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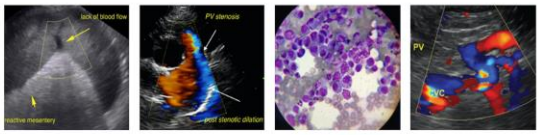

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Daisy Ourlsler

SPECIES

Canine

BREED

Boston Terrier

SEX

FS

AGE

2007

WEIGHT

16.9

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Lehigh Valley AH (Allen)

REFERRING VET

Dr. Hersh

INVOICE

15225

DATE

10/13/22

PRESENTING CLINICAL SIGNS

Hypoalbuminemia since 2020, anemia, azotemia, history mammary adenoma, heart murmur, dental disease

HCT 37, SDMA 34, Creatinine 3.7, BUN 78, Albumin 2.4, Total protein 5.3, Urine specific gravity; 1.016, UPC 0.4, Normal blood pressure

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 asymmetrical 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. Subtle medullary mineralization was noted. No evidence of pyelectasia was present. The left kidney measured 3.1 cm in length. The right kidney measured 3.2 cm in length.

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 1.3 cm length x 0.53 cm width at the caudal pole. The right adrenal gland measured 1.9 cm length x 0.63 cm width at the caudal pole.

Spleen

The spleen was normal in overall size with areas of lateral and medial capsule asymmetry and generalized parenchyma heterogeneity exhibiting areas of mild possible parenchymal expansion. Multiple nonhomogeneous primarily hyperechoic splenic nodules were noted. An example measured 0.82 cm in diameter. Normal splenic vascularity was noted. No overt splenic masses were noted.

Liver/ Gallbladder

The liver exhibited potential for mild enlargement. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. A solitary thinly-walled intraparenchymal cyst was noted dorsal to the gallbladder. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size containing mild, hyperechoic gallbladder debris noted primarily in the caudal lumen and gallbladder neck. The cystic and common bile ducts were normal.

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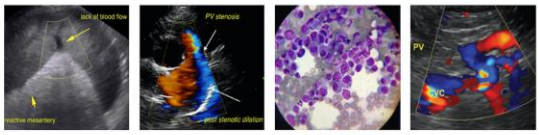

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Gastrointestinal

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 yet subjective prominent wall layering owing to generalized propensity for prominent mucosa layer. Intermittent mucosal speckling was present in the duodenum and jejunum. No evidence of loss of intestinal wall layering or intestinal masses. The duodenum wall measured 0.55 cm width. The jejunum wall measured 0.42 cm width.

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

- Moderate chronic degenerative renal changes
- Nonspecific yet likely benign splenic nodules - suggestive of benign myelolipomas, nodular hyperplasia, chronic splenic infarcts, or emerging splenic mineralization, neoplastic criteria is considered unlikely
- Hepatic parenchymal remodeling with small intraparenchymal cyst - benign
- Mild gallbladder debris (non mucocele)
- Intact yet prominent small bowel walls exhibiting intermittent mucosal speckling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given minor elevated UPC level, clinical pyelonephritis or protein-losing nephropathy appears to be unlikely. Potential for intestinal protein loss may be possible in this patient even though no reported gastrointestinal signs or evidence of weight loss. Since the hypoalbuminemia appears to be chronic yet stable, continued monitoring of albumin levels, as well as periodic UPC level would be reasonable.

Screening splenic FNA cytology, assuming normal clotting status and using a 25-gauge needle, could be considered primarily to ensure only benign splenic changes are present.

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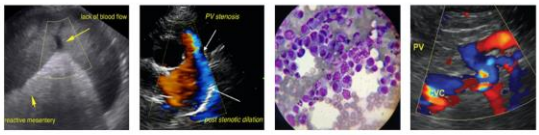

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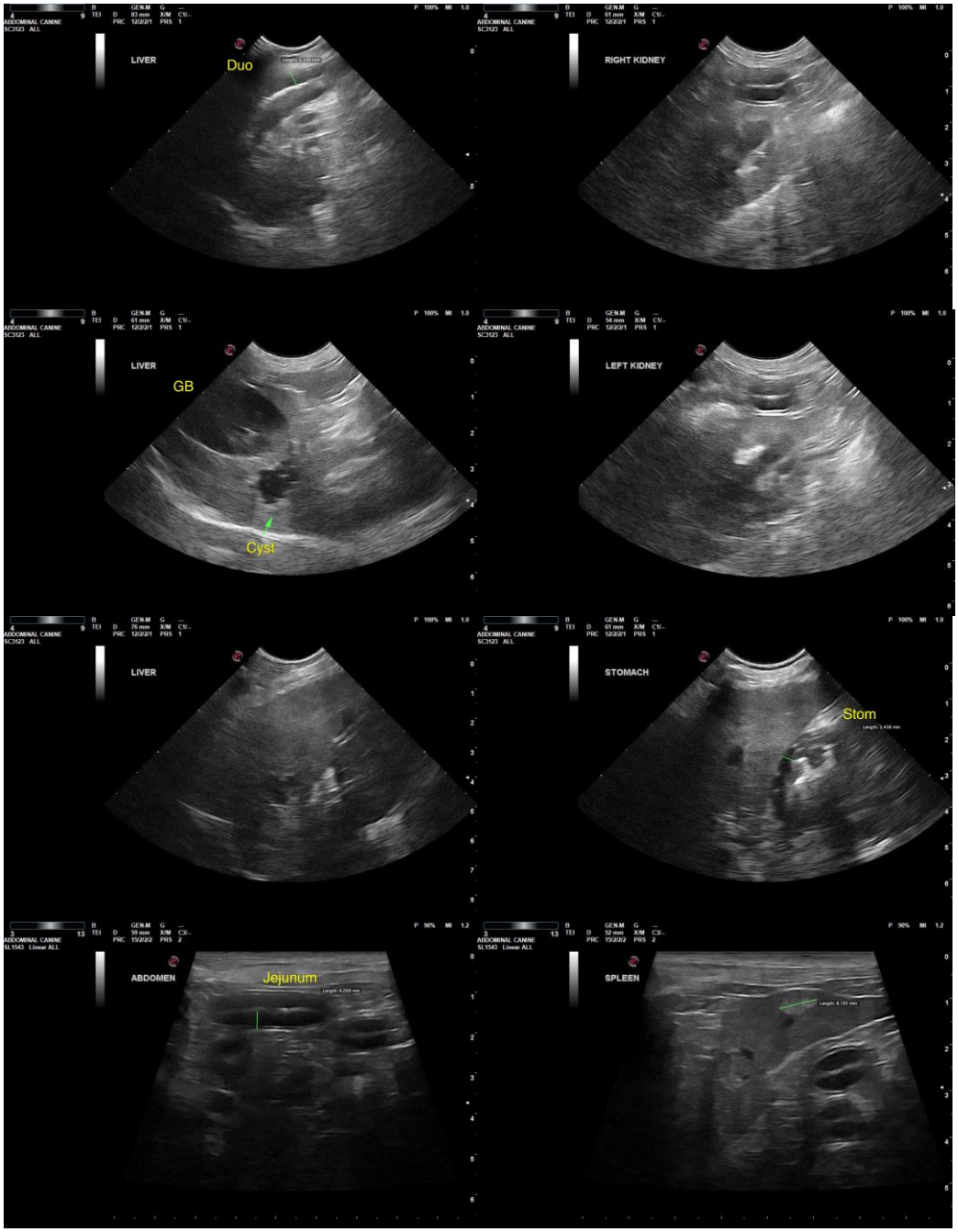

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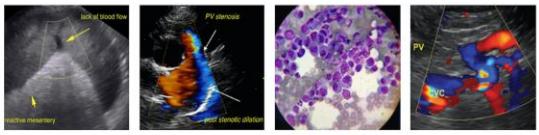

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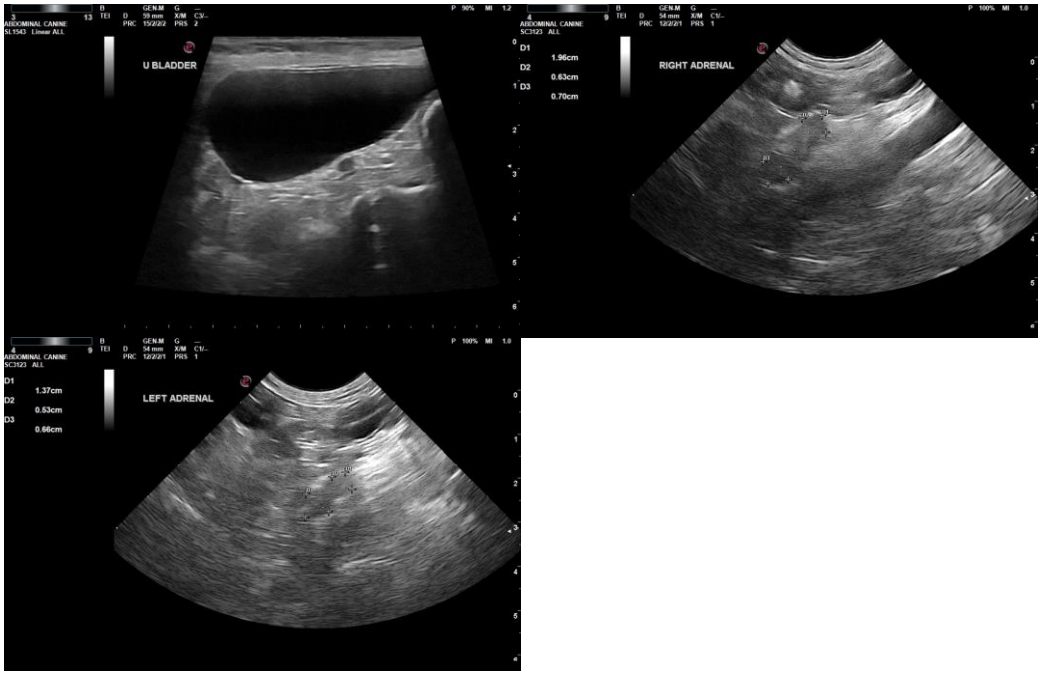

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com