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SVS Mobile Imaging MI 734 - 637 - 7711
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SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Cami Venkat

SPECIES

Canine

BREED

Yorkie

SEX

FS

AGE

15 years

WEIGHT

7.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Family Pet Practice

INVOICE
13221

DATE

PRESENTING CLINICAL SIGNS

History of elevated BUN and pancreatitis. Presented today for biannual exam, BW and AUS. Owner notes dog has been eating snow.

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 was noted.

The area of the aortic trifurcation was free of pathology.

The left kidney was subnormal in size compared to the right. Marked loss of corticomedullary border demarcation with cortical hypertrophy, reduced medullary volume, and moderate pyelectasia were present in the left kidney. The left kidney measured 2.2 cm length.

Normal size and margination were present in the right kidney. 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. Focal nonobstructive renolith was noted in the area of the caudal pelvis, along with concurrent pinpoint medullary mineral. No overt pyelectasia associated with the right kidney was noted. The right kidney measured 3.6 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. Subtle non-expansive echogenic nodule was noted in the left adrenal gland measuring 0.38 cm diameter. The nodule did not distort the associated adrenal capsule without evidence of parenchymal escape or vascular Invasion. The left adrenal gland measured 0.38 cm width in the cranial pole and 0.35 cm width in the caudal pole. The subtle nodule in the left adrenal gland measured 0.38 cm In diameter. The right adrenal gland measured 0.40 cm width in the cranial pole and 0.52 cm width in the caudal 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, 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. A solitary nodule exhibiting subjective central hyperechogenicity with hypoechoic periphery was present In the subjective deep liver parenchyma measuring 0.7 cm in

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diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with sonographically unremarkable gallbladder walls. No evidence of inflammatory changes was noted. Mild nondependent to striated nonmineralized gallbladder debris was present. The cystic and common bile ducts were normal.

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.

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

Pancreas

The parenchyma of the pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral chronic renal changes more prominent in the left kidney with subnormal left kidney size and moderate pyelectasia, focal nonobstructive right kidney renolith with pinpoint medullary mineral
- Nonspecific small left adrenal nodule - suspect adenoma, potential for emerging adrenal neoplasia i.e., adenocarcinoma, pheochromocytoma, or other possible yet thought less likely
- Hepatic parenchymal remodeling with solitary nonspecific yet subjective benign intraparenchymal nodule - suspect focal nodular hyperplasia, hematopoiesis, or small lipogranuloma
- Chronic pancreatitis / pancreatic fibrosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation is recommended. If present, chronic pancreatitis would be suspected. Correlation with a Spec cPL may be considered. Assessment of systemic BP is recommended. Sonographic monitoring of specifically the left adrenal gland for evidence of progressive heterogeneous parenchymal or nodular changes with initial recheck in 4-6 weeks is warranted. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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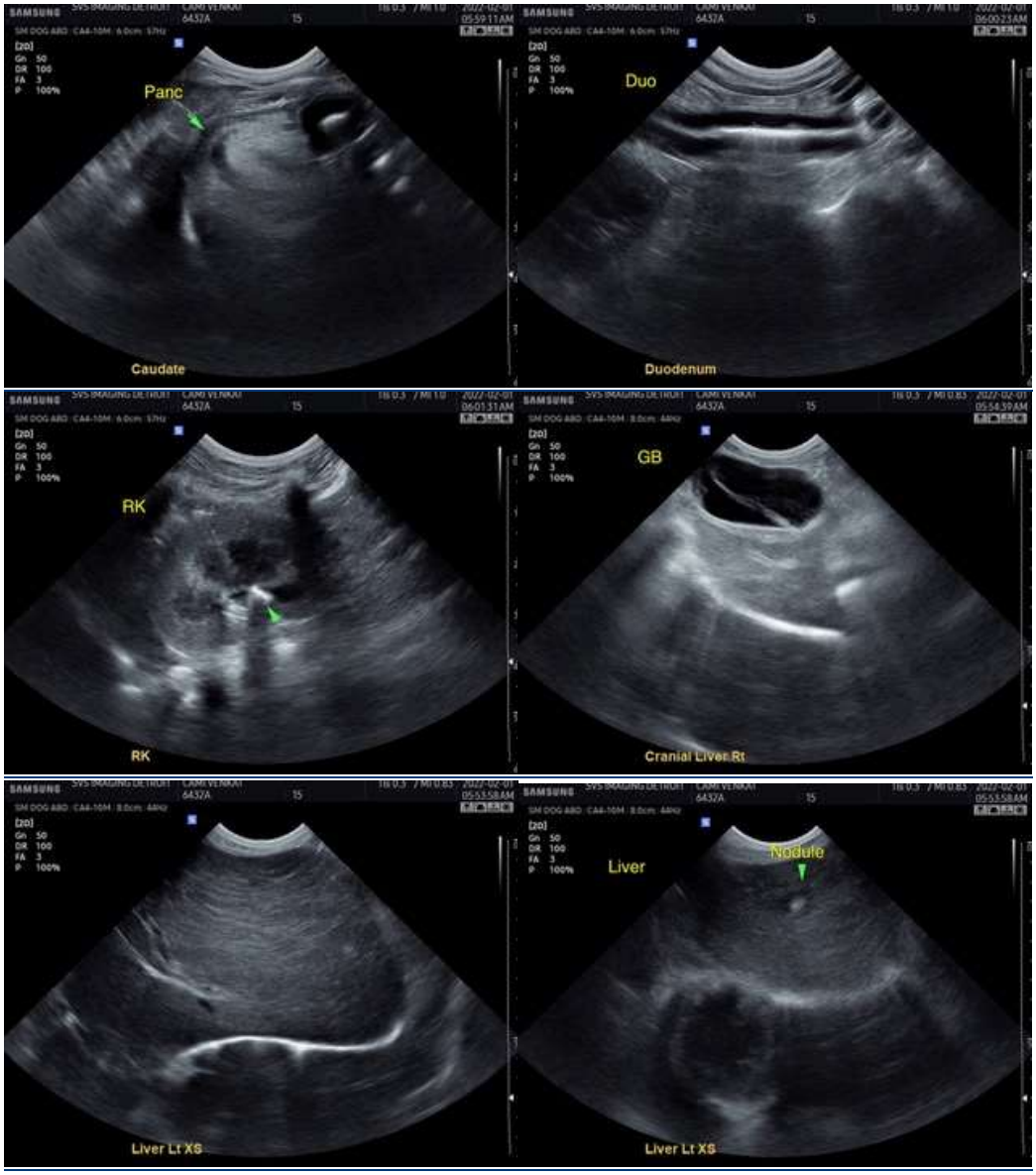

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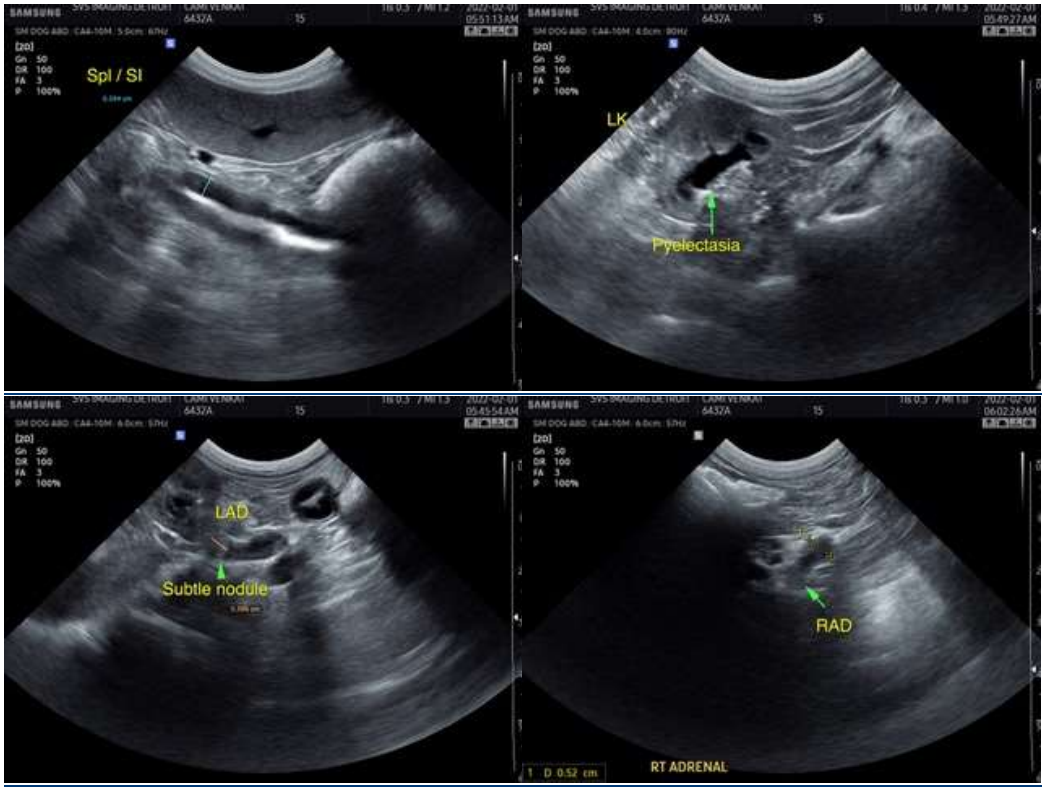

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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