



PATIENT

Kariya Green

SPECIES

Canine

BREED

Pitbull X

SEX

FS

AGE

10 years

WEIGHT

30.4 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Sarah Barthelemy

HOSPITAL NAME

Creature Comforts
Animal Hospital

REFERRING VET

Dr. Decker

INVOICE

15271

DATE

10/26/22

PRESENTING CLINICAL SIGNS

Hx of weight loss with decreased appetite. Clinical signs have now resolved.

Abnormal PE/Chem/CBC/UA Results: Labs show mild liver enzyme elevations ALT, AST, ALP. Hypoalbuminemia at 20. Proteinuria 3+ with few RBC and WBC (cysto). USG 1.016.

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.

The area of the aortic trifurcation was free of pathology.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint medullary mineral was noted in both kidneys. The left kidney measured 6.4 cm in length. The right kidney measured 7.2 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 0.44 cm width in the cranial pole and 0.46 cm width in the caudal pole. The right adrenal gland measured 0.60 cm width in the cranial pole and 0.53 cm width in the caudal pole. Multiple areas of pinpoint dystrophic parenchymal mineralization were noted. This is likely incidental and / or age-related adrenal changes and subjectively benign with no evidence of adrenal neoplastic criteria.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/ Gallbladder

The liver exhibited subjective mild enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a 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 mild echogenic debris primarily in the caudal lumen and gallbladder neck. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. 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.

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 duodenum wall measured 0.40 cm width. The jejunum wall measured 0.35 cm width.

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

Pancreas

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

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy - vacuolar hepatopathy, inflammatory / immune-mediated disease, nonobstructive cholestasis, or other hepatopathy possible without evidence of neoplastic criteria
- Mild gallbladder debris (non-mucocele)
- Minor nonspecific chronic renal changes
- Pinpoint dystrophic adrenal mineralization - subjectively incidental/ benign
- Overtly normal gastrointestinal tract
- Mild heterogeneous pancreas - mild age-related changes or patient variant, potential remodeling owing to previous inflammatory episode, potential for low-grade inflammation is possible

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Hepatic FNA cytology could be considered, assuming normal clotting status, for further assessment. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.

A GI panel to include PLI/TLI/Cobalamin/Folate may be considered given the patient's recent weight loss and for further assessment of the pancreas.

Recheck sonogram could be considered pending UPC level if recurrent GI signs, weight loss, or progressive hypoalbuminemia are noted.



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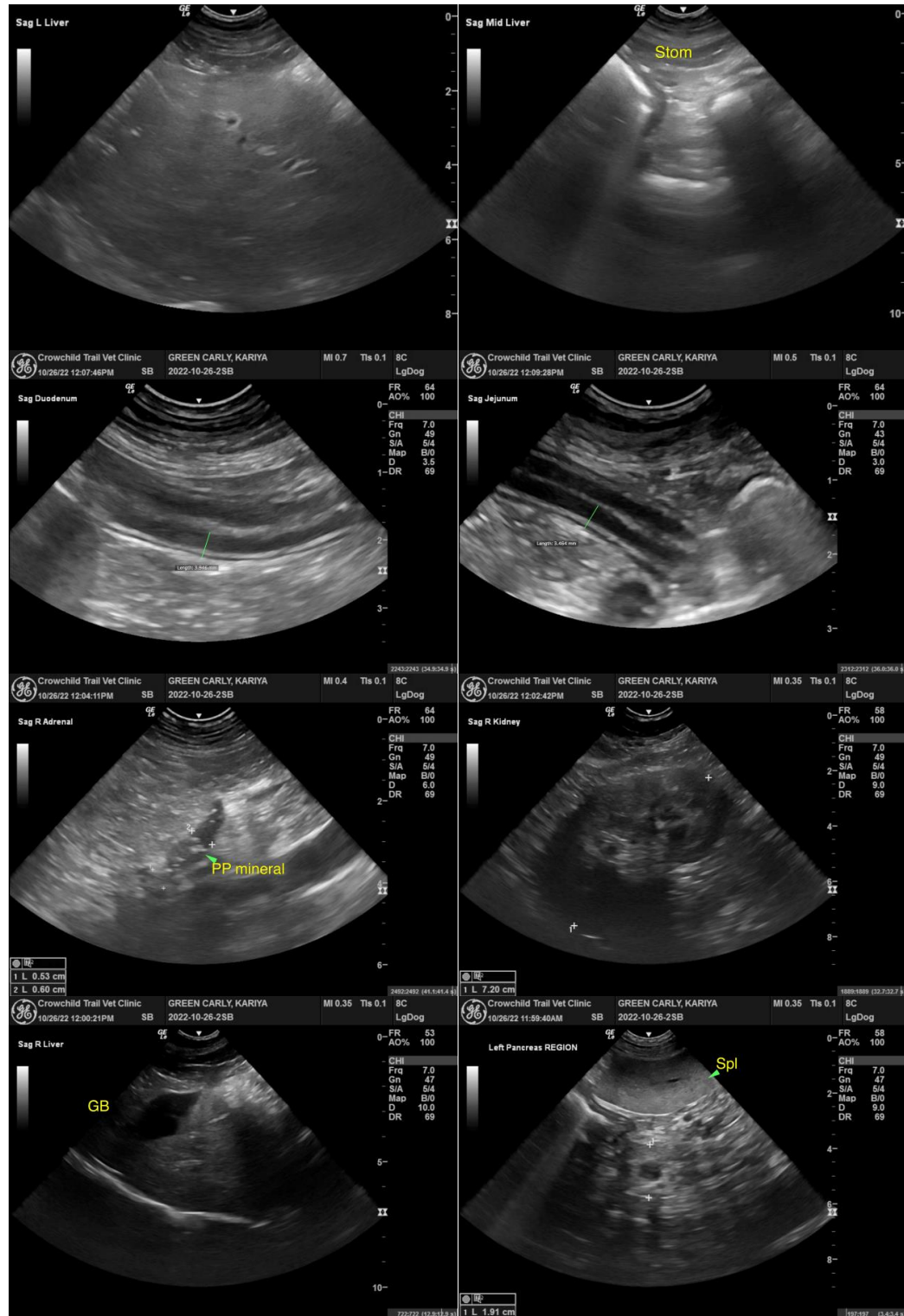
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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