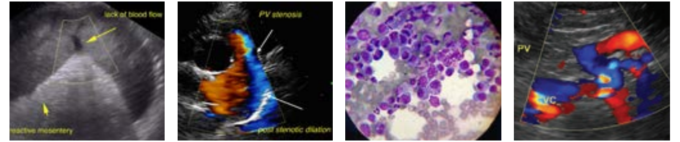
SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Dash Murphy

SPECIES

Canine

BREED

Terrier X

SEX

Neutered Male

AGE

15 Years 11 Months

WEIGHT

18.3 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sig Nottingham

HOSPITAL NAME

All Creatures AH

REFERRING VET

Dr Sig Nottingham

INVOICE

33670

DATE

12/22/21

PRESENTING CLINICAL SIGNS

Recent history of about 5 lb weight loss when owner was on vacation. In the last three weeks patient has been having noticeably increased thirst. He also had urinary accidents in the house a few times. Since owner returned from vacation he has only regained a portion of the lost weight. His appetite is still good.
Abnormal PE/Chem/CBC/UA Results: Most recent blood and urine test were done Oct. 20 at another veterinary hospital At that time the abnormalities were increase ALKP (668-IU/L), proteinuria-2+, low urine spec. gravity. (1.016), no evidence of UTI on sediment exam. Fine granular casts present on microscopic exam. Normal CBC, Normal other chemistries on Senior profile (chem 27), Normal T4. New laboratory studies are pending from samples submitted today. Physical exam finding-Cataract OU, Grade 3 dental tartar. Obvious weight loss.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

No overt pathology in the area of the residual prostate or aortic trifurcation.

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. No evidence of pelvic dilation was present. Pinpoint areas of medullary mineral present in both kidneys. Minor pyelectasia noted in the left kidney. The left kidney measured 4.4 cm. The right kidney measured 4.5 cm.

Adrenal Glands

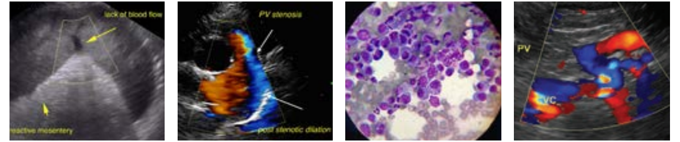
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.4 cm length x 0.60 cm at the caudal pole. The right adrenal gland was indistinctly visualized owing to subjective isoechoic echogenicity compared to adjacent tissue, yet without overt pathology, subjectively measuring 2.1 cm length x 0.59 cm at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, echogenic nodules were present throughout the cranial to caudal 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

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 mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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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. Gastric body wall measured 0.47 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. Jejunum wall measured 0.40 cm. Duodenum wall measured 0.50 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

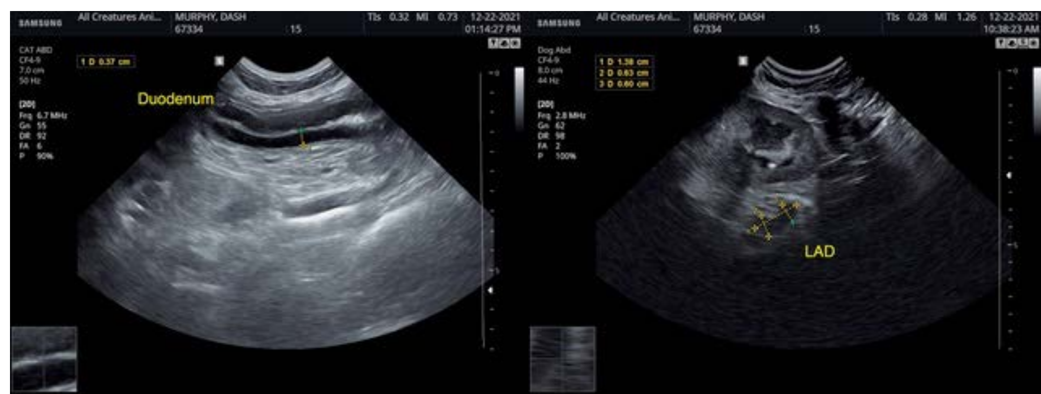
No overt lymphadenopathy or peritoneal effusion was present.

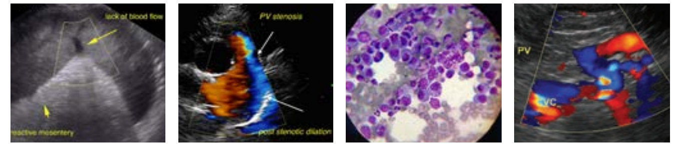
ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes with pinpoint to focal medullary mineral and minor left kidney pyelectasia
- Benign splenic nodules – consistent with probable benign myelolipomas.
- Hepatopathy – subjectively benign.
- Mild gallbladder debris (non-mucocele_
- Overtly normal gastrointestinal tract
- Heterogeneous pancreas – age related variant suspected, potential for low-grade to chronic pancreatitis possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for early renal insufficiency or possible glomerulopathy may be present. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. The bilateral adrenal glands were not overtly suggestive of hyperplasia or underlying endocrinopathy. However, full adrenal workup could be considered, as strong clinical suspicion for hyperadrenocorticism. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological examination are recommended to assess for or rule out occult disease which may cause weight loss.





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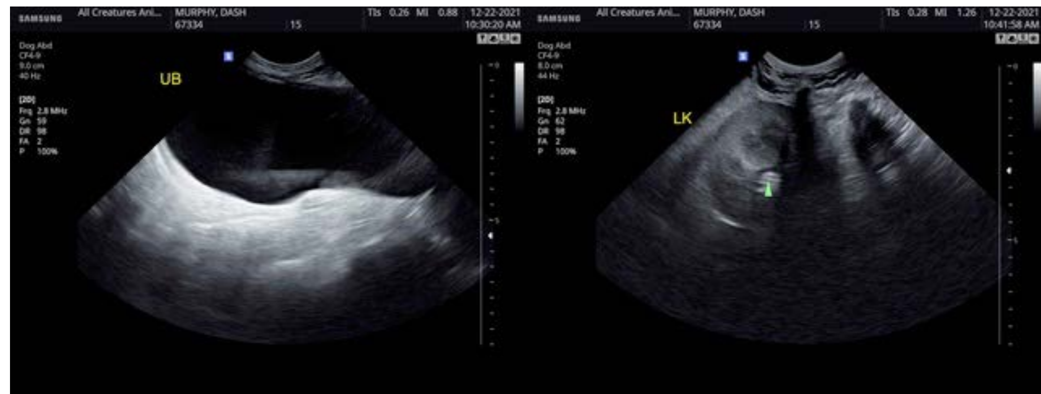

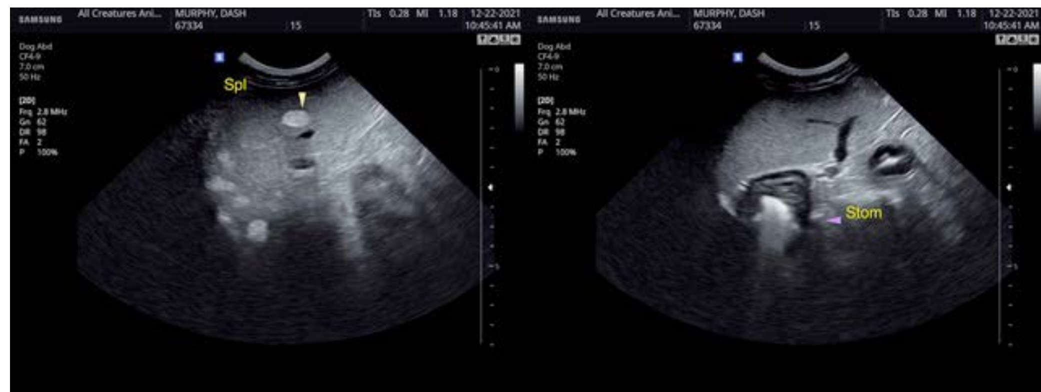

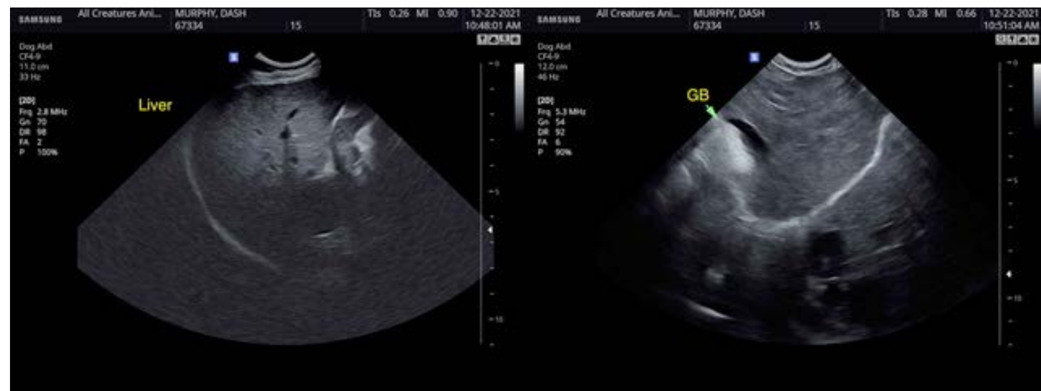

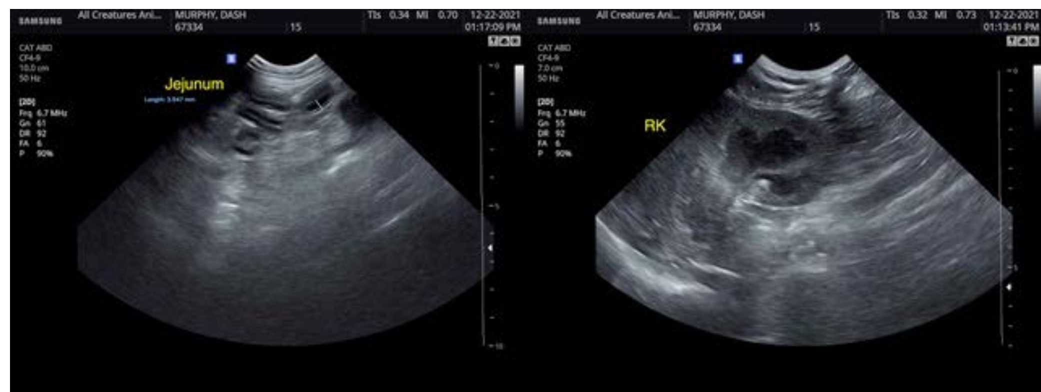

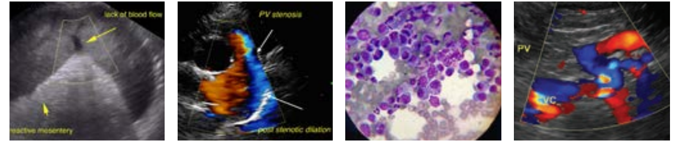

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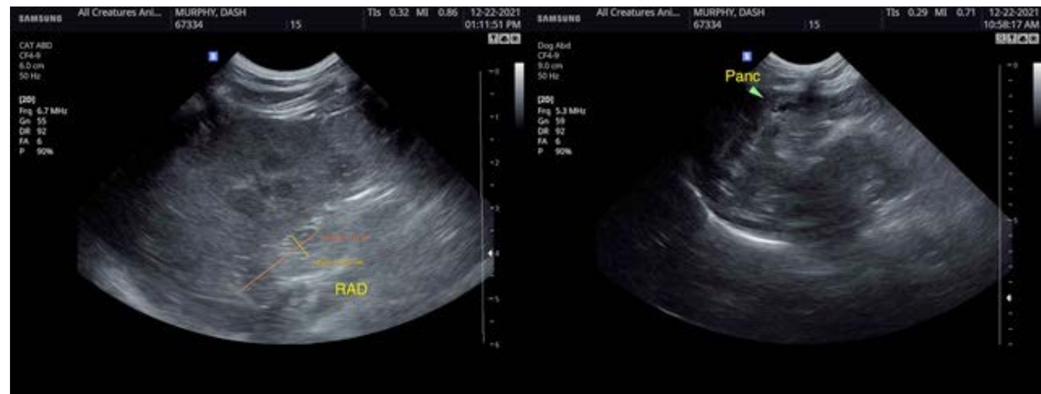

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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