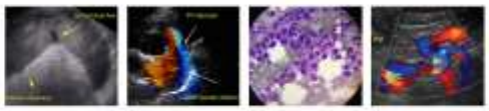
PAUS
Pet Animal Ultrasound Service



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Goldie Nadeau

SPECIES

Canine

BREED

Beagle

SEX

FS

AGE

10 years

WEIGHT

30 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Wood River AH

REFERRING VET

Leah Fischer, DVM

INVOICE

12609

DATE

11/12/21

PRESENTING CLINICAL SIGNS

Recheck/ Monitoring echocardiogram. PU/PD- suspect Cushing's disease. CBC and urinalysis WNL. Pertinent previous echo findings (6/15/20 MML): LA 2.5cm, LA:Ao 1.56; LV 3.9cm; mild LAE, mild-moderate MR, mild-moderate TR (2.88m/s), early pHTN. BP 125 mmHg
Abnormal PE/Chem/CBC/UA Results: Chem. ALP-1551, Lipase-314

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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. Minor pyelectasia was present in the left kidney. The left kidney measured 5.8 cm in length. The right kidney measured 5.3 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 0.51 cm width at the caudal pole and 0.47 cm width at the cranial pole. The right adrenal gland measured 0.57 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 presented enlarged in size. 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. Mild hepatic parenchymal remodeling was present. 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 mildly distended in size, yet without evidence of gallbladder wall inflammation or peripheral inflammation. A moderate amount of nondependent to congealed gallbladder debris along with mobile nonmineralized gallbladder debris was present. Focal, hypoechoic areas noted between the nondependent debris and inner luminal walls, suggestive of mucus, were present. The cystic and common bile ducts were normal.

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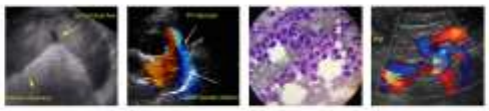

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Gastrointestinal

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 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.

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

Primary Findings

- Bilateral mild chronic renal changes with mild left kidney pyelectasia
- Vacuolar hepatopathy pattern
- Emerging / partial gallbladder mucocele
- Heterogenous pancreas
- Bilateral overtly normal adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pyelectasia left kidney may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

Full adrenal work up is Indicated if strong clinical suspicion of hyperadrenocorticism, yet the bilateral adrenal glands were not overtly consistent with pituitary-dependent hyperplasia. Assessment of T4 levels is suggested if not recently done.

Hepatosupportive medications including Denamarin and Ursodiol is recommended with periodic monitoring for evidence of increasing cholestasis. Sonographic monitoring of the gallbladder is likely ideal and recommended, specifically if increasing evidence of cholestasis or signs of abdominal discomfort.

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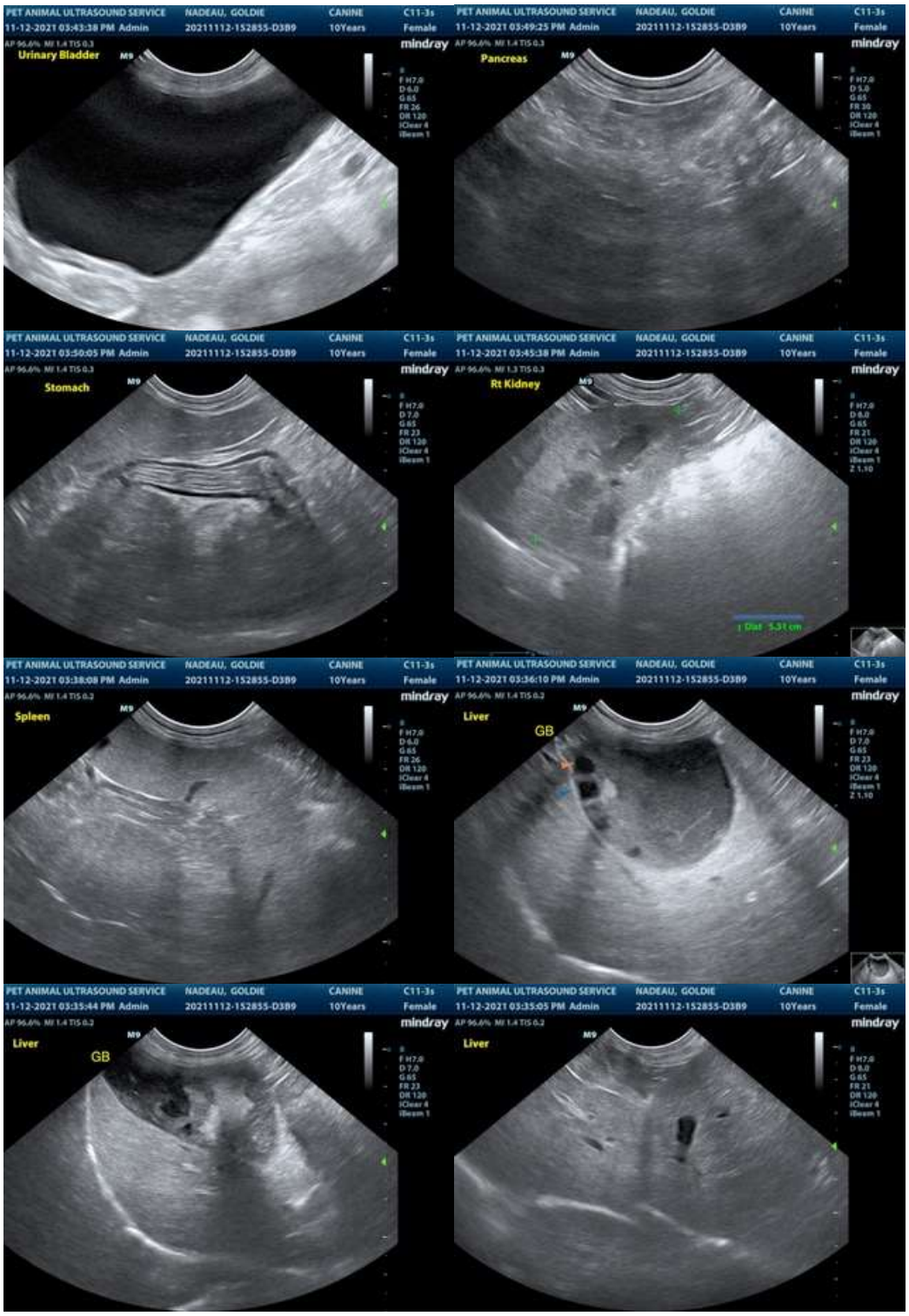

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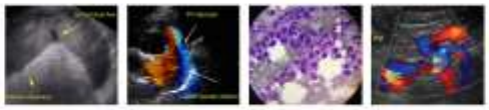

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com