



PATIENT PRESENTING CLINICAL SIGNS

Riley Fiorini History: Urinating outside but for the last few months has also been having accidents in the basement No blood or straining when noted. Possibly drinking more Chronic, intermittent diarrhea Abdomen - Soft on palpation with no noted masses or organomegaly. Prostate normal size.

SPECIES

Canine Current Medications Salmon oil, cytopoint

BREED

Aussie Abnormal PE/Chem/CBC/UA Results: See attached blood and urine results Finished a 14-day course of Clavaseptin on Dec. 30th for UTI Follow up urine to be done today. Primary Question to Be Answered in This Exam: Looking for reason for chronic diarrhea and urinary accidents.

SEX

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Male Neutered

Urinary System

AGE

14yrs The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited normal thickness and tone. No evidence of inflammation, tumors, mineral or calculi. Minor, dependent particulate urine sediment was present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

WEIGHT

21.8 kgs The residual prostate presented sonographically normal measuring 1.0 cm in diameter.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline) Normal size and margination was 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. The left kidney measured 6.0 cm in length. The right kidney measured 6.3 cm in length.

IMAGING PERFORMED BY

Adrenal Glands

Amanda Stewart 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 0.69 cm width in the caudal pole. The right adrenal gland measured 0.63 cm width in the caudal pole.

HOSPITAL NAME

Spleen

East Credit VH The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, hyperechoic nodules were present throughout the cranial to caudal parenchyma with an example measuring 1.0 cm in diameter. 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 hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

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Liver

The liver exhibited mild hepatomegaly. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of



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congestion. The gallbladder was non distended in size with non-organized, gravity dependent, echogenic, nonmineralized biliary sludge. The common bile duct was not visualized.

Gastrointestinal

SPECIES

Canine

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild gastric ingesta.

BREED

Aussie

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental, mild, non-shadowing ingesta.

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

SEX

Pancreas

Male Neutered

The area of the pancreas was sonographically normal.

AGE

Free Abdomen

14yrs

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

21.8 kgs

ULTRASONOGRAPHIC FINDINGS

- Normal urinary bladder, residual prostate and visible proximal urethra with minor urine sediment
- Mild chronic renal changes
- Hyperechoic splenic nodules – most consistent with benign criteria, i.e. myelolipomas
- Mildly enlarged non-homogeneous liver
- Mild gallbladder debris (non-mucocele)
- Normal gastrointestinal tract, mild gastrointestinal ingesta and semi-formed fecal matter in colon

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 DVM, DABVP
 (Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of lower urinary tract, residual prostate or gastrointestinal pathology with primarily mild geriatric abdomen. Correlation with follow-up urine testing is recommended. S GI panel to include PLI/TLI/Cobalamin/Folate if progressive diarrhea or gastrointestinal signs may be considered. Hepato-supportive medications suggested if evidence of cholestasis.

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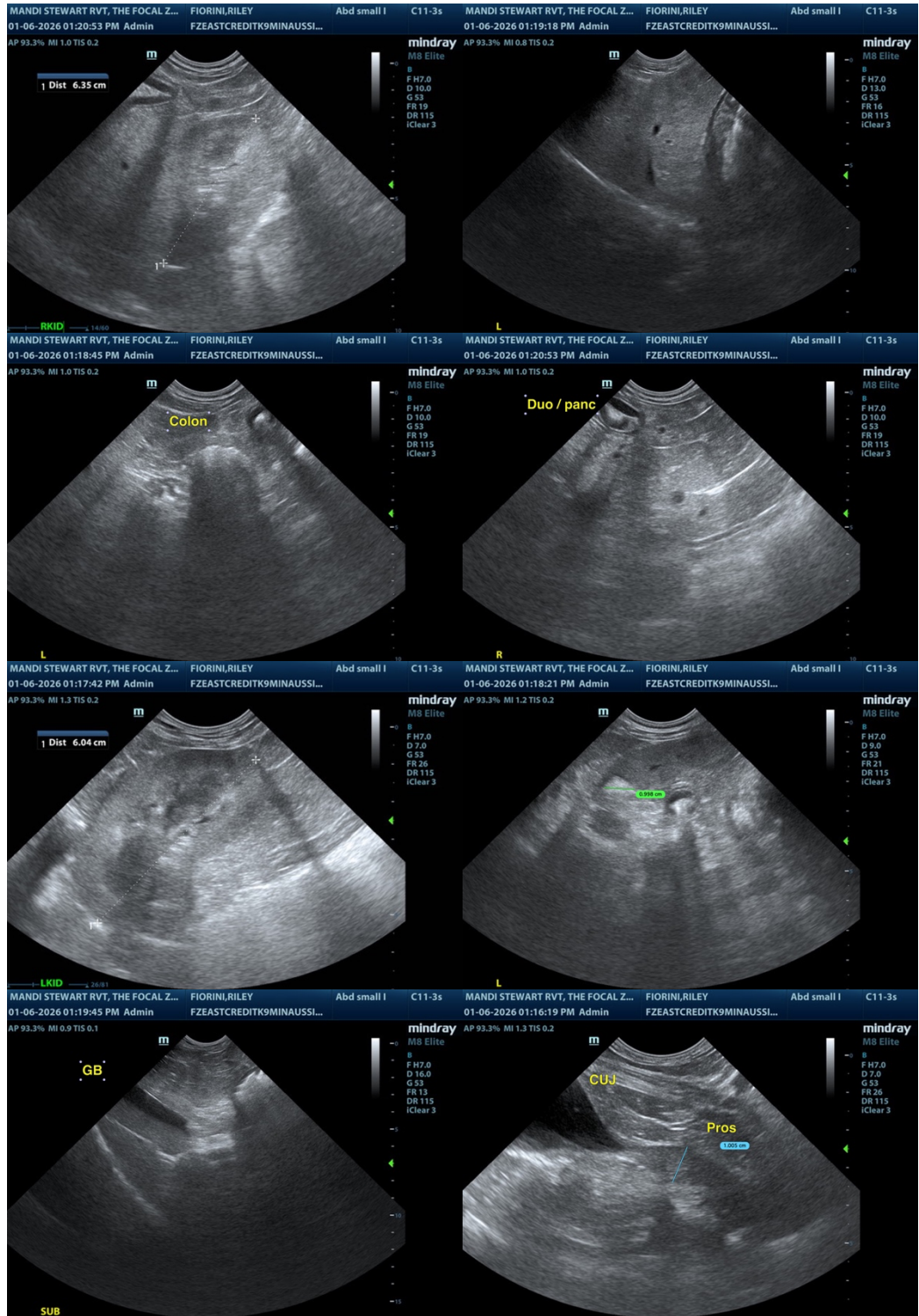
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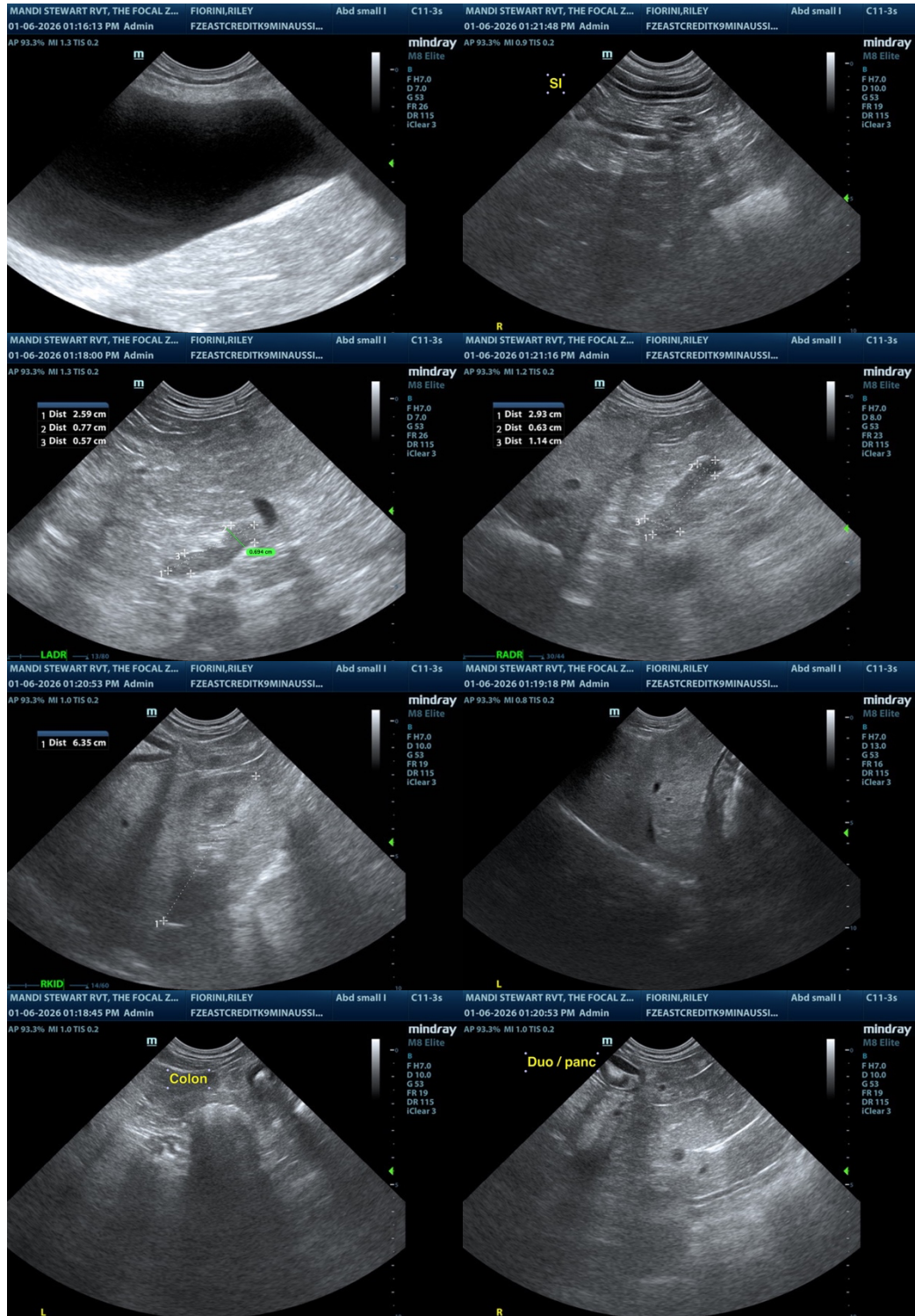
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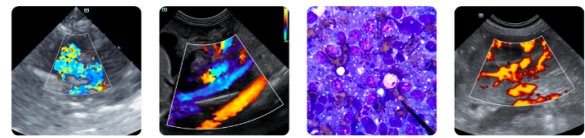
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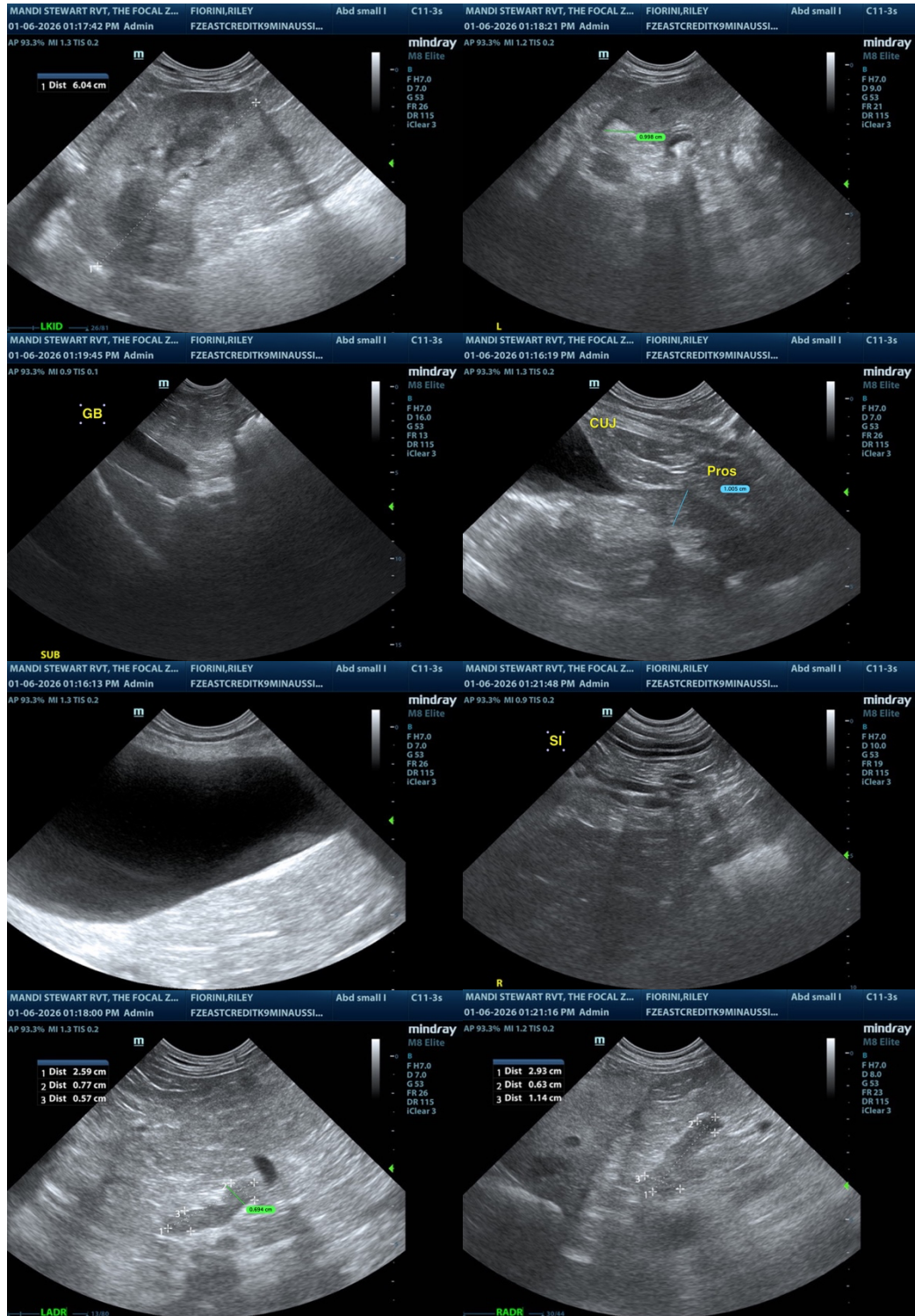
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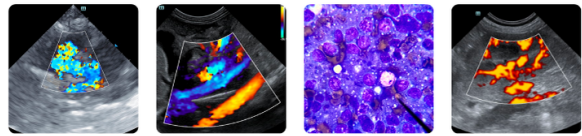
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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)

BREED

Aussie

info@SonoPath.com

SEX

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AGE

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