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Clinical Sonography & Telecytology
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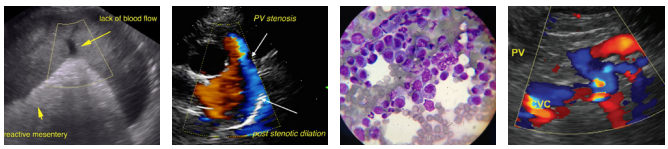

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Danni McDonald

SPECIES

Canine

BREED

Terrier X

SEX

Spayed Female

AGE

13 Years

WEIGHT

12.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Christina Sitton

HOSPITAL NAME

Sherwood Family PC

REFERRING VET

Dr. Christina Sitton

INVOICE

35186

DATE

1/29/22

PRESENTING CLINICAL SIGNS

losing weight, lethargic, mobility slowing down, not eating regularly
Abnormal PE/Chem/CBC/UA Results: ALbumin 2.5 (2.7-3.9) Globulin 4 (2.4-4) A/G ratio 0.6 (0.7-1.5) rest of chem wnl HCT 38.9 (low normal) CBC/T4/cPL: wnl trace protein on UA No current BP/UPC rads of hips/pelvis pending

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. Primarily anechoic urine was present in the lumen. Mild non-dependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

No overt pathology in the area of the uterine remnant or aortic trifurcation, including no evidence of sublumbar or medial iliac lymphadenopathy.

Normal size and margination were present in the kidneys. 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 with no evidence of pelvic dilation. The left kidney measured 3.9 cm. The right kidney measured 4.5 cm.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.65 cm length x 0.59 cm at the caudal pole. The right adrenal gland measured 1.9 cm length x 0.60 cm at the caudal pole. Potential for mild adenomatous bilateral adrenal changes possible. No overt evidence of adrenal neoplastic criteria, which is considered unlikely.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, echogenic nodules were present throughout the cranial to caudal parenchyma. Example measured 0.89 cm in craniomedial 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver

The liver exhibited potential for mild enlargement. 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 normal in size with primarily anechoic content. A focal area of likely congealed, non-shadowing debris in the area of the gallbladder neck was present. Minor potential for focal gallbladder polyp cannot be definitively excluded.

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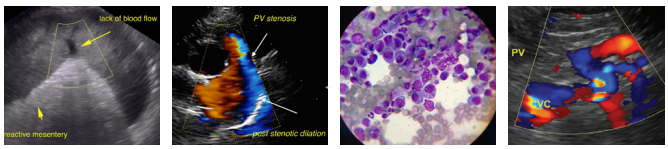

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Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present. Gastric body wall measured 0.37 cm.

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. Duodenum wall measured 0.40 cm. Jejunum wall measured 0.35 cm.

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, lymphadenopathy or effusion.

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment
- Bilateral chronic renal changes
- Non-specific yet likely benign splenic nodules – suggestive of probable benign myelolipomas
- Mild vacuolar hepatopathy pattern – subjectively benign.
- Focal mild congealed gallbladder debris, minor potential for polyp
- Mild gastritis pattern, sonographically unremarkable small bowel

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. UPC suggested if evidence of consistent proteinuria and if no evidence of significant inflammatory cells.

Sonographic monitoring of the gallbladder debris or potential polyp for evidence of progression may be considered.

Screening blood pressure is recommended. GI panel to include PLI, TLI, cobalamin and folate may be considered to assess for low-grade to chronic pancreatitis, which may present sonographically normal, or occult small intestinal disease as potential cause of the patient's weight loss. Continued as needed gastrointestinal support recommended.

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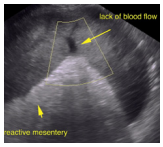

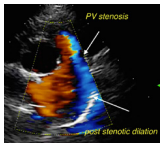

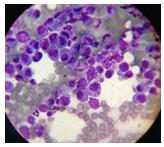
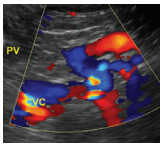

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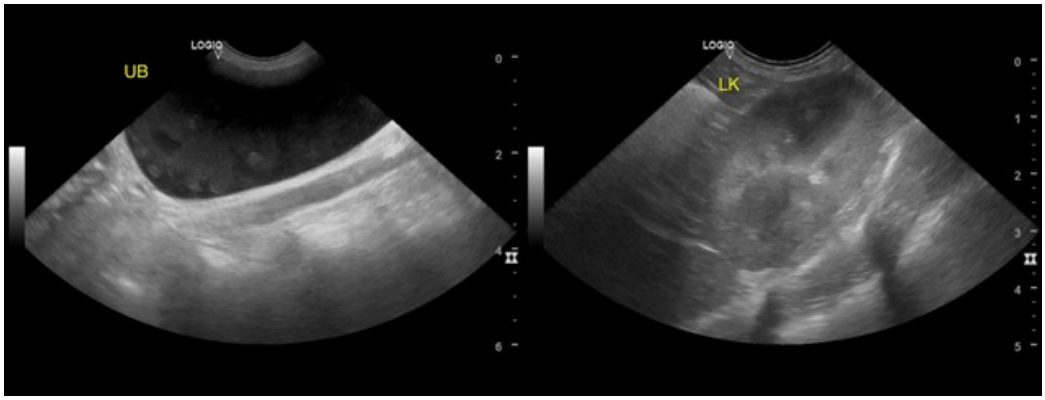

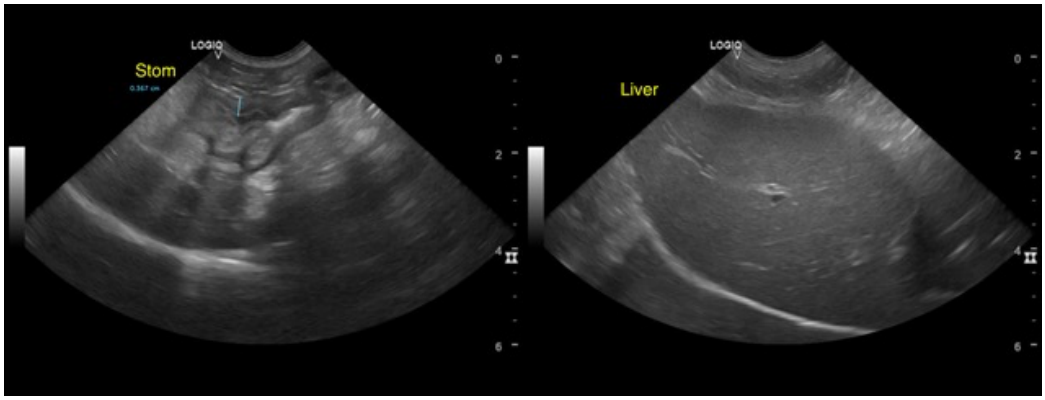

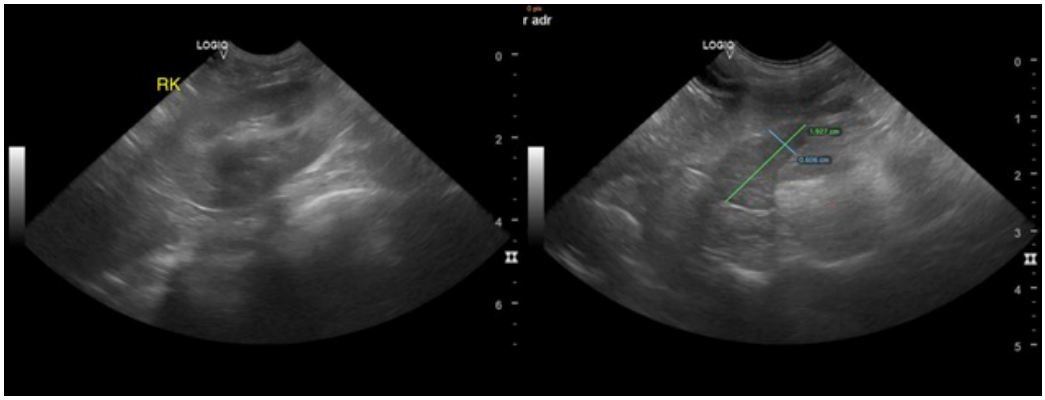

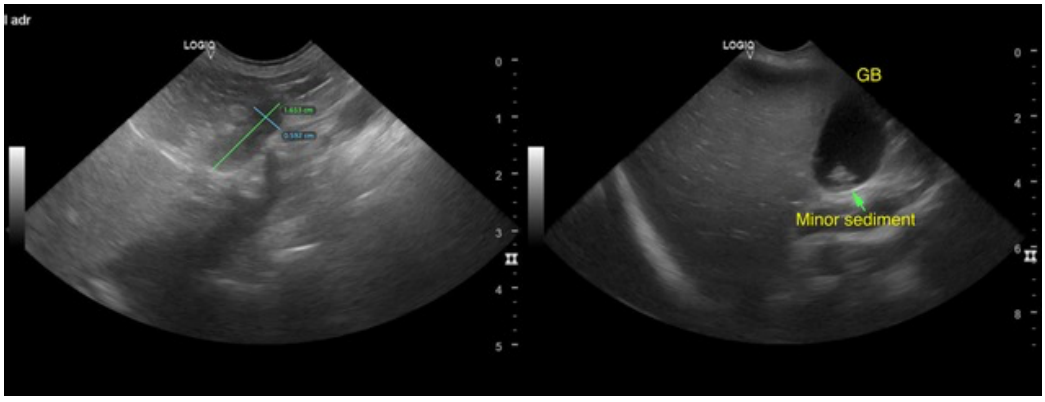

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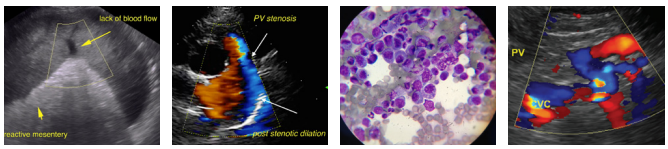

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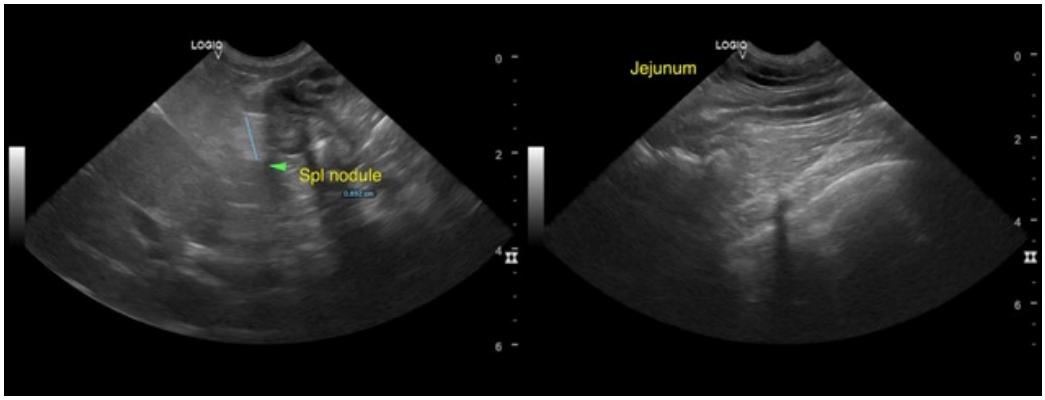

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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