



PATIENT PRESENTING CLINICAL SIGNS

Princess Murphy Presenting for loose stool with blood starting 10/16/2021. She ate last night but was not offered food today (she eats once a day in the evening). She had tenesmus today. No vomiting. No other concerns at home. Incidental mineralized mass in right abdomen (suspect right kidney) seen on x-ray. Tense abdomen on palpation. Metronidazole 10mg/kg PO q12h x 5d, Panacur 50mg/kg PO q24h x3d
Abnormal PE/Chem/CBC/UA Results: CBC- WNL Chem- BUN 49, ALKP 17

SPECIES

Canine

BREED

Maltese Mix

SEX

Spayed Female

AGE

8 years

WEIGHT

16.3 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

New England AMC

REFERRING VET

Stephanie Iacovelli,
DVM

INVOICE

13853

DATE

10/18/21

Urinary System

The urinary bladder presented uniformly thickening primarily in the ventral apical to ventral wall along with concurrent polypoid lesions extending into the urinary bladder lumen. The ventral apical bladder wall measured 0.46 cm width. An example of a polypoid lesion measured 0.6 cm x 0.15 cm. No evidence of mural or polyp mineralization. Subtle non-dependent particulate sediment was present. The visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. A focal mural mineralization was noted in the dorsal aspect of the cystourethral junction potentially in the area of the ureteral papilla.

The left kidney measured 3.8 cm in length with asymmetrical margination and moderate loss of border demarcation with similar corticomedullary parenchyma echogenicity. Mild to moderate pyelectasia without concurrent left ureter dilation.

The right kidney was enlarged in size compared to the left, measuring 5.4 cm in width. A large renolith occupying the majority of the medulla was present, measuring 3.9 cm in diameter. No evidence of pyelectasia. Mild loss of corticomedullary border demarcation present in the right kidney.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 cm width at the caudal pole and 0.36 cm width at the cranial pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.63 cm width at the caudal pole and 0.50 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.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild luminal gas was noted in the stomach with no evidence of retained ingesta, The gastric body wall measured 0.27 cm.



PATIENT

Princess Murphy

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. The jejunum wall measured 0.37 cm.

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Canine

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Nonfarmed to liquid fecal matter was present in the colon lumen with lumen dilation.

Pancreas

BREED

Maltese Mix

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

SEX

Spayed Female

A solitary isoechoic medial iliac lymph node exhibiting normal width to length ratio was noted, measuring 0.53 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

AGE

8 years

Primary Findings

- Left kidney, moderate chronic degenerative changes with mild to moderate pyelectasia
- Mild right kidney renomegaly with large medullary renolith
- Polypoid cystitis with focal mural mineral in dorsal cystourethral junction/potential area of ureteral papilla
- Mild colitis

WEIGHT

16.3 lbs.

Secondary Findings

- Minor gallbladder debris (non-mucocele)

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity on sterile urine sample recommended. This patient may be passing small amounts of mineral resulting in subjective non-obstructive mineral potentially at the level of the ureteral papilla. The pyelectasia in the left kidney may also be secondary to previous mineral passage, chronic degenerative changes while the possibility of left kidney pyelonephritis cannot be excluded. Continued conservative therapy for colitis would be appropriate.

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The gallbladder debris may be secondary to fasting or indicate nonclinical cholestasis.

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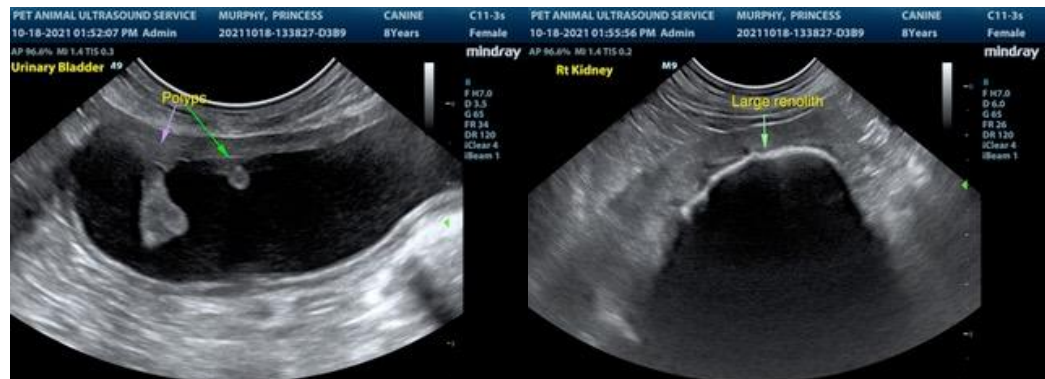
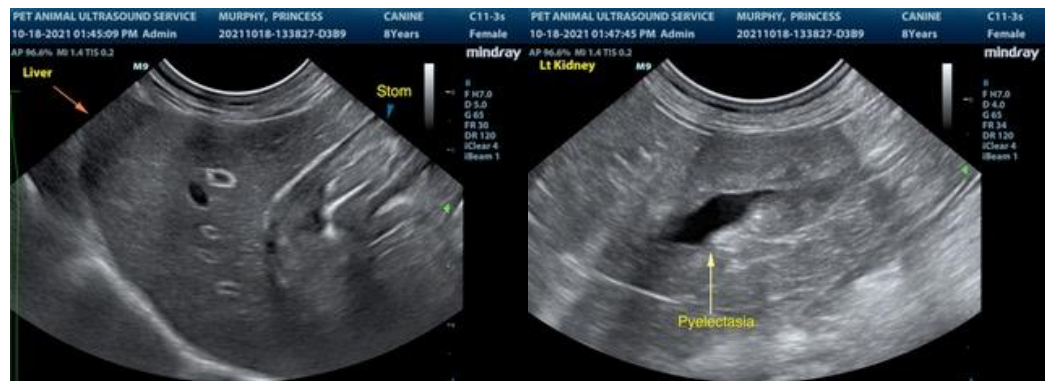
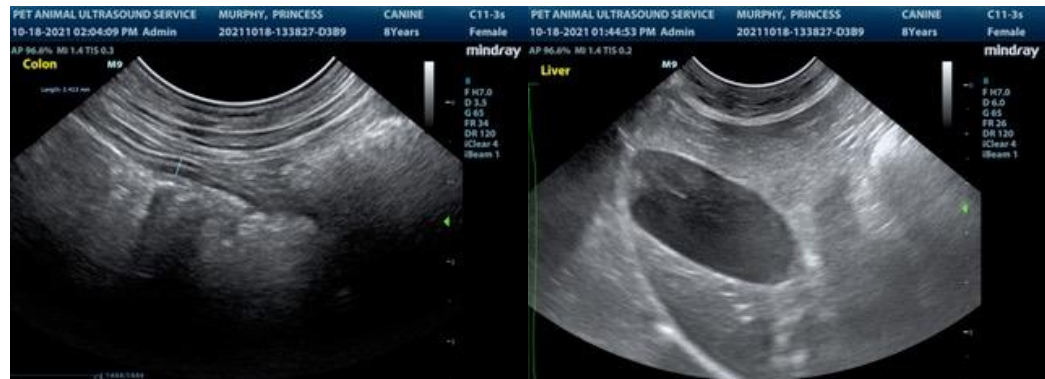
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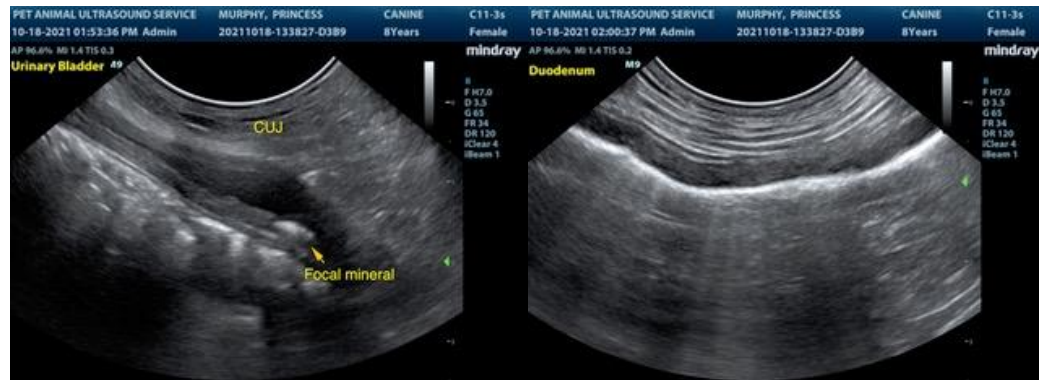
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com