



PATIENT PRESENTING CLINICAL SIGNS

Sherlock Raible History: Elevated UPC
Labs: Current UPC 1.4, ALP 2190, Normal BUN and creatinine

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 were noted. Aortic trifurcation was normal.

Beagle

SEX The residual prostate was free of pathology.

Neutered Male 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 pyelectasia was present. The left kidney measured 5.8 cm in length. The right kidney measured 5.8 cm in length. Pinpoint hyperechoic corticomedullary speckling was noted, which may indicate pinpoint areas of corticomedullary mineralization, fibrosis or microinfarction.

AGE

2013

Adrenal Glands

WEIGHT

32

Both adrenal glands were normal in size with mild capsule asymmetry. Heterogenous isoechoic parenchyma was noted compared to periadrenal omentum with pinpoint hyperechoic foci, likely indicative of incidental dystrophic mineral. No evidence of neoplastic criteria. The left adrenal gland measured 2.4 cm in length x 0.55 cm at the caudal pole in width. The right adrenal gland measured 2.1 cm length x 0.65 cm width at the caudal pole.

INTERPRETED BY

R. McKenzie Daniel,
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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.

IMAGING PERFORMED BY

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Easton AH

Liver

The liver revealed subjectively normal to possible mild increased size. Symmetrical capsule contour was noted. Generalized mild increased parenchyma echogenicity was noted exhibiting intermittent discrete nondisruptive hypoechoic intraparenchymal nodules, an example of liver nodule measured 1.2 cm in diameter.

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The gallbladder was non distended in size with moderate nondependent echogenic to focally hyperechoic, nonorganized debris without evidence of gallbladder or peripheral gallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

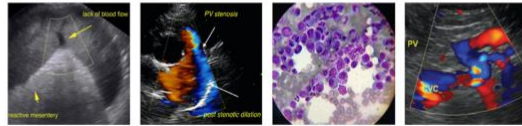
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Gastrointestinal

DATE

11/29/22



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.

Sherlock Raible

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.

SPECIES

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

Canine

Pancreas

BREED

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.

Beagle

SEX

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

Neutered Male

ULTRASONOGRAPHIC FINDINGS

AGE

- Nonspecific mild chronic renal changes
- Normal bilateral adrenal size, exhibiting heterogenous pinpoint hyperechoic parenchyma
- Vacuolar hepatopathy pattern with nonspecific yet subjective benign intraparenchymal nodules- nodules are suggestive of hyperplasia, hematopoiesis, neoplastic criteria is thought less likely.
- Gallbladder debris- possible early gallbladder mucocele

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Assuming normal clotting status, screening hepatic FNA cytology could be considered for further clarification. Cushings syndrome may be considered a less likely differential diagnosis given the bilateral adrenal size and lack of reported clinical signs, i.e., PU/PD, polyphagia, etc.

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Given the current UPC level <2.0, continued monitoring of UPC without evidence of concurrent azotemia would be reasonable, however, empirical therapy for nonspecific protein losing nephropathy may be indicated if increasing UPC or evidence of emerging azotemia.

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HOSPITAL NAME

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

Easton AH

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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SPECIES

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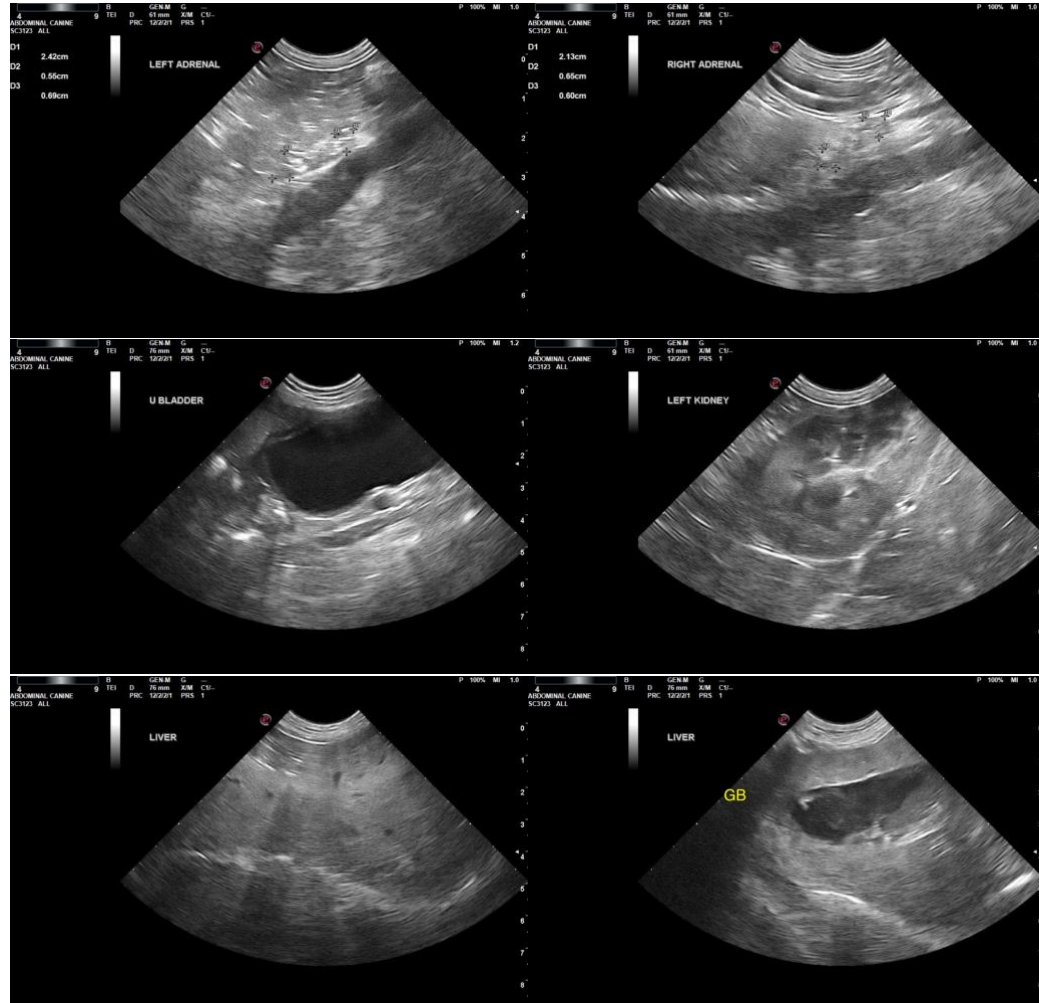
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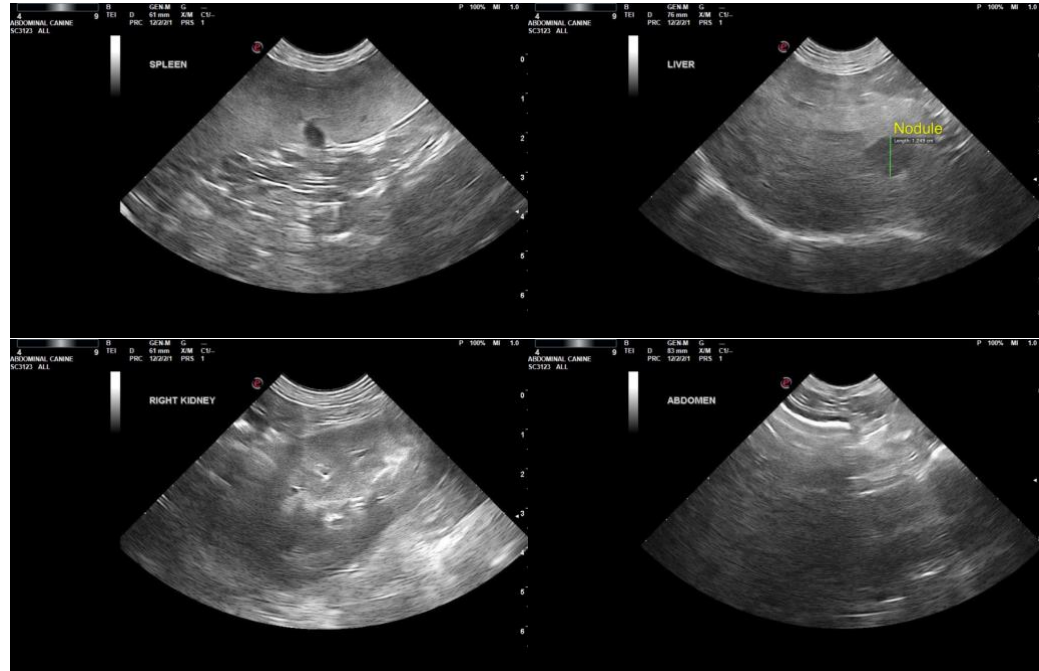
Neutered Male

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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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