



PATIENT PRESENTING CLINICAL SIGNS

Bubba Metz
History: 2 week history of frequent, small urinations. History of cystotomy with struvite stones in 2021. Radiographs did not reveal any urinary stones but showed mineralization in the kidney. Appetite/energy is normal, no vomiting or diarrhea.

SPECIES
Abnormal PE/Chem/CBC/UA Results: CBC/Chem: Monocytes 1.21K/uL, Chloride 106, Platelets 601, Reticulocytes 128K/uL UA: SPG 1.016, WBC 2-5, RBC 2-5, Epithelial cells 2+ (3-5/HPF)

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED
Urinary System

Yorkie

The urinary bladder was normal in size and tone. Anechoic urine was present with no sediment. A focal nonobstructive dependent mineral to small calculus was noted in the dorsal trigone, measuring approximately 0.48 cm in diameter. Aortic trifurcation was normal.

SEX

Neutered Male
The residual prostate was indistinctly visualized without overt evidence of pathology.

AGE

14

Normal size and margination was 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Nonobstructive medullary mineral to renolithiasis was noted in both kidneys. Intermittent small cortical cysts were noted in both kidneys. The left kidney measured 3.6 cm in length. The right kidney measured 3.5 cm in length.

WEIGHT

11.5 Pounds

Adrenal Glands

The left adrenal gland was mildly prominent in size based on caudal pole width measurement in light of body weight, measuring 0.56 cm in the caudal pole. No evidence of neoplastic criteria.

INTERPRETED BY

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

The left adrenal gland was mildly prominent in size based on caudal pole width measurement in light of body weight, measuring 0.55 cm width in the cranial pole and 0.71 cm width in the caudal pole. No evidence of neoplastic criteria.

IMAGING PERFORMED BY

Danielle Lanz

This change is likely a patient variant, minor benign hyperplasia or adrenal adenomatous change.

Spleen

HOSPITAL NAME

New Holland VH

The spleen was overall normal in size with maintained symmetrical capsule contour. Generalized parenchyma heterogeneity. A mid splenic mildly expansive nonhomogenous macronodule was present, measuring 1.7 cm in diameter. A likely separate to concurrent discrete caudal splenic nodule was noted. Splenic vascularity was normal.

REFERRING VET

Danielle Lanz

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

INVOICE

18878

The gallbladder was non distended in size with mild variably echogenic nonorganized debris without evidence of gallbladder or peripheral gallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

DATE

11/29/22

Gastrointestinal



PATIENT	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.
Bubba Metz	
SPECIES	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.
Canine	Normal visible colon wall layers were present with apparent formed feces in lumen.
BREED	Pancreas
Yorkie	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.
SEX	Free Abdomen
Neutered Male	No overt lymphadenopathy or peritoneal effusion was present.
AGE	ULTRASONOGRAPHIC FINDINGS
14	<ul style="list-style-type: none"> • Focal nonobstructive dependent urinary bladder trigone mineral/small calculus • Bilateral chronic renal changes with nonobstructive medullary mineral/renolithiasis and cortical cysts • Nonspecific nonhomogenous mildly expansive splenic macronodule- hyperplasia, hematopoiesis, small hematoma, or similar suspected. Potential for emerging splenic neoplastic nodule to small mass cannot be definitively excluded.
WEIGHT	<ul style="list-style-type: none"> • Hepatic parenchymal remodeling- benign • Gallbladder debris (non-mucocele)
11.5 Pounds	
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	This patient may be passing small amount of mineral from the kidneys into the urinary bladder. Urine culture and sensitivity on sterile urine sample is warranted. No overt sonographic evidence of significant cystitis or urinary bladder neoplastic criteria. Although, potential for minor secondary cystitis is possible. Urinary diet with sonographic monitoring of the urinary bladder mineral/small calculus would be reasonable.
IMAGING PERFORMED BY	
Danielle Lanz	
HOSPITAL NAME	Sonographic monitoring of the splenic nodule for evidence of progression with initial recheck in 4 weeks +/- screening FNA cytology, assuming normal clotting status and using a 25-gauge needle could be considered.
New Holland VH	
REFERRING VET	Hepatosupportive medications, including Denamarin and ursodiol are suggested if evidence of hepatic enzyme elevation/cholestasis.
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PATIENT

Bubba Metz

SPECIES

Canine

BREED

Yorkie

SEX

Neutered Male

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HOSPITAL NAME

New Holland VH

REFERRING VET

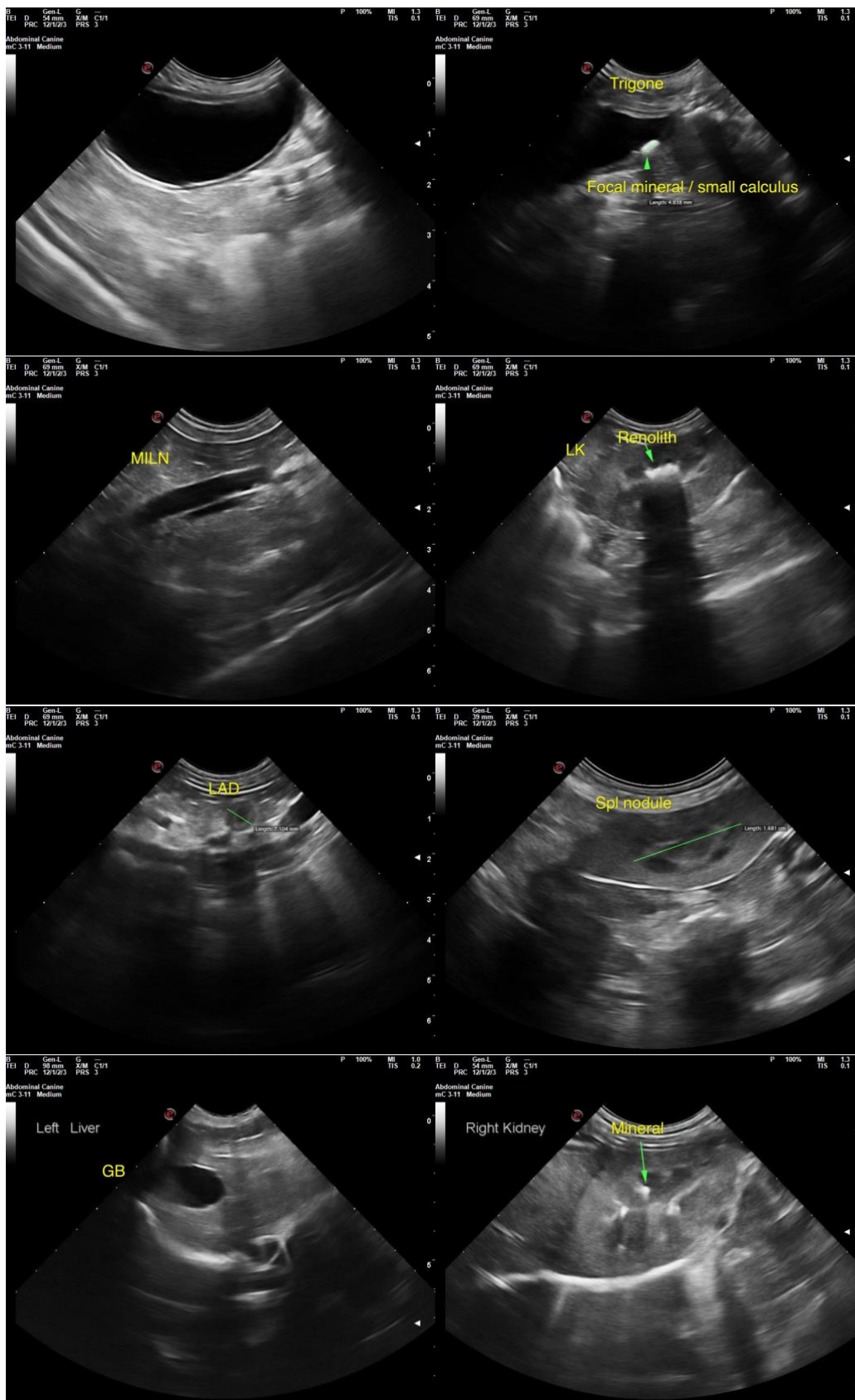
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PATIENT

Bubba Metz

SPECIES

Canine

BREED

Yorkie

SEX

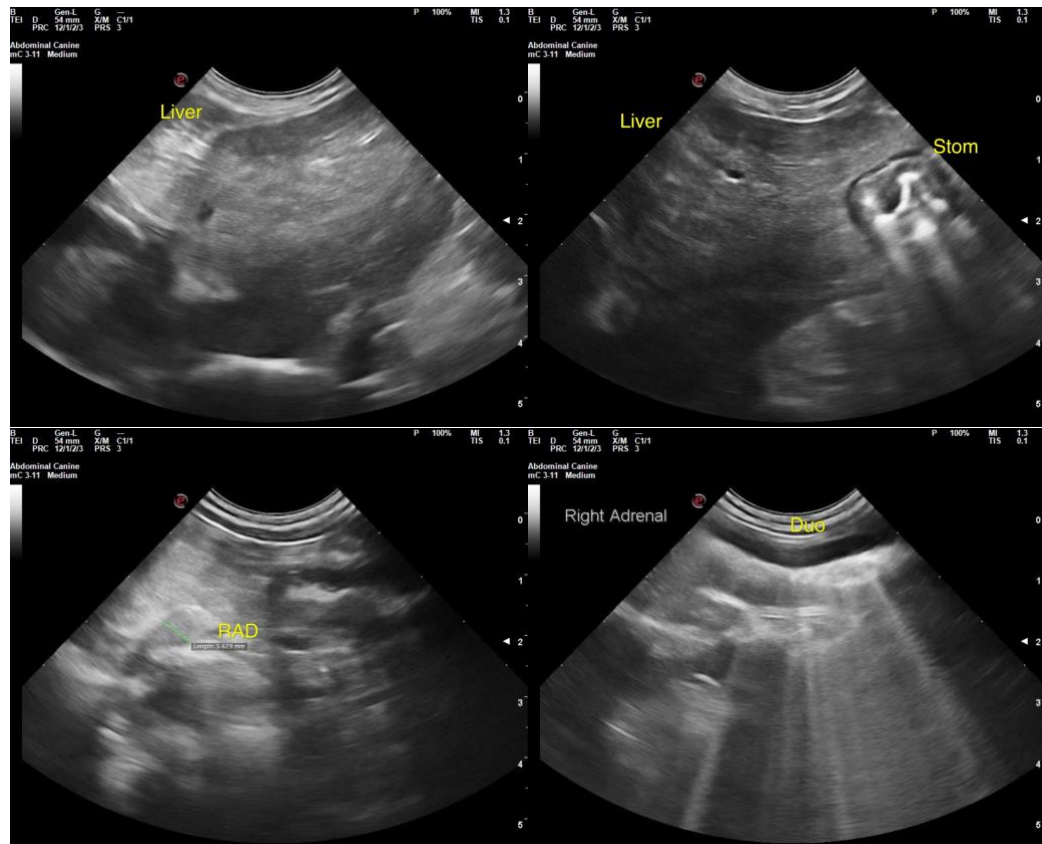
Neutered Male

AGE

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WEIGHT

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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)
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