

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Lucy Grimley
SPECIES Canine
BREED Labrador Retriever
SEX Spayed Female
AGE 14 Years
WEIGHT 87.4 Pounds

Lucy had an episode of pancreatitis in July ,2021. Her initial cPL was 581. In August, 2021, the cPL was 604 and her symptoms had resolved. Her current cPL is 816 and she is still asymptomatic. Having recurrent UTIs x 12 months. Currently, resistant e-coli infection on culture. Mildly elevated ALT/ALP since 1/2020 and is on Denamarin. Also on Galliprant and Gabapentin for pain. Are ther any abnormalities in the pancreas causing the increased cPL. Any abnormalities in liver and adrenal glands causing elevation of ALT/ALP. Urinary tract system predisposing to UTI.
 Abnormal PE/Chem/CBC/UA Results: ALT 124; ALP 746; cPL 816n

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with moderate dependent mineralized sand along with non-dependent particulate sediment. No overt evidence of neoplastic mural criteria. The urethra was normal to a depth of 2.0 cm.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Minor pyelectasia was noted in both kidneys. The right kidney measured 7.2 cm. The left kidney measured 6.7 cm.

Adrenal Glands

Right adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The right adrenal gland measured 0.70 cm at the cranial pole and 0.96 cm at the caudal pole.

The left adrenal gland exhibited a non-homogeneous, asymmetrically marginated mass measuring approximately 4.2 cm x 2.7 cm. Associated soft tissue echogenicity within the caudal vena cava was noted, likely adjacent to the left adrenal gland, measuring 2.2 cm in diameter.

Spleen

The spleen exhibited potential mild generalized enlargement with generalized splenic parenchyma heterogeneity with solitary, non-homogeneous, focally cystic mass present in the subjective craniolateral spleen measuring 4.4 cm in diameter. The mass appeared to distort the splenic capsule, yet without evidence of capsular escape.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent, discreetly hypoechoic intraparenchymal nodules were present. 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.

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 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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Anchor AH

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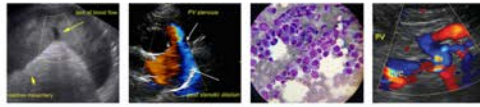
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Normal visible colon wall layers were present with apparent formed feces in lumen.

Lucy Grimley

Pancreas

SPECIES

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

Canine

Free Abdomen

BREED

No overt lymphadenopathy or peritoneal effusion was present.

Labrador Retriever

ULTRASONOGRAPHIC FINDINGS

SEX

- Moderate urinary bladder mineral/sand and non-dependent particulate sediment
- Bilateral chronic renal changes with minor pyelectasia
- Left adrenal mass with likely associated vascular invasion – consistent with neoplastic criteria. Pheochromocytoma, adenocarcinoma, cortisol-secreting tumor or other.
- Chronic hepatopathy with parenchymal remodeling and intermittent subtle hypoechoic intraparenchymal nodule
- Mild gallbladder debris (non-mucocele)
- Heterogeneous pancreas – age related changes, remodeling owing to previous inflammation, or low-grade to chronic pancreatitis possible.
- Generalized splenic parenchyma heterogeneity with solitary mass – The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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DABVP (Canine and Feline)

The 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 low-grade chronic pyelonephritis.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

Full adrenal workup including LDDST recommended if clinically indicated. The likelihood of vascular invasion associated with the left adrenal mass likely precludes surgical options.

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The presentation of the liver may indicate vacuolar hepatitis, chronic active hepatitis, cholangiohepatitis, early fibrosis / cirrhosis or other hepatopathy. Primary versus metastatic neoplasia considered a less likely differential diagnosis yet cannot be excluded given the presence of the left adrenal mass.

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If no evidence of thoracic pathology on 3-view chest radiographs, and normal cardiopulmonary status, surgical consultation for potential left adrenalectomy, splenectomy, +/- hepatic biopsies could be considered. A higher dose antibiotic regiment (i.e., Enrofloxacin 20 mg/kg PO SID) may prove more effective at eliminating resistant UTI.

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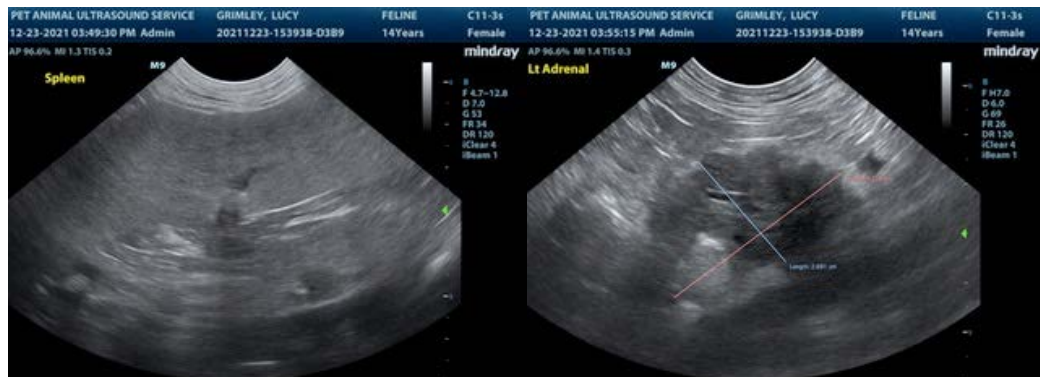
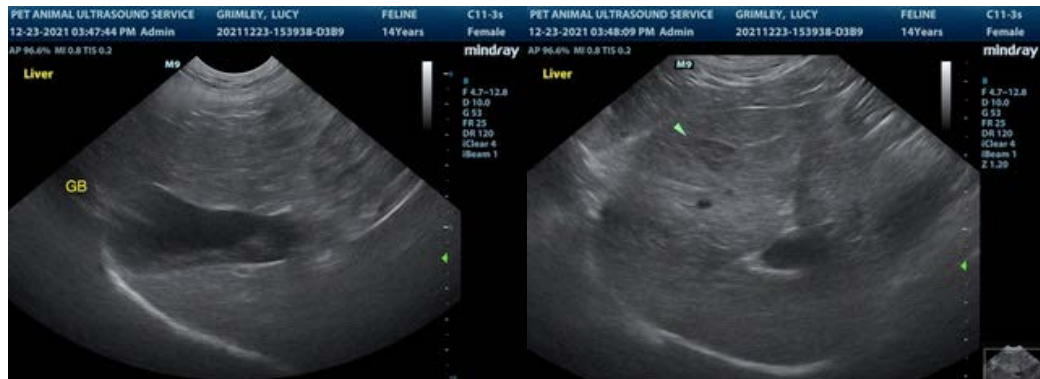
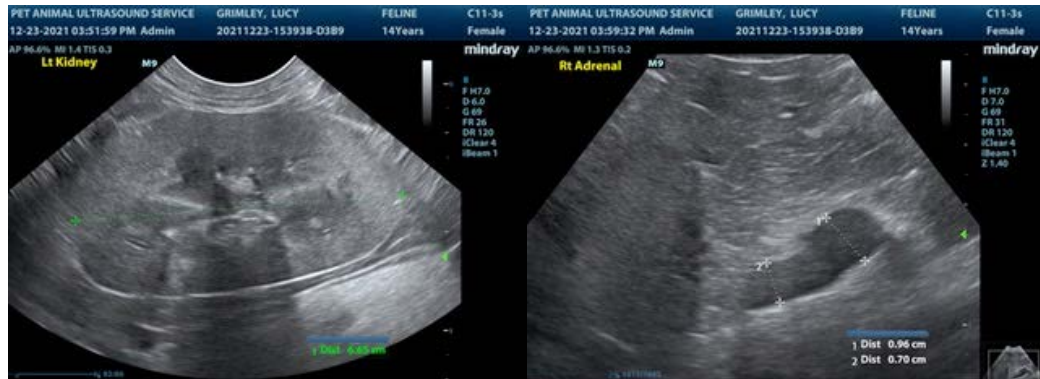
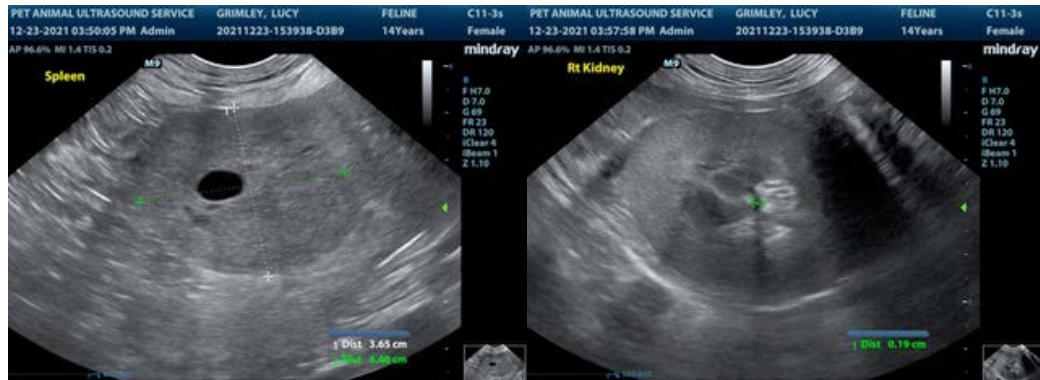
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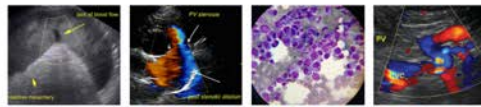
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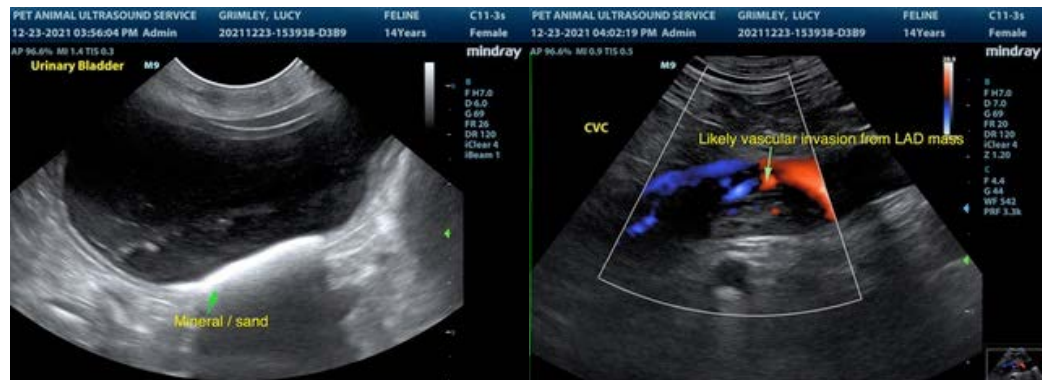
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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