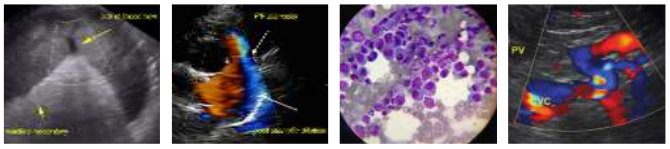
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Marla Hutnick

SPECIES

Canine

BREED

Shihtzu mix

SEX

FS

AGE

13 years

WEIGHT

17.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Martens

HOSPITAL NAME

Hamburg VC

REFERRING VET

Dr. Martens

INVOICE

13342

DATE

2/15/22

PRESENTING CLINICAL SIGNS

Elevated kidney and liver values. Vomiting bile 2 to 3 times daily, poor appetite
Abnormal PE/Chem/CBC/UA Results: ALK PHOS 316, BUN 45, CREAT 2.2,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction 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.

Normal size and margination were present in the kidneys. Both kidneys exhibited evidence of cortical hypertrophy with mild loss of corticomedullary border demarcation. Intermittent small cortical cysts were present in both kidneys. Mild right kidney pyelectasia was present. The left kidney measured 4.6 cm in length. The right kidney measured 4.9 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.8 cm length x 0.46 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.9 cm length x 0.48 cm width at the caudal pole.

Spleen

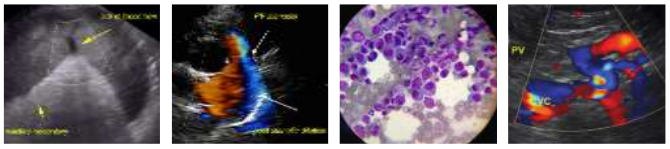
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver 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. A solitary, subtle, echogenic, intraparenchymal nodule was present measuring 0.82 cm. 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. Mild nondependent yet nonorganized gallbladder debris was present. The gallbladder was otherwise normal, without evidence of inflammatory criteria, as well as no evidence of peripheral inflammation.

Gastrointestinal

The stomach presented mild wall thickening secondary to mild echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach was primarily empty with minor retained pyloric ingesta / chyme.



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

PATIENT

Marla Hutnick

SPECIES

Canine

BREED

Shihtzu mix

SEX

FS

AGE

13 years

WEIGHT

17.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Martens

HOSPITAL NAME

Hamburg VC

REFERRING VET

Dr. Martens

INVOICE

13342

DATE

2/15/22

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 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

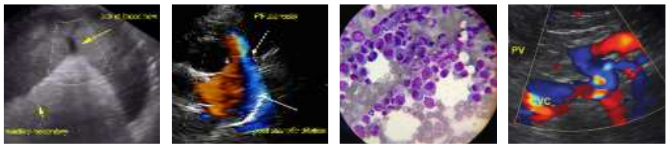
- Hepatomegaly with solitary subtle intraparenchymal nodule
- Mild gallbladder debris (non-mucocele)
- Nonspecific chronic renal changes exhibiting mild cortical hypertrophy, intermittent small cortical cysts, and mild right kidney pyelectasia
- Suspect mild gastritis
- Minor pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilateral kidneys exhibited primarily nonspecific chronic renal changes. However, if recent relatively acute azotemia, the potential for renal insult cannot be excluded. Correlation with clinical history to assess for potential Infectious disease (Leptospirosis), toxin exposure, etc., may be considered. Leptospirosis titers / PCR may be considered if clinically indicated. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Vacuolar or inflammation hepatopathy with suspect solitary discreet lipogranuloma or nodular hyperplasia are possible. Occult hepatic neoplasia is considered a less likely differential. Assuming normal clotting status, hepatic FNA using a 25-gauge needle for screening cytology is warranted. Hepatosupportive medications including Ursodiol may prove beneficial.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Marla Hutnick

SPECIES

Canine

BREED

Shihtzu mix

SEX

FS

AGE

13 years

WEIGHT

17.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Martens

HOSPITAL NAME

Hamburg VC

REFERRING VET

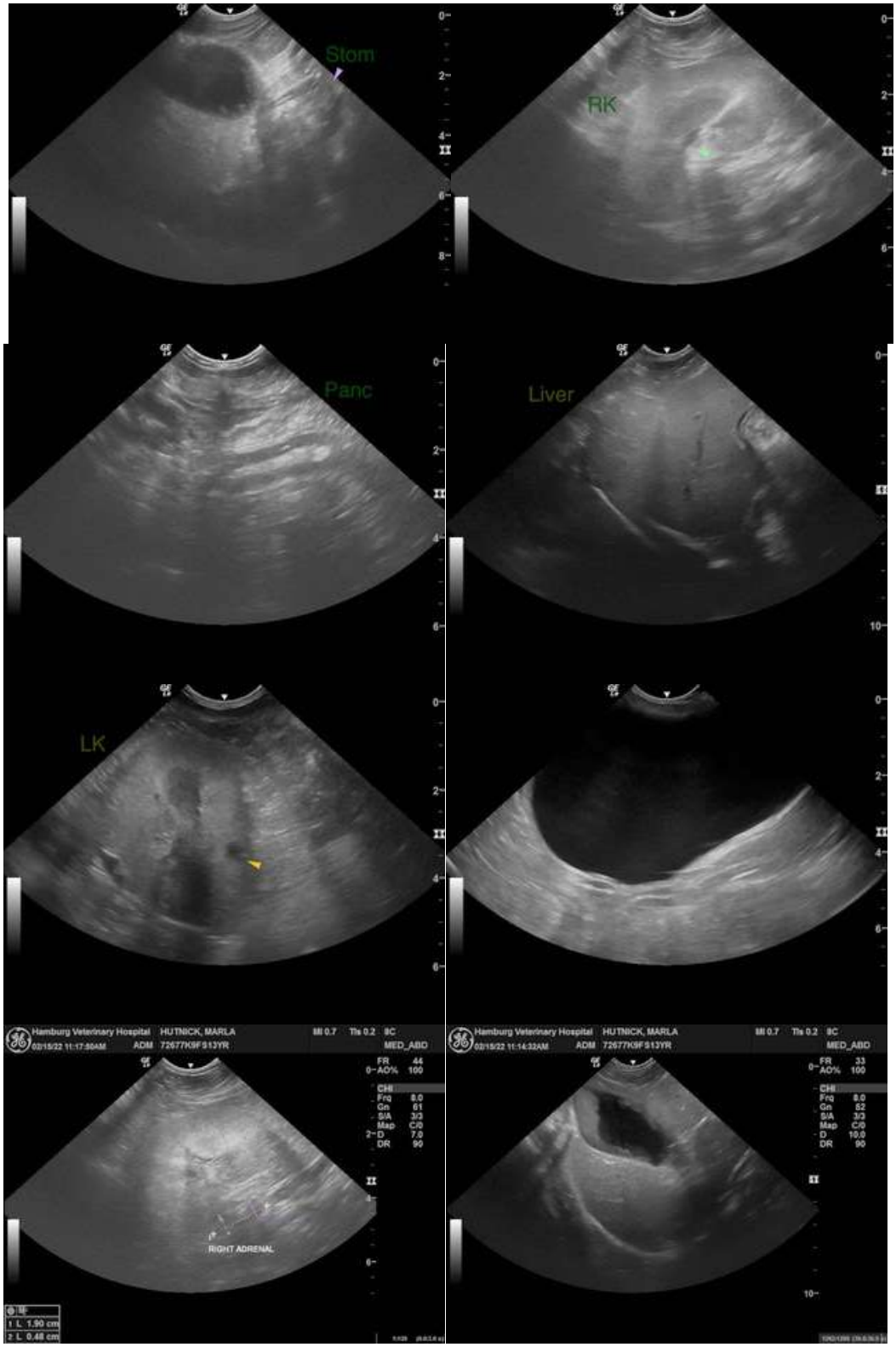
Dr. Martens

INVOICE

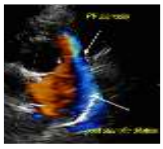
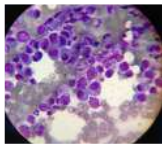
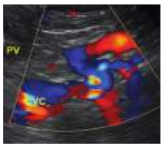
13342

DATE

2/15/22



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Marla Hutnick

SPECIES

Canine

BREED

Shihtzu mix

SEX

FS

AGE

13 years

WEIGHT

17.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Martens

HOSPITAL NAME

Hamburg VC

REFERRING VET

Dr. Martens

INVOICE

13342

DATE

2/15/22

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)
info@SonoPath.com