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Clinical Sonography & Telecytology
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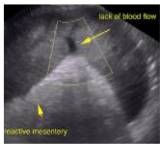

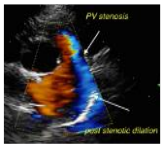

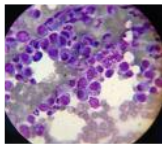
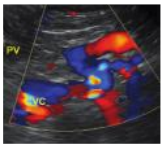

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Haylee Paul

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

9 years

WEIGHT

N/A

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Blairstown AH

REFERRING VET

Dr. Clegg

INVOICE

15987

DATE

1/27/23

PRESENTING CLINICAL SIGNS

hypertension, urinary incontinence, lethargy. Previously diagnosed with gallbladder sludge, nerve sheath tumor right chest. on phenobarb, zonisamide, benazepril, simplicef , ursodiol

Abnormal PE/Chem/CBC/UA Results: cbc/chem wnl; USPG 1.004

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 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 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 was present. Minor medullary mineral was noted. The left kidney measured 4.8 cm in length. The right kidney measured 5.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.9 cm length x 0.64 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.8 cm length x 0.72 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/ Gallbladder

The liver presented subjectively 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. The gallbladder was non-distended in size containing moderate, non-dependent, congealed yet nonorganized, echogenic gallbladder debris occupying the majority of the gallbladder lumen. Suspected areas of entrapped hypoechoic mucus were noted along the gallbladder lumen periphery. No evidence of gallbladder inflammation was noted. The cystic and common bile ducts were normal.

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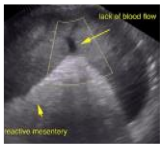

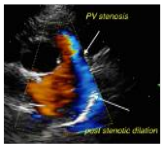

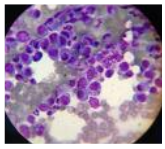
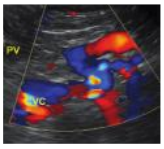

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Gastrointestinal

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. Minor, nonspecific, segmental duodenojejunal mucosal speckling was present.

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 with minor medullary mineral
- Mild benign hepatomegaly
- Early non-inflamed gallbladder mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely early age-related abdominal changes without sonographic evidence of significant visceral pathology. The mild hepatomegaly and early gallbladder mucocele do not appear to be a clinical factor at this stage, given the lack of reported hepatic enzyme elevations or cholestasis. No evidence of lower urinary tract pathology, adrenomegaly or adrenal tumors was noted.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Continued Ursodiol therapy is recommended with a sonographic reassessment of the gallbladder if evidence of progressive cholestasis or cranial abdominal or subxiphoid discomfort on palpation.

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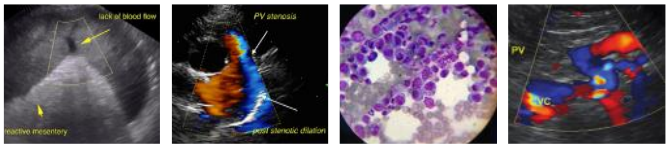

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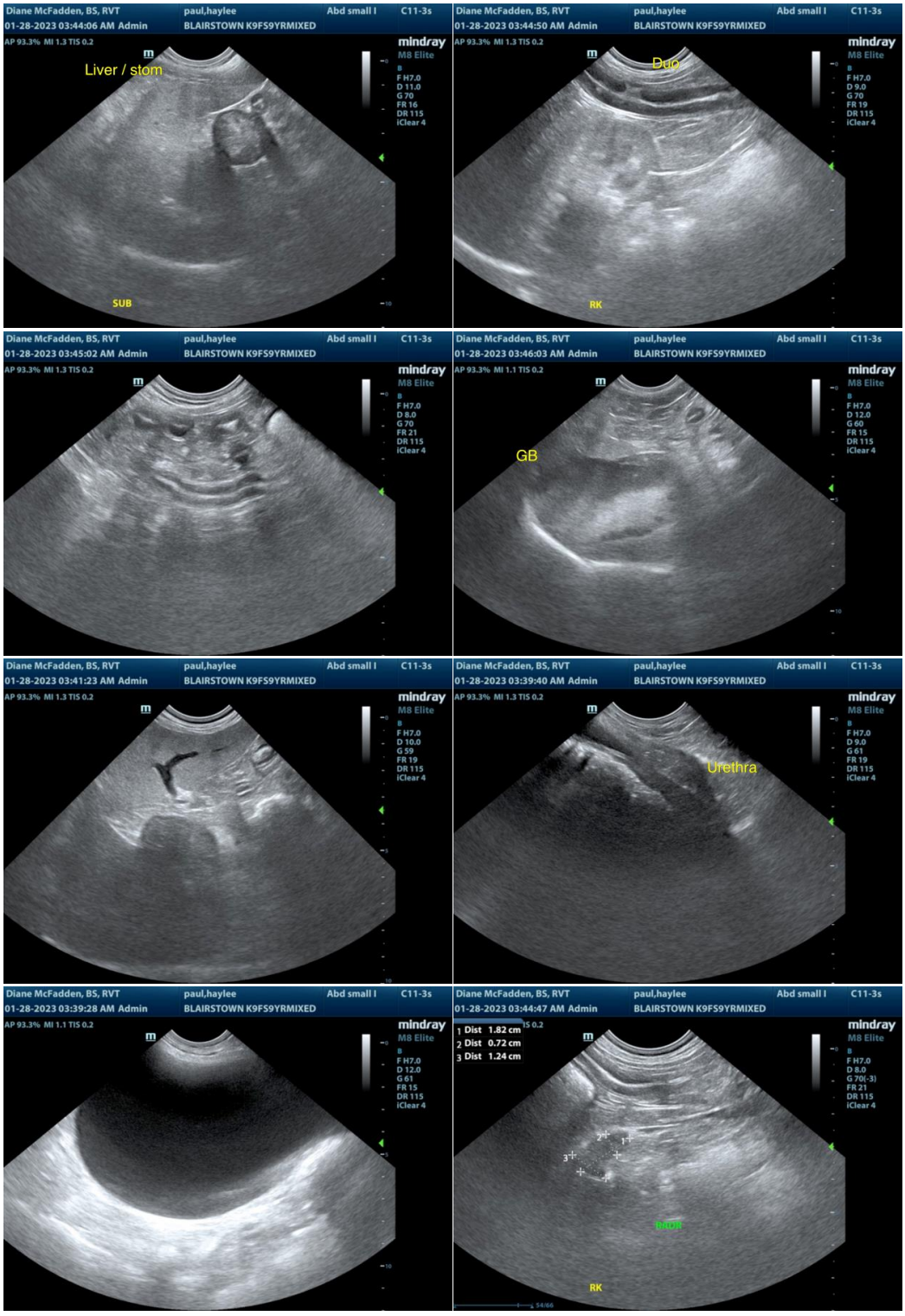

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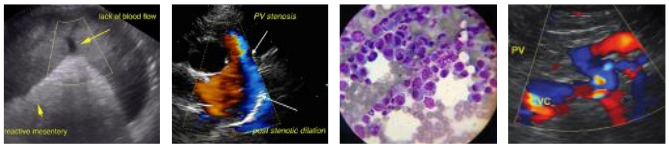

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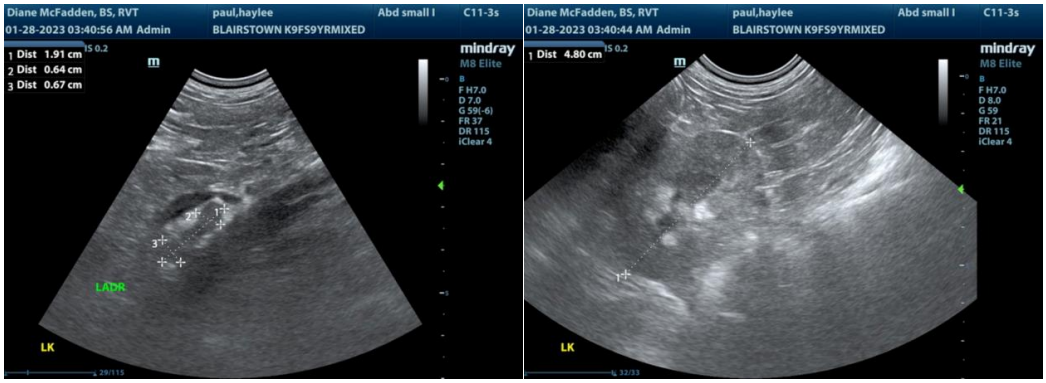

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com