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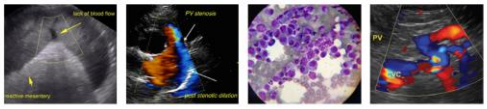
Pet Animal Ultrasound Service



SonoPath
Clinical Sonography & Telecytology
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PATIENT
Wallace Doss

SPECIES
Canine

BREED
Terrier Mix

SEX
MN

AGE
13 years

WEIGHT
8.5 kg

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

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Wignall Animal Hospital

REFERRING VET
Leigh DeMarco, DVM

INVOICE
15360

DATE
11/3/22

PRESENTING CLINICAL SIGNS

Recheck echo. History chronic degenerative valvular disease - Stage B2. Currently, doing well at home with no clinical issues. Elevated liver enzymes and triglycerides. * Having bi-cavity ultrasounds today. - Pertinent previous echo findings (2.24.22 Maggie Machen Lamy, DVM, DACVIM-Cardiology): LA 2.4 cm; LA:Ao 1.6, LV 3.1 cm, moderate LAE, moderate MR, moderate TR (3.0 m/s; 37 mmHg) early pulmonary hypertension. On Pimobendan 0.3 mg/kg PO q12h.

Abnormal PE/Chem/CBC/UA Results: Glob 3.7, ALT 160, AlkP 658, Bun/creat 28, triglycerides 1132.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.1 cm in diameter.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The left kidney exhibited multiple small cortical cysts and mild left kidney pyelectasia. The renal medullary volume was subjectively reduced. The left kidney measured 5.3 cm in length. The right kidney measured 5.0 cm in length.

Adrenal Glands

The bilateral adrenal glands were borderline prominent in size based on caudal pole width measurement in light of body weight. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.65 cm width at the caudal pole and 0.48 cm width at the cranial pole. The right adrenal gland measured 0.54 cm width at the caudal pole and 0.58 cm width at the cranial pole. No adrenal tumors were noted.

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.

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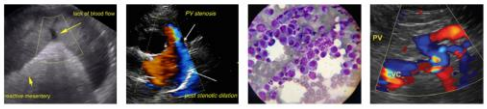

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Liver/ Gallbladder

The liver exhibited generalized mild to possible moderate enlargement with maintained symmetrical to mildly rounded contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Intermittent discrete nondisruptive hypoechoic intraparenchymal nodules, likely consistent with discrete areas of hyperplasia, hematopoiesis, or similar, were present. No overt evidence of hepatic neoplastic criteria was noted. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing moderate, inspissated, hyperechoic to mildly shadowing debris, along with nondependent mobile debris. No overt evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild to moderate retained anechoic fluid was present. No evidence of mechanical pyloric outflow obstruction or overt foreign material was noted.

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 heterogeneous to mildly echogenic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic renal changes with left kidney cortical cysts and scant pyelectasia
- Nonspecific hepatopathy exhibiting parenchymal remodeling and intermittent subjective benign discrete intraparenchymal nodules
- Moderate congealed shadowing gallbladder debris - possible early to emerging gallbladder mucocele
- Heterogeneous to echogenic pancreas - patient / age related variant, remodeling, and possible moderate fibrosis owing to previous inflammatory episode, potential for low-grade or chronic pancreatitis is possible
- Bilateral borderline prominent adrenal glands - nonspecific

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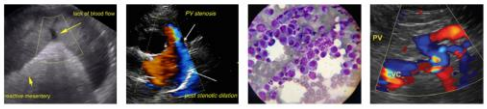

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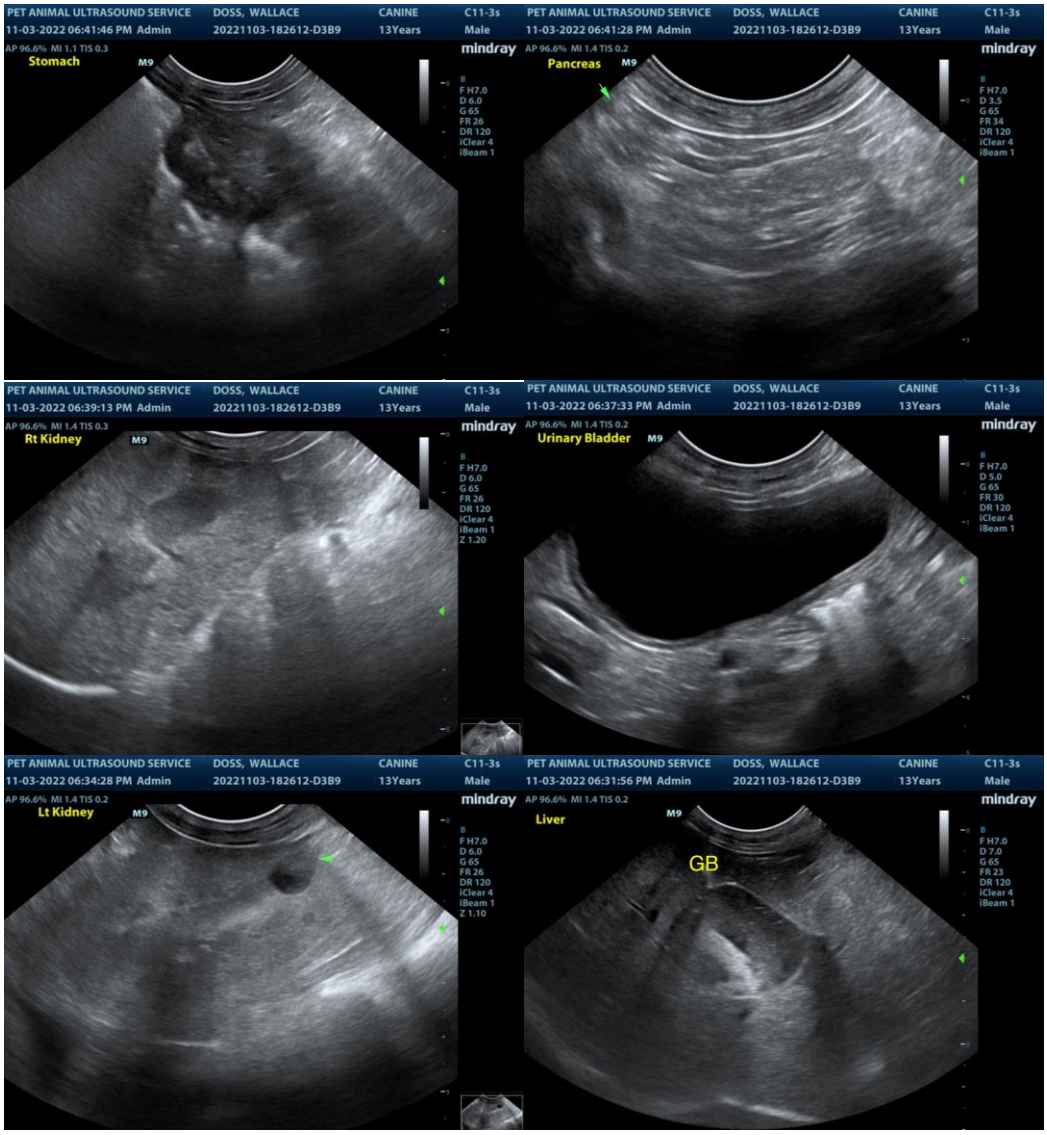
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left kidney pyelectasia 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.

Potential for chronic pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a Spec fPL could be considered.

Full adrenal workup with LDDST or ACTH Stimulation test could be considered if clinical signs suggestive of Cushing's Syndrome are present. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. If no evidence of Cushing's Syndrome, and if persistent / progressive hepatic enzyme elevations despite hepatosupportive medications, hepatic sampling could be considered.



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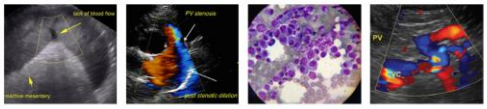

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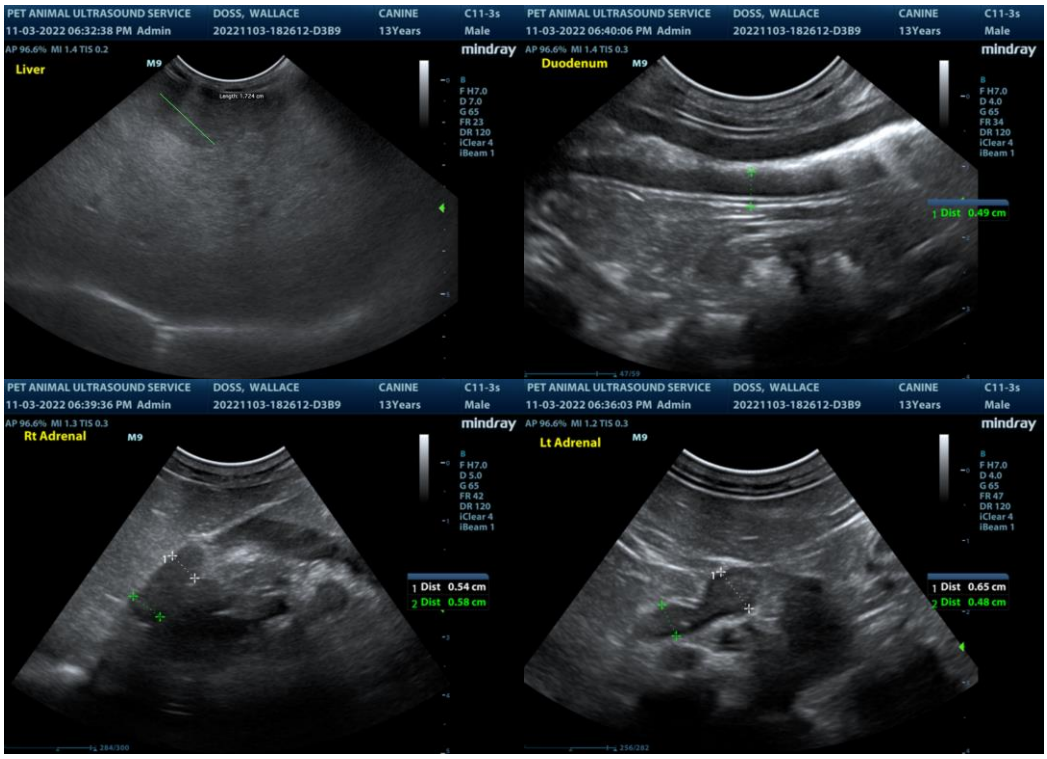

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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