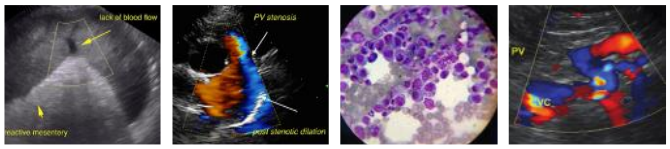
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Milo Naruzny

SPECIES

Canine

BREED

Cairn Terrier

SEX

MI

AGE

2yr

WEIGHT

8.8kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Barthelemy

HOSPITAL NAME

Aspen Animal Hospital

REFERRING VET

Dr. Ross

INVOICE

122116ag

DATE

11/21/2022

PRESENTING CLINICAL SIGNS

2 episodes of hematuria with straining. Has become inappetant, vomited once. Radiographs NSF.

Abnormal PE/Chem/CBC/UA Results: Hematuria. Blood work NSF.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder walls were overtly normal without evidence of significant inflammatory criteria. The trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild to moderate dependent hyperechoic to mildly shadowing sand/mineral along with mild non-dependent hyperechoic sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or less likely mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. No evidence of pyelonephritis. The left kidney measured 4.6 cm in length. The right kidney measured 4.6 cm in length.

The area of the aortic trifurcation was free of pathology.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 2.1 cm in diameter. No overt evidence of prostatitis.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width at the caudal pole and 0.30 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 0.44 cm width at the caudal pole.

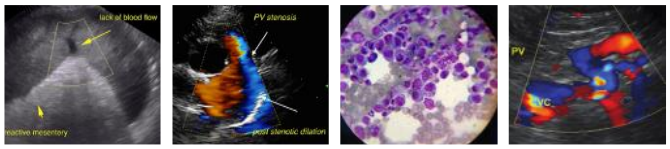
Spleen

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

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 thin walls and primarily anechoic luminal content with mild echogenic non-organized debris primarily in the caudal lumen and gallbladder neck. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

Gastrointestinal



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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 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 was evident.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

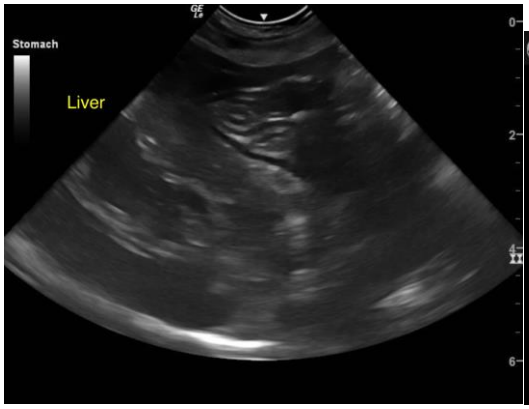
ULTRASONOGRAPHIC FINDINGS

- Mild to moderate dependent urinary bladder sand/mineral and mild non-dependent hyperechoic sediment, suspect mild concurrent cystitis
- Unremarkable bilateral kidneys-no evidence of pyelonephritis
- Normal liver with normal vascular volume
- Gallbladder debris (non-mucocele)- likely incidental given no evidence of cholestasis
- Mild benign prostate hyperplasia-no overt prostatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urine C/S on a sterile urine sample to assess for or rule out underlying UTI is recommended. Ideally a UA with potential identification of crystal or mineral type is suggested which may help guide potential dissolution diet therapy. Urinary diet as well as empirical supportive care for mild cystitis and assessment of clinical response with sonographic assessment of the urinary bladder if persistent/progressive clinical signs would be appropriate.

No overt evidence of a portosystemic vascular anomaly based on normal hepatic vascular volume.



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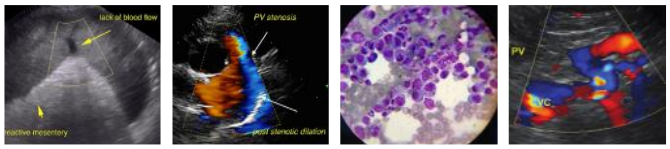

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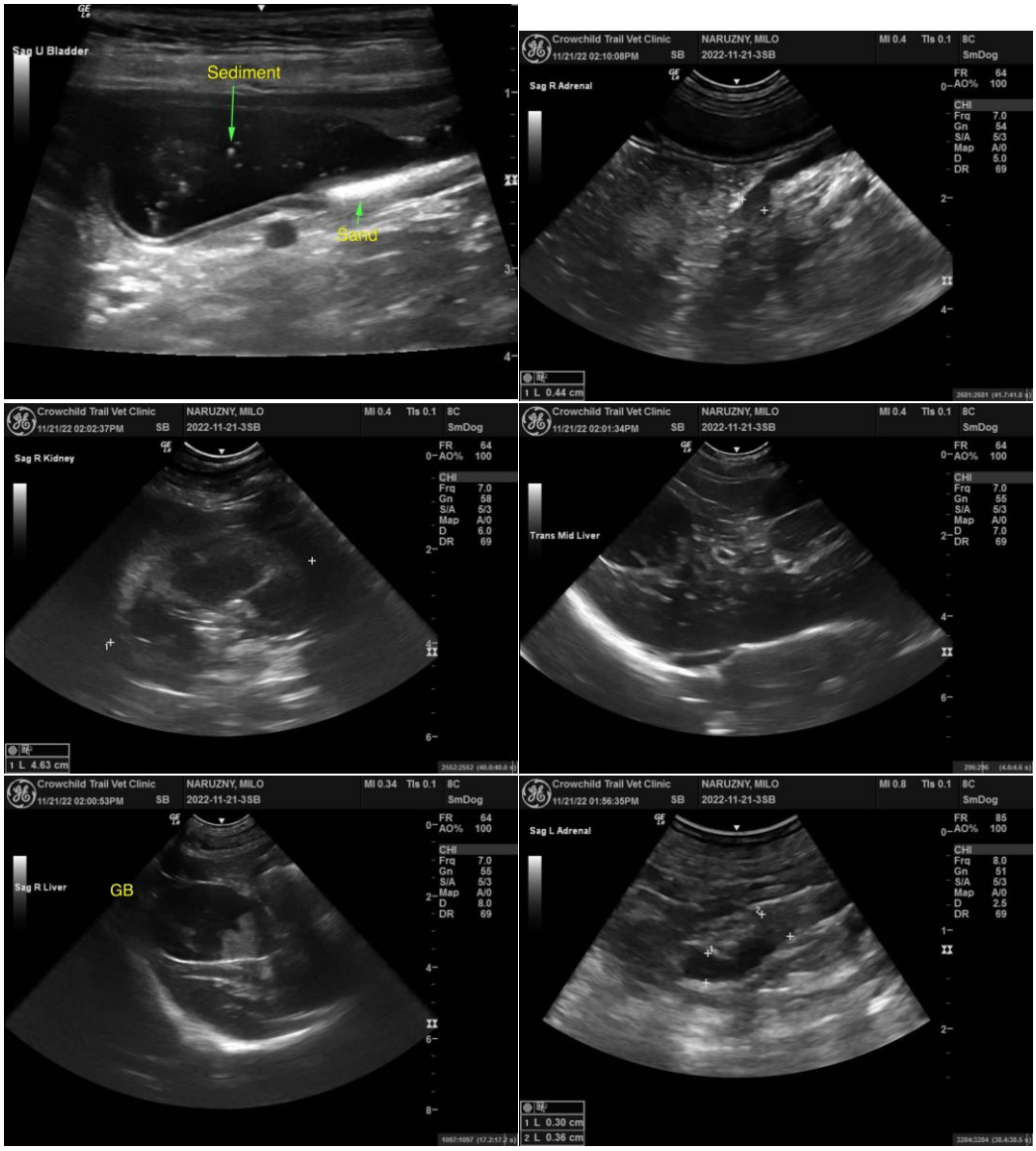

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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