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Clinical Sonography & Telecytology
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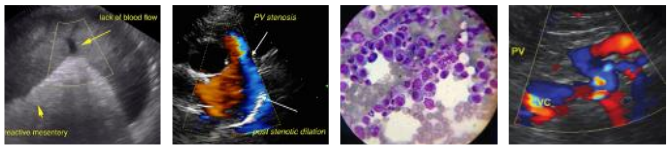

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1-800-838-4268 info@sonopath.com

PATIENT

Saddie Burton

SPECIES

Canine

BREED

Poodle Mix

SEX

FS

AGE

11yr

WEIGHT

22.1kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Barthelemy

HOSPITAL NAME

Alpine 24 Hour Pet Hospital

REFERRING VET

Dr. Kyono

INVOICE

12360ag

DATE

12/05/2022

PRESENTING CLINICAL SIGNS

P was PU/PD on 11/14/22 - diagnosed with back pain +/- early renal disease. P presented on 12/5 for recheck - owner states P is no longer PU/PD, however is dry heaving and not eating as much.

Abnormal PE/Chem/CBC/UA Results: Gallop rhythm 11/14/22 Diagnostics 11/14/22 -CBC: NEU 2.59 -Chem: BUN 39 -SDMA: WNL -TT4: WNL -Obtained ultrasound guided cystocentesis -In-House U/A: nsf -Radiographs 11/14/22 -possible widening of heart base -VHS appears normal Grade 2 heart murmur 12/5/22

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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.0 cm in length. The right kidney measured 6.0 cm in length.

The area of the aortic trifurcation was free of pathology.

A solitary mildly prominent to enlarged medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5) not consistent with inflammatory or neoplastic criteria and considered incidental.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.58 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary discrete non-disruptive hypoechoic nodule was present in the mid spleen measuring 0.92 cm in diameter. 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.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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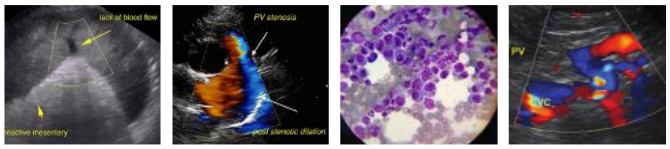

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate variably echogenic non-shadowing ingesta with no signs of ileus, obstruction or foreign material.

The small intestine presented intact generalized prominent wall layering with mild prominent mucosa and submucosa layers. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.41 cm width. The jejunum wall measured 0.41 cm width.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age related changes and considered incidental. No signs of active inflammation or neoplasia.

Free Abdomen

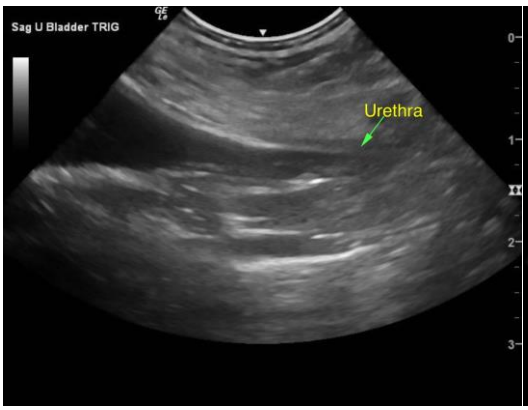
No omental masses, overt lymphadenopathy or peritoneal effusion was present.

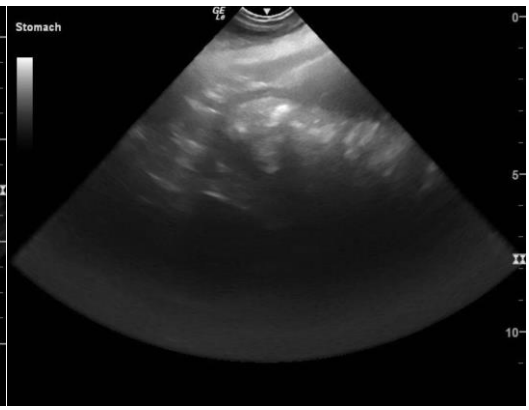
ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable urinary bladder and visible proximal urethra
- Intact yet subjective prominent small bowel walls-nonspecific
- Mild age-related renal changes with minor pinpoint medullary mineral
- Non-specific discrete splenic nodule-subjectively benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of lower urinary tract pathology i.e. neoplasia, calculi etc. Hormone responsive incontinence or nocturnal enuresis may be considered assuming no evidence of UTI on C/S. Thorough neurological exam is suggested. The prominent small bowel walls are no specific with potential for patient variant although inflammatory enteropathy may be suspected if previous or current history of GI signs or evidence of weight loss. Suspect focal discrete splenic hyperplasia, hematopoiesis, small hematoma or similar. Emerging nodular splenic neoplastic criteria is considered unlikely. Sonographic monitoring of the splenic nodule for evidence of progression is recommended





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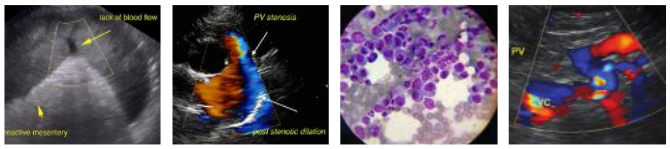

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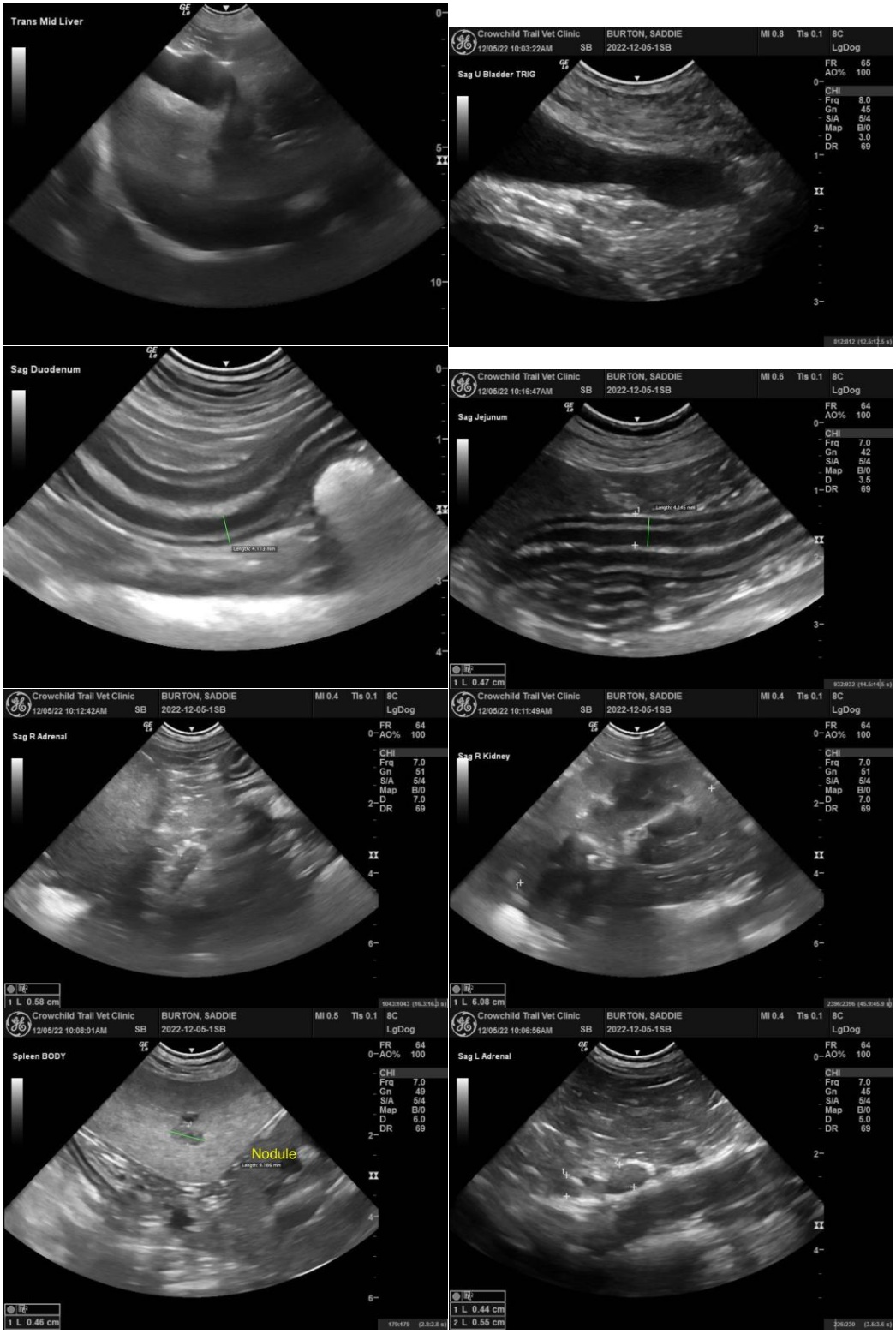

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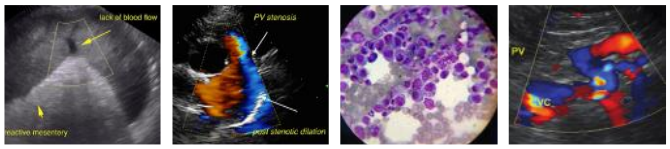

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com