher

INVOICE

15996

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PRESENTING CLINICAL SIGNS

-~1 mo history of hematuria. Urinary tract infection has been diagnosed (E. coli on culture) and P has been on several rounds of abx. Abx seems to clear up the hematuria and pollakiuria but seems like as soon as meds are complete the symptoms return. Most recently culture showed resolution on 1/19 and today 1/25 P has hematuria again.

Abnormal PE/Chem/CBC/UA Results: P has many soft tissue masses (lipomas) but unremarkable PE considering her age; bladder area soft. Labwork 11/22 was fairly unremarkable besides ALP 389

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 sediment or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic urinary bladder mural pathology was noted.

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, pyelectasia, or evidence of pyelonephritis was present. The left kidney measured 5.8 cm in length. The right kidney measured 6.4 cm in length. Pinpoint medullary mineral was noted.

Adrenal Glands

The left adrenal gland was mildly prominent in size based on caudal pole width measurement. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.5 cm length x 0.91 cm width at the caudal pole.

A discrete to irregular nonhomogeneous mildly hyperechoic nodule was noted mid to cranial right adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The right adrenal gland nodule measured 1.9 cm length x 1.21 cm width. The overall right adrenal gland measured 2.7 cm length x 1.5 width at the cranial pole and 0.60 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

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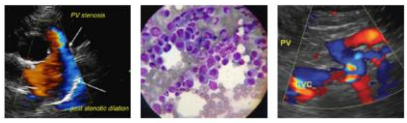

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Liver/ Gallbladder

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. Minor lobar biliary tree mineralization was present in the right liver. The gallbladder was non-distended in size containing primarily anechoic content with mild dependent luminal mineral. No evidence of gallbladder or peripheral gallbladder 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. Minor gastric chyme and fluid were present.

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable urinary bladder and visible proximal urethra
- Mild chronic renal changes
- Benign hepatopathy exhibiting minor lobar biliary tree mineralization
- Nonobstructive mild gallbladder mineral
- Bilateral prominent adrenal glands with nonspecific right adrenal nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recheck urine C/S, if off antibiotics for 7 days, is recommended. Assessment of the vulva and vaginal vault for evidence of structural pathology, which may predispose to ascending infection, may be considered.

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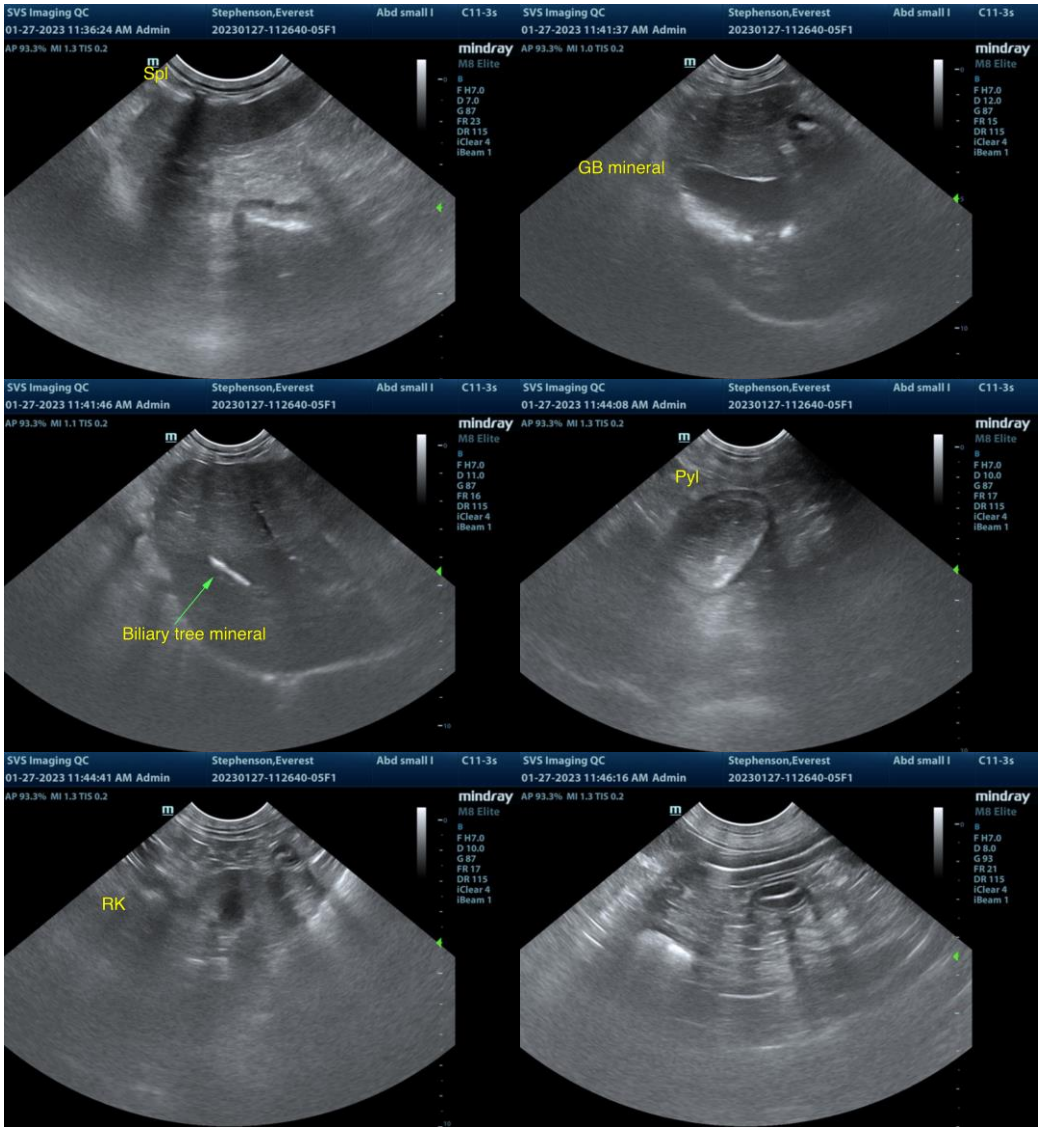
The right adrenal nodule and generalized bilateral prominent adrenal gland presentation is nonspecific. Potential right adrenal functional vs. nonfunctional adenoma, hyperplasia, lipogranuloma, potential emerging neoplasia i.e., pheochromocytoma are all potentials. An adrenal workup may be considered if clinical signs consistent with Cushing's Syndrome have been noted. Screening BP to assess for evidence of hypertension which may allude to an emerging right adrenal pheochromocytoma is suggested. Ideally, sonographic monitoring of the bilateral adrenal gland for evidence of progressive enlargement or nodular changes with initial recheck in 2-3 months is suggested. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.



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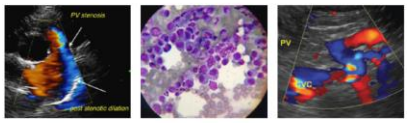

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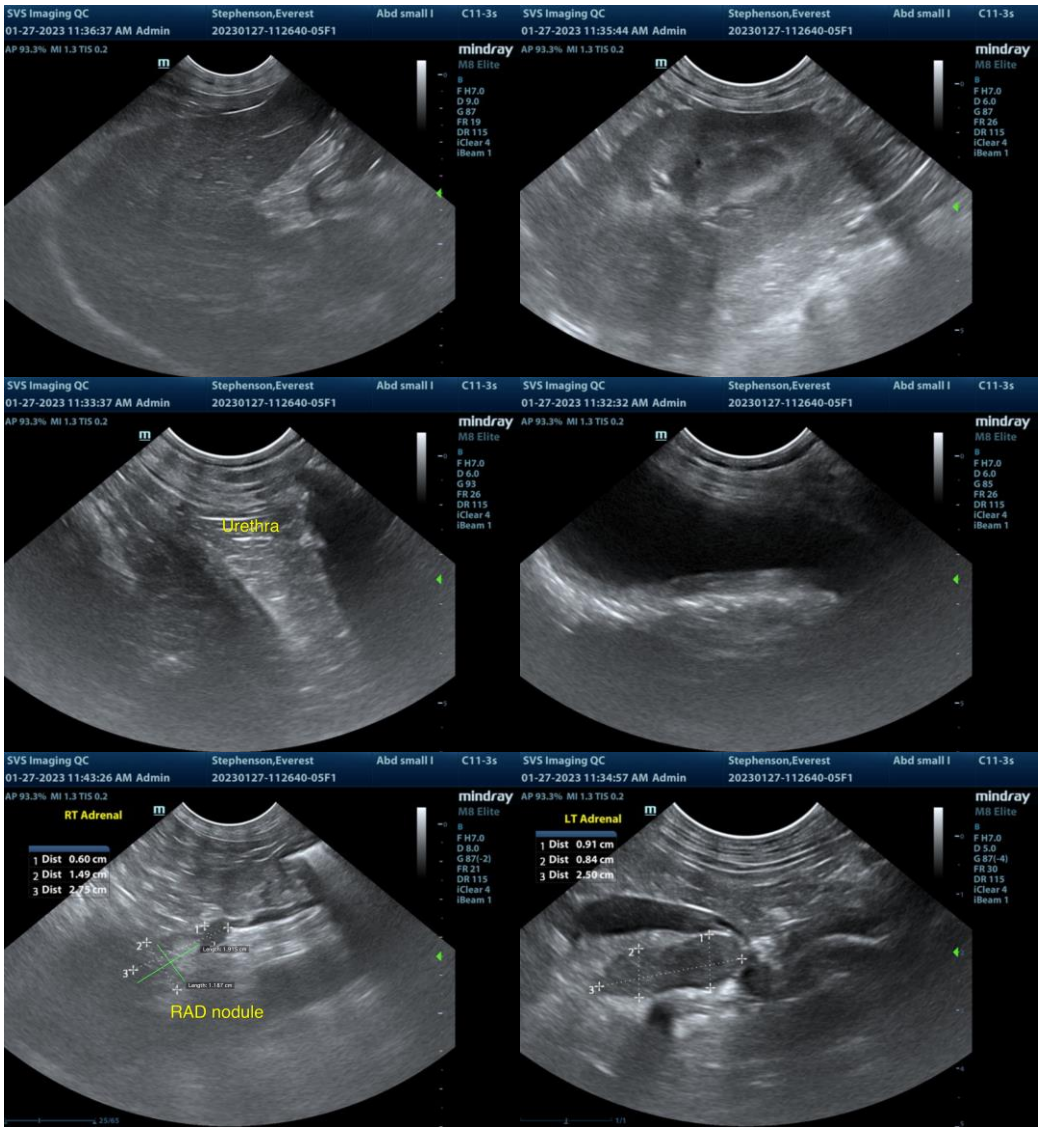

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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