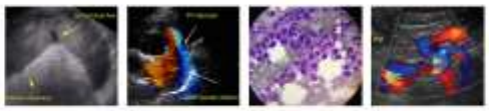
PAUS
Pet Animal Ultrasound Service



SonoPath
Clinical Sonography & Telecytology
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PATIENT

Pixie Gujian

SPECIES

Canine

BREED

Rat Terrier

SEX

FS

AGE

15 years

WEIGHT

10.9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Rhode Island Animal Medical Center

REFERRING VET

Rachel Rogoff, DVM

INVOICE

12870

DATE

12/21/21

PRESENTING CLINICAL SIGNS

Hyporexia; increased thirst and panting x approx 3 months. Increased urination; incontinence. Epileptic. Sedated with torb/midaz. On Phenobarbital and proin, but not being given due to difficulty medicating, and decreased appetite (cannot put in food)
Abnormal PE/Chem/CBC/UA Results: ALT 123; Sodium 156; Plt cnt 771; urine pH 8; trace protein, WBC 0-1, Suam Epit 2-3.

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, nondependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint areas of dystrophic medullary mineral were present in both kidneys. The right kidney exhibited subtle pyelectasia. The left kidney measured 3.9 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. 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 was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 cm width at the caudal pole and 0.65 cm width at the cranial pole.

Spleen

The spleen exhibited 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. 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.

Liver/ Gallbladder

The liver was subjectively normal in size and maintained symmetrical contour with generalized primarily uniform increased hepatic parenchyma echogenicity. A solitary, thinly walled, intraparenchymal cyst containing anechoic fluid was present, measuring 1.55 cm in width. Mild, nondependent yet nonorganized echogenic gallbladder debris was present. No evidence of gallbladder or peripheral Inflammation was noted. The cystic and common bile ducts were normal.

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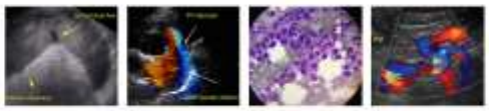

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Gastrointestinal

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. The gastric body wall width measured 0.25 cm.

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. The duodenum wall width measured 0.48 cm. The jejunum wall width measured 0.34 cm.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion were present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Minor particulate urinary bladder sediment - likely minor cellular or crystalline debris
- Bilateral chronic renal changes with pinpoint dystrophic medullary mineral and subtle right kidney pyelectasia
- Increased hepatic parenchyma echogenicity with solitary Intraparenchymal cyst - vacuolar hepatopathy, low-grade chronic active hepatitis, or cholangiohepatitis with cholestasis, given the presence of gallbladder debris, early fibrosis, cirrhosis, or other hepatopathy possible with neoplasia considered a less likely differential diagnosis
- Mild gallbladder debris
- Overtly normal gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pyelectasia in the right kidney 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 structurally insignificant gastroenteropathy, given the patient's inappetence, cannot be definitively excluded. As-needed gastrointestinal supportive care Is recommended.

Given the PU/PD and thrombocytosis, adrenal workup including LDDST may be considered in this patient to rule out underlying endocrinopathy. However, the hyporexia does not overtly fit with hyperadrenocorticism.

Assessment of systemic blood pressure is suggested.

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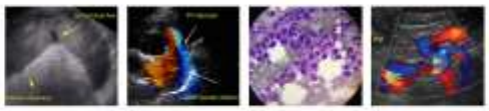

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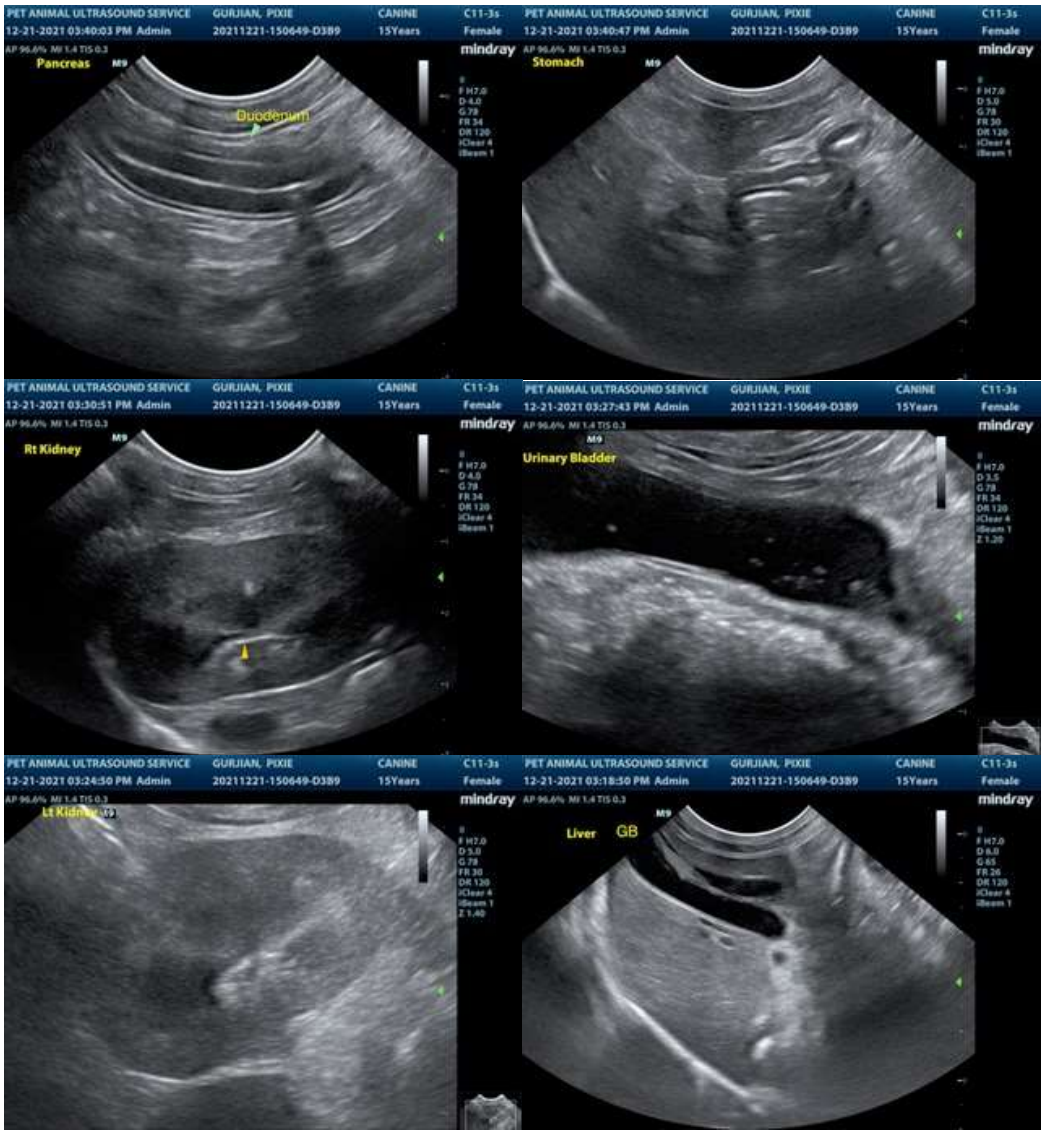
For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

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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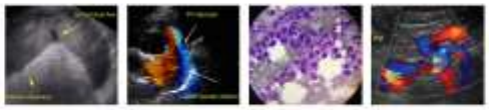

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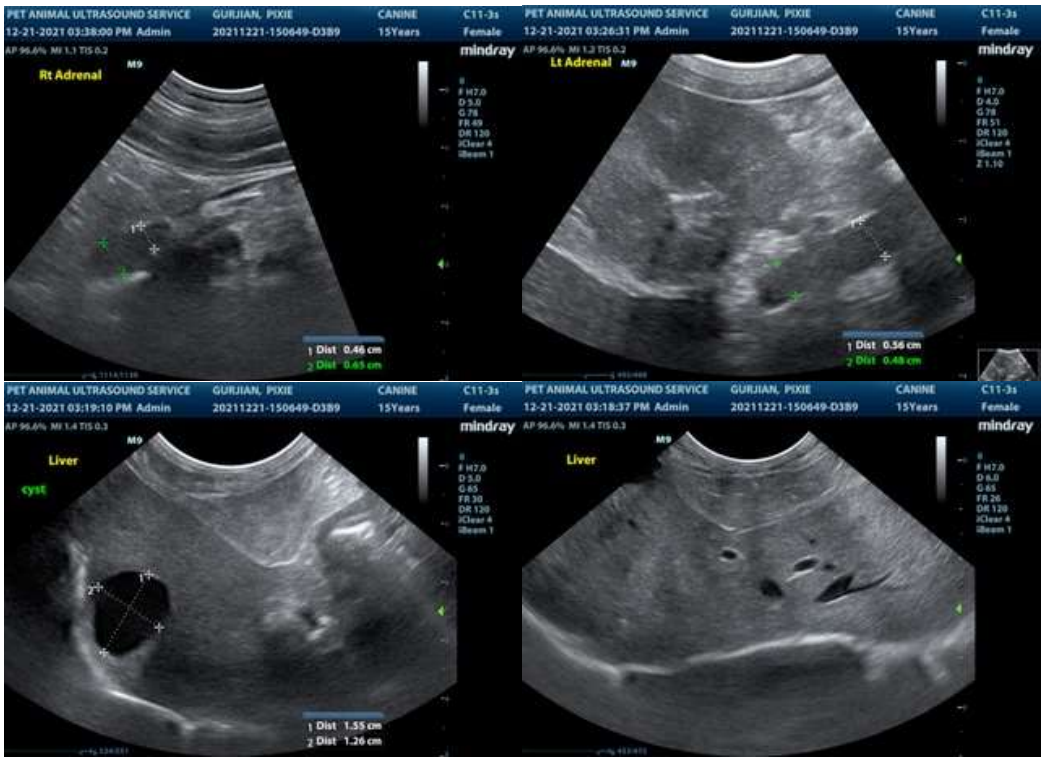

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com