

Portable Animal Veterinary Sonography, Inc.

PATIENT PRESENTING CLINICAL SIGNS

Zoe Covell History: 1 month hx PU/PD Physical exam findings: Thin, BCS 3/9. Abnormal CBC values: None
Abnormal Chemistry Values: Creat 2.3 (lean), BUN 96, SDMA 20. Reason for Ultrasound:
Evaluate urinary tract for renal disease

SPECIES

Canine

BREED

Maltese Mix

SEX

FS

AGE

15yr

WEIGHT

12lb

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Alpine Animal Hospital

REFERRING VET

Dr. Zsumel

INVOICE

12828ag

DATE

01/30/2023

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 were noted.

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 left kidney pyelectasia was present. The left kidney measured 3.1 cm in length. The right kidney measured 3.8 cm in length.

The area of the aortic trifurcation was free of pathology.

The uterine remnant dorsal to the cystourethral junction was sonographically normal.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width. A well-defined, hyperechoic nodule was present in the cranial left adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.5 cm in diameter.

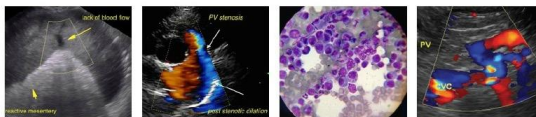
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.0.39 cm width.

Spleen

The spleen exhibited normal size with mild medial capsule asymmetry and generalized parenchymal heterogeneity with intermittent discrete hypoechoic nodules, an example measuring 0.55 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver/Gallbladder

The liver presented 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



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PATIENT 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 with primarily anechoic luminal content and moderate non-dependent mobile echogenic debris. The cystic and common bile ducts were normal.

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Gastrointestinal

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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.

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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.

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

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age related changes and considered incidental. No signs of active inflammation or neoplasia.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Moderate chronic renal changes with mild left kidney pyelectasia
- Non-specific yet subjective benign discrete cranial left adrenal nodule-suspect adenoma
- Minor hepatic parenchymal remodeling
- Moderate non-organized gallbladder debris (non-mucocele)
- Non-specific yet subjective benign splenic nodules

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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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. Additional renal staging to include UPC level if evidence of proteinuria is recommended.

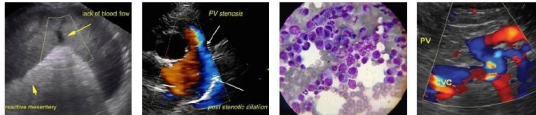
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The liver and bilateral adrenal glands are not overtly suggestive of Cushing's syndrome. Functional adenoma or emerging nodular left adrenal neoplasia cannot be definitively excluded. A full adrenal work up with LDDST may be considered if clinical suspicion of Cushing's is present. A screening BP is advised to assess for evidence of hypertension which may allude to emerging adrenal

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PATIENT neoplastic criteria i.e., pheochromocytoma. Ideally sonographic monitoring of the left adrenal nodule for evidence of progression with initial recheck in 4-6 weeks is recommended.

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Hepatosupportive medications such as Denamarin and Ursodiol may be considered if evidence of cholestasis is noted.

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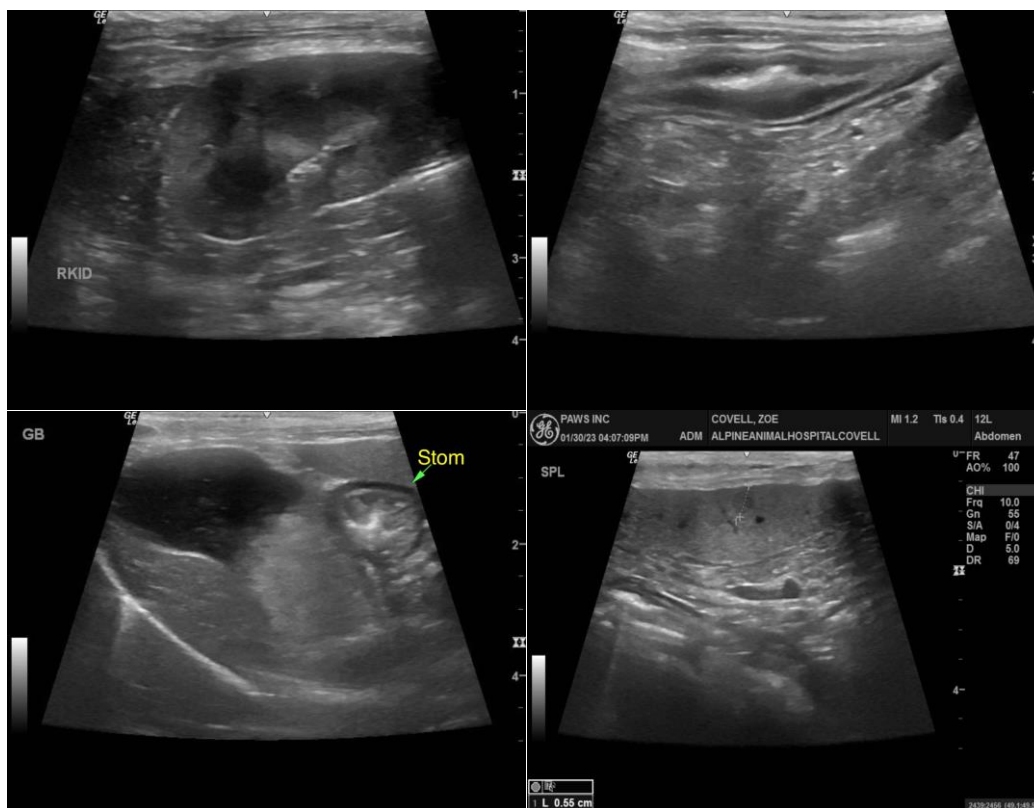
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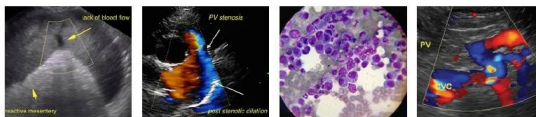
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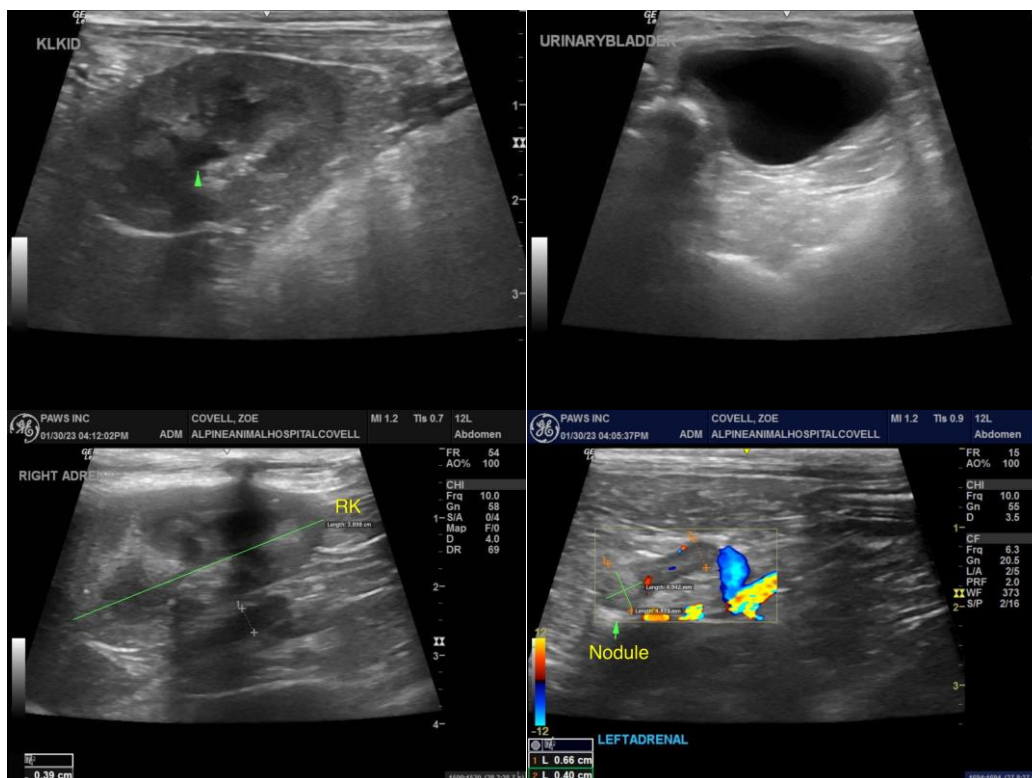
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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