

PATIENT

Abigail Van Duinwyk

SPECIES

Canine

BREED

Coonhound

SEX

Spayed Female

AGE

10 Years

WEIGHT

73 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Airport Animal
Hospital

REFERRING VET

Dr. Asha Gudluru

INVOICE

35615

DATE

2/13/22

PRESENTING CLINICAL SIGNS

Presented for lameness - started on pain medication. BW shows elevated ALP (215). UA - proteinuria, 1+ first test, 2+ on repeat and SG 1.011 first test, 1.014 repeat. Blood pressure was 200, 180, 180 mmHg. Started on Amlodipine. Will add Telmisartan for proteinuria.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

The aortic trifurcation was unremarkable.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. Minor pyelectasia was present. A solitary cortical cyst was present in the caudal cortex of the right kidney, measuring 1.0 cm. The right kidney measured 8.0 cm. The left kidney measured 7.9 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. No evidence of hyperplasia or tumor. The left adrenal gland measured 0.56 cm at the cranial pole and 0.78 cm at the caudal pole. The right adrenal gland was measured 0.53 cm at the cranial pole and 0.79 cm at the caudal pole.

Spleen

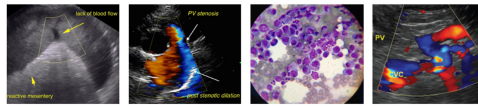
The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary, well-defined, symmetrical, non-expansive echogenic nodule was present. The nodule was discretely hyperechoic and located in the medial parenchyma. The 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 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. The gallbladder exhibited mild distention, containing generalized inspissated non-mineralized debris occupying the entirety of the gallbladder lumen. The gallbladder walls were sonographically normal without evidence of inflammatory changes. No evidence of peripheral gallbladder inflammation or effusion. The common bile duct was normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate nonshadowing ingesta/chymes without signs of obstruction or foreign material. Ventral gastric body wall measured 0.42 cm.



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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. Duodenum wall measured 0.44 cm. Jejunum wall measured 0.40 cm.

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion.

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PRIMARY FINDINGS

- Non-specific mild chronic renal changes exhibiting mild bilateral pyelectasia and right kidney cortical cyst
- Mild hepatic parenchymal remodeling
- Moderate inspissated gallbladder debris – potential for early yet subjectively non-inflamed gallbladder mucocele.
- Minor pancreatic remodeling
- Gastric ingesta

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SECONDARY FINDINGS

- Benign splenic nodule – consistent with probable benign myelolipoma

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

UPC on sterile urine sample is recommended for further assessment of the proteinuria. Given the lameness and concurrent proteinuria, infectious disease/tick titers may be considered if clinically indicated. Hepatosupportive medications including Monitoring for evidence of increasing cholestasis or cranial abdominal/subxiphoid discomfort on palpation recommended with sonographic reassessment of the gallbladder if these clinical signs are noted. -

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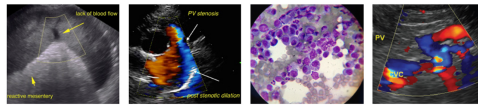
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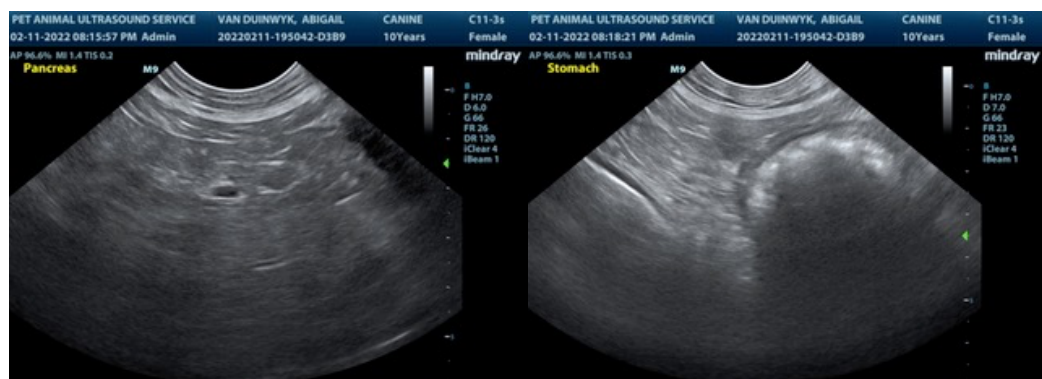
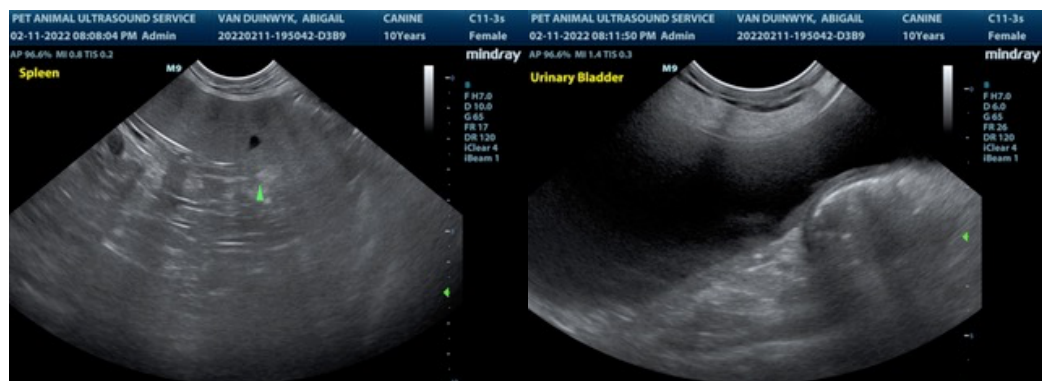
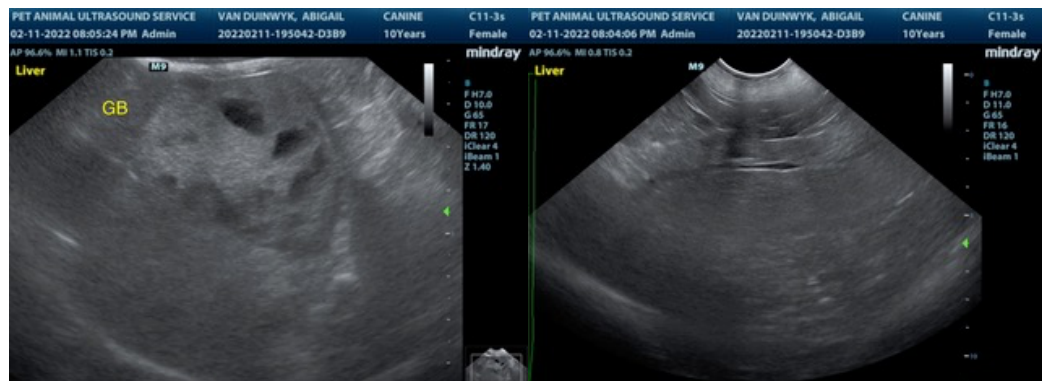
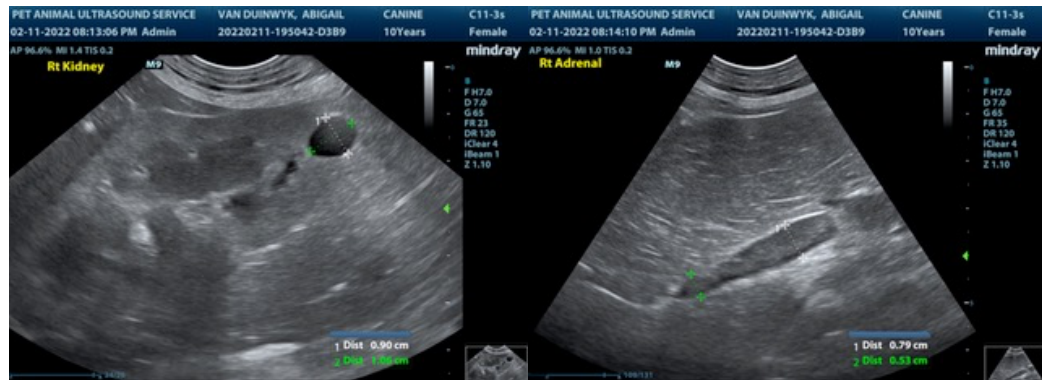
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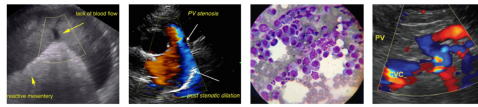
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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