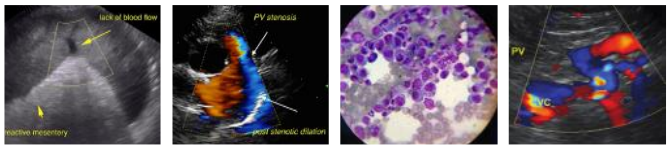
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Avicii Dungan

SPECIES

Canine

BREED

Mini Schnauzer

SEX

FS

AGE

9yr

WEIGHT

18lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield Veterinary Services

REFERRING VET

Dr. Rodriguez

INVOICE

12093ag

DATE

11/07/2022

PRESENTING CLINICAL SIGNS

U/S based on bloodwork
Abnormal PE/Chem/CBC/UA Results: U/A: Prot 4+, Prot/creat ratio: 9.1, USG: 1.024 Blood: T protein: 8.1, ALB: 2.9, Glob: 5.2, AST: 72, ALK: 322

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

Normal size and margination were present in the kidneys. Bilateral mild cortical hypertrophy with mild nonuniform cortex echogenicity and mild loss of corticomedullary definition was present. Mild left kidney pyelectasia was present. No overt right kidney pyelectasia. The left kidney measured 4.5 cm in length. The right kidney measured 4.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were borderline prominent in size based on caudal pole width in light of body weight. Subtle parenchymal heterogeneity was present with no evidence of mineralization. The left adrenal gland measured 0.57 cm width at the caudal pole and 2.0 cm length. The right adrenal gland measured 0.64 cm width at the caudal pole and 1.8 cm length. No evidence of adrenal neoplastic criteria was present.

Spleen

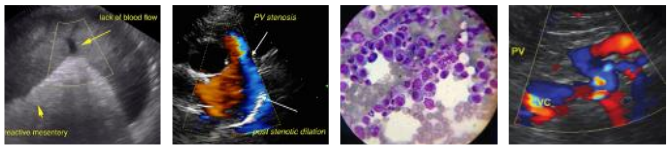
The spleen exhibited potential for mild enlargement with folding of the cranial spleen (not indicative of underlying splenic pathology and likely patient/age variant) and primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma 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.

Liver

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. 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 non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

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.



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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 or peritoneal effusion was present.

A solitary non-homogeneous to cystic lymph node was present in the cranial abdomen measuring 1.5 cm in diameter. This node was not consistent with neoplastic criteria and is likely incidental.

ULTRASONOGRAPHIC FINDINGS

- Non-specific chronic renal changes
- Borderline mild prominent adrenal glands
- Splenomegaly exhibiting minor parenchyma heterogeneity and folding-subjectively benign
- Vacuolar hepatopathy pattern-benign
- Focal cystic mesenteric lymph node-considered incidental

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically the appearance of the bilateral kidneys was suggestive of non-specific glomerulonephritis given the UPC ratio although other conditions such as amyloidosis, glomerulosclerosis or other glomerulonephropathy are possible. A renal biopsy would be required for a definitive diagnosis.

Empirical therapy for protein losing nephropathy with monitoring of systemic BP and potential clotting status is suggested. Assuming normal clotting status and using a 25g needle, a splenic FNA for screening cytology could be considered for further assessment if persistent splenomegaly or weight loss. Although clinical signs that would suggest Cushing's syndrome were not reported, a full adrenal workup could be considered if clinical signs arise.

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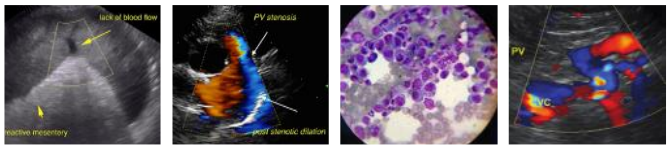

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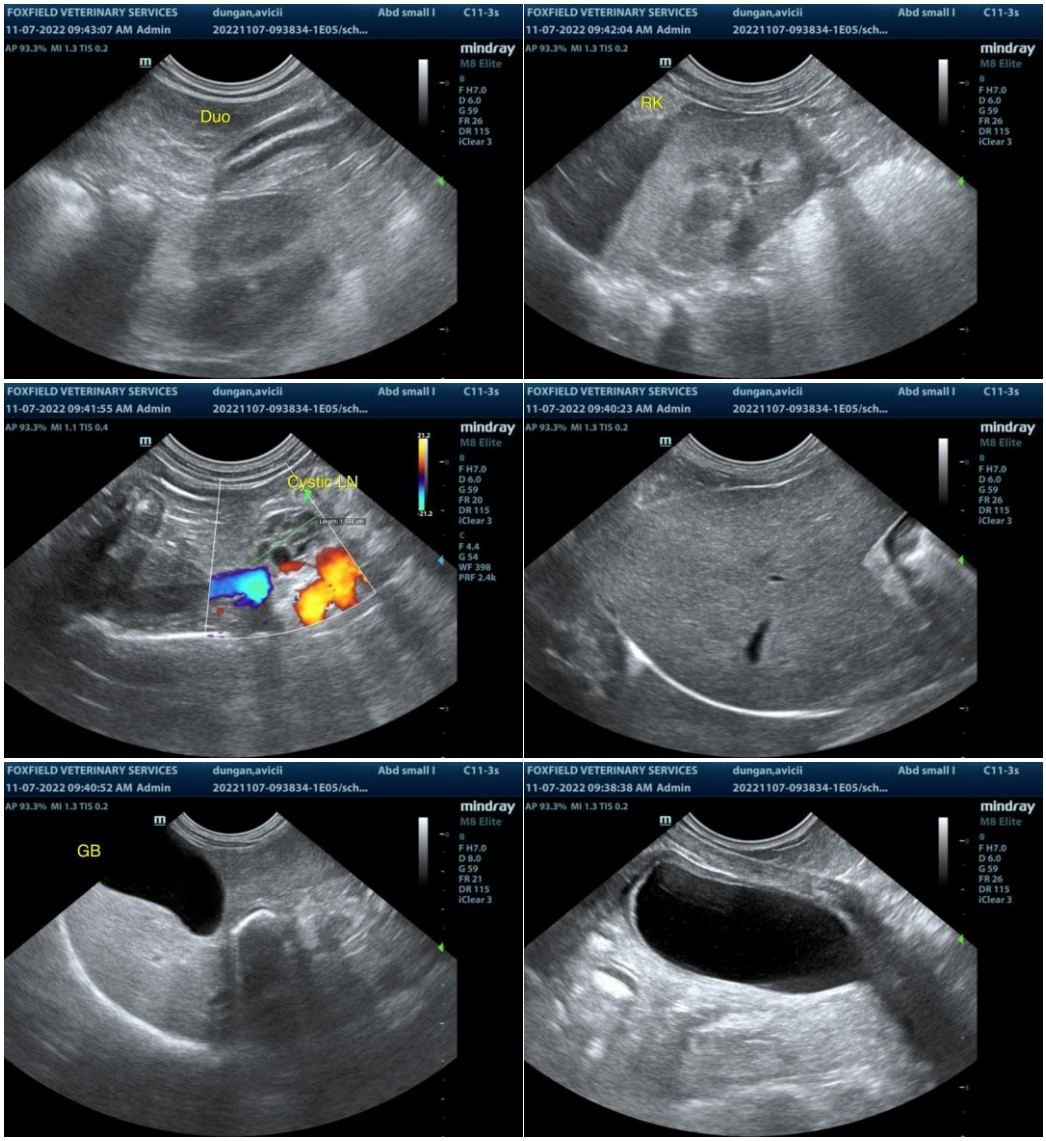

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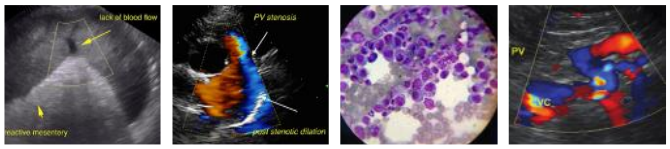

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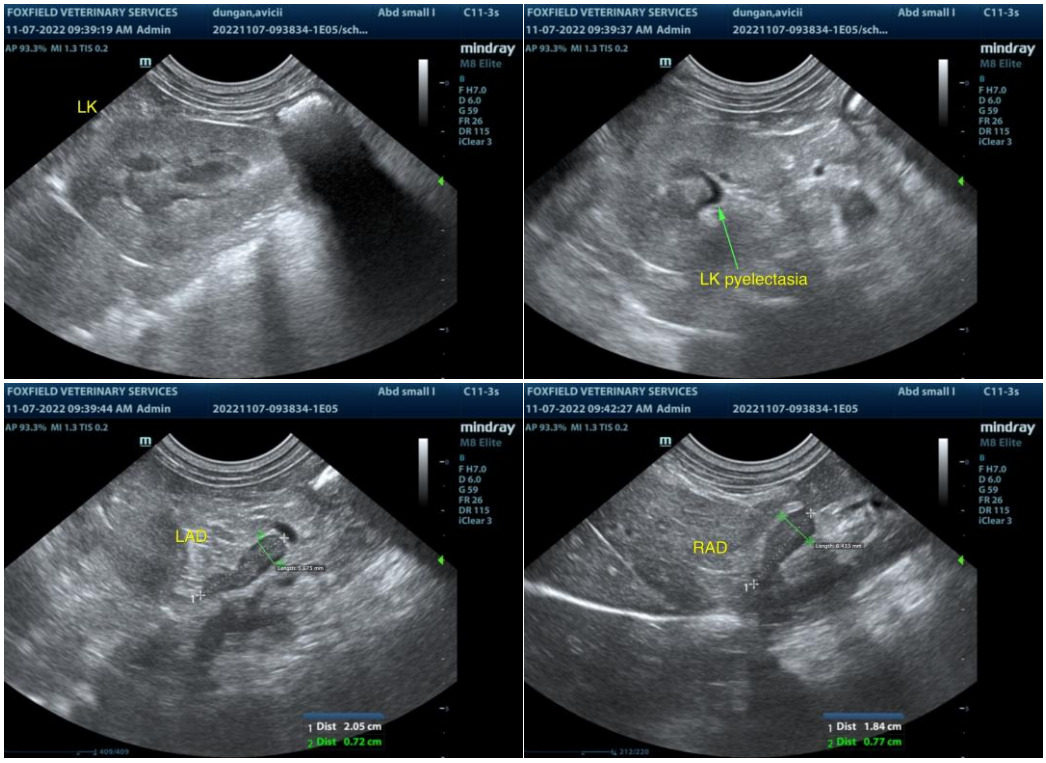

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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