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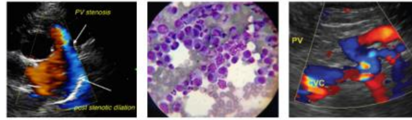
svsimaging.net 309-737-3070



SonoPath
Clinical Sonography & Telecytology
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1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Ellie Etheridge

SPECIES

Canine

BREED

Lab Mix

SEX

FS

AGE

13yr

WEIGHT

124lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Doerscher

INVOICE

12348ag

DATE

12/01/2022

PRESENTING CLINICAL SIGNS

Chronic history of UTIs. Most recently 10 lb wt loss, coughing, mild lethargy, decreased appetite.

Abnormal PE/Chem/CBC/UA Results: P is obese making abdominal palpation difficult. No sig PE findings. Mild anemia, mildly elevated ALT & ALP.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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. 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 pelvic dilation was present. The left kidney measured 7.7 cm in length. The right kidney measured 6.9 cm in length

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was normal in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.72 cm width at the caudal pole and 3.0 cm width at the cranial pole.

The right adrenal gland measured 0.58 cm width at the caudal pole and 1.8 cm width at the cranial pole. A well-defined, hypoechoic mixed echogenic nodule was present in the mid to cranial right adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured ~ 2.6 cm x 1.8 cm.

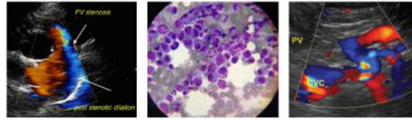
Spleen

The spleen exhibited overall normal size and 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. Regional mid splenic hypoechoic parenchyma without evidence of associated capsule distortion was present measuring ~ 2.7 cm x 1.6 cm. 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. The spleen measured – cm in width at the level of the hilus.

Liver

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. Intermittent hyperechoic nodules were present, an example measuring 1.5 cm in diameter. 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 and mild non-dependent non-organized echogenic debris. 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 overt lymphadenopathy or peritoneal effusion was present. Subjective increased amount of intra-abdominal fat.

ULTRASONOGRAPHIC FINDINGS

- Right adrenal nodule-adenoma, hyperplasia, emerging neoplasia possible
- Regional hypoechoic spleen-splenic infarct
- Hepatopathy with non-disruptive subjectively benign nodules suggestive of areas of nodular hyperplasia of lipogranulomas
- Mild gallbladder debris
- Chronic renal changes
- Sonographically unremarkable urinary bladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A screening BP is advised to assess for evidence of hypertension which may allude to emerging adrenal neoplastic criteria i.e. pheochromocytoma. Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology could be considered for further assessment. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

No evidence of lower urinary tract pathology was present as a nidus for recurrent UTIs. A recheck urine C/S may be considered if current clinical signs of UTI are present.

Sonographic monitoring of the right adrenal gland for evidence of progression with initial recheck in 4-6 weeks would be ideal. As needed GI support is suggested.

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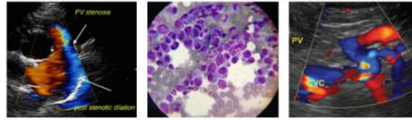

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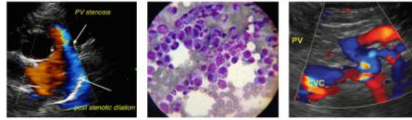

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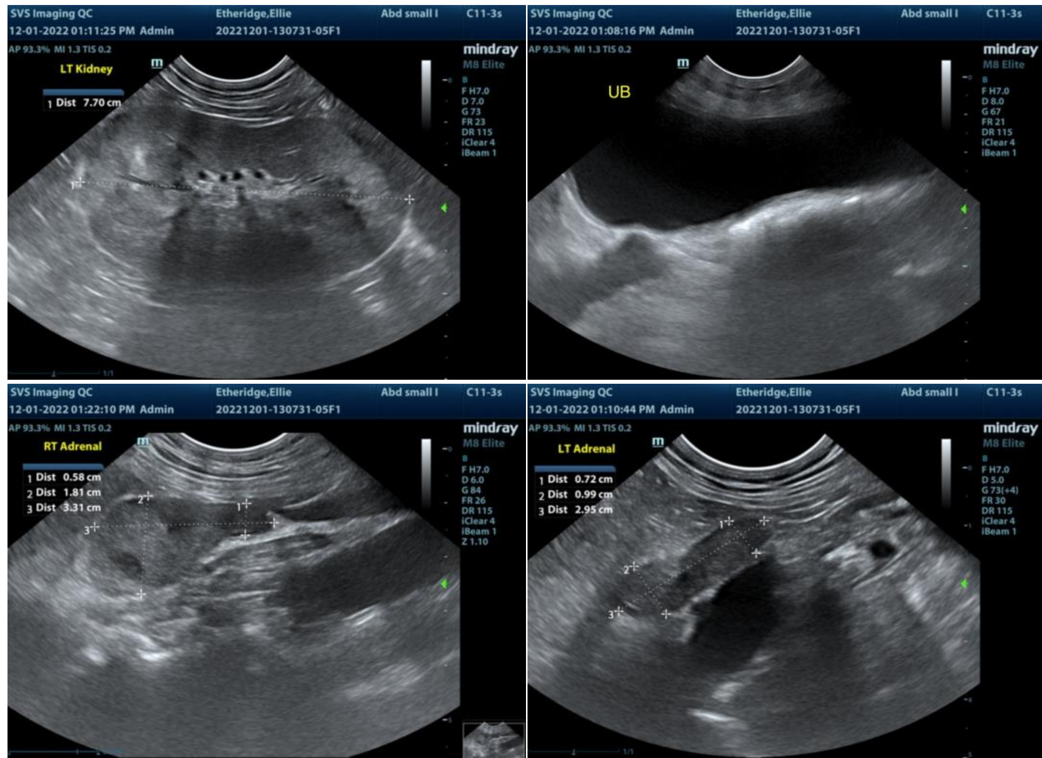

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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