



PATIENT

Mabel Medeiros

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

8 years

WEIGHT

48 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Anchor AH

REFERRING VET

Nicole Mulready, DVM

INVOICE

15217

DATE

10/13/22

PRESENTING CLINICAL SIGNS

Presented for wellness appointment on 8/26/22, senior panel revealed proteinuria. Confirmed elevated with two UPC values. X-rays on 9/28/22 revealed hepatomegaly, possible splenomegaly. No clinical signs, or other significant exam abnormalities. Goal to evaluate urinary system for potential causes of proteinuria, and evaluate liver/spleen for possible enlargement.

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.

Incidental medial iliac lymph nodes were present, not consistent with inflammatory or neoplastic criteria. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

Overall 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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present. The left kidney measured 6.5 cm in length. The right kidney measured 5.9 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size, position, and shape in conjunction with the patient's body weight. No evidence of adrenomegaly or tumors was noted. The left adrenal gland measured 0.66 cm width at the caudal pole and 0.45 cm width at the cranial pole. The right adrenal gland measured 0.61 cm width at the caudal pole and 0.51 cm width at the cranial 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. No evidence of splenomegaly was noted.

Liver/ Gallbladder

The liver exhibited subjective mild to possible moderate generalized enlargement with maintained symmetrical capsule contour. The liver parenchyma was mildly nonuniform with normal hepatic parenchyma echogenicity and subjective minor parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. No masses or nodules were noted.



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The gallbladder was non-distended in size containing mild nondependent, mildly echogenic, gallbladder debris primarily in the caudal lumen and area of the gallbladder neck. The cystic and common bile ducts were normal.

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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.

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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.

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 mild heterogeneous parenchyma compared to adjacent omentum, likely early age-related or patient variant. No signs of active inflammation or neoplasia.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Bilateral nonspecific minor chronic renal changes
- Mild to possible moderate hepatomegaly exhibiting mild nonuniform parenchyma
- Mild gallbladder debris (non mucocele)
- Sonographically normal spleen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment of hepatic and renal parameters on chemistry panel is suggested if not already done. Screening hepatic FNA cytology could be considered for further assessment if clinically indicated.

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Given UPC level <2.0, and assuming no evidence of azotemia, serial monitoring of UPC level for evidence of progressive proteinuria would be reasonable. PLN therapy may be considered if progressive increased UPC level or if evidence of azotemia.

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No evidence of intrabdominal neoplastic criteria was noted.

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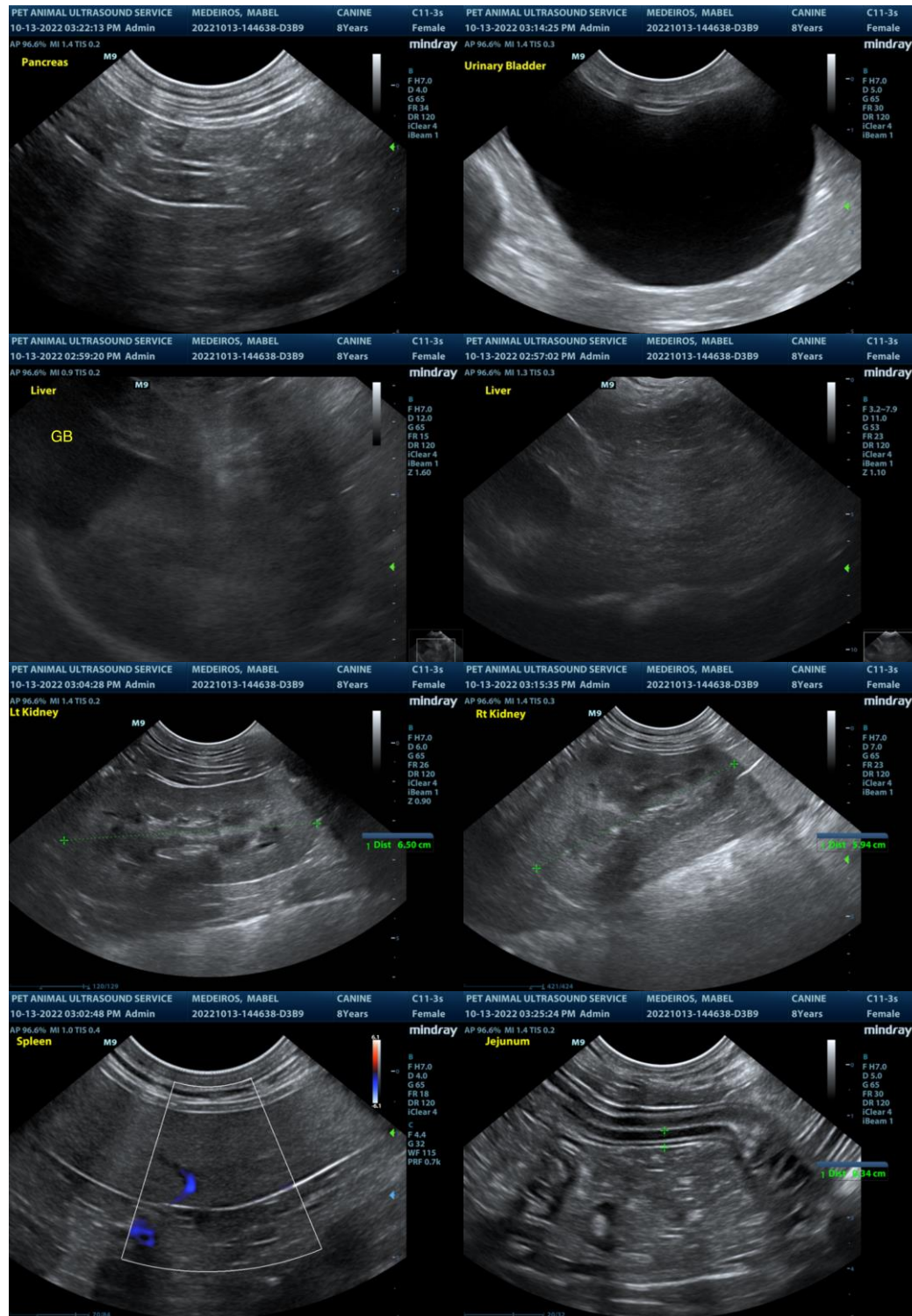
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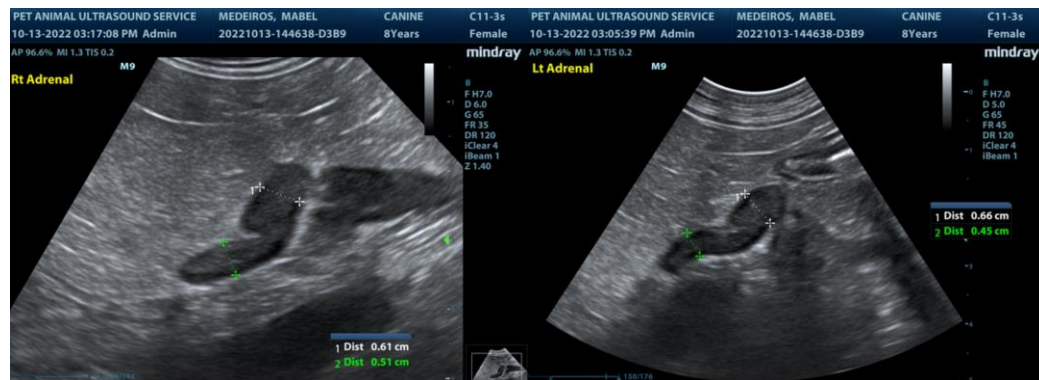
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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