SonoPath
Clinical Sonography & Telecytology
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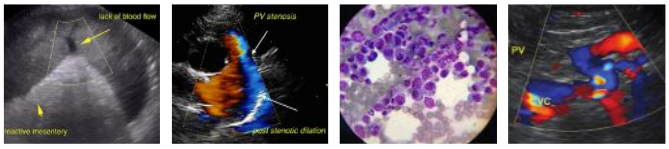

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Quincy Maggiore

SPECIES
Canine

BREED
Mixed small breed (terrier style)

SEX
MN

AGE
15 years

WEIGHT
16.4 lbs.

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

IMAGING PERFORMED BY
Dr. Sorbo

HOSPITAL NAME
Mill Brook Animal Clinic - VBF

REFERRING VET
Dr. Sorbo

INVOICE
16188

DATE
2/16/23

PRESENTING CLINICAL SIGNS

Presenting for AUS due to elevated lab values as part of a general screen for nsaid use for limping. Abnormal PE/Chem/CBC/UA Results: DJD likely. Dental disease. AlkP 163 BUN 53 Crea 1.9 Amyl 1,882

Precision PSL 3,153 PLT 654 The remainder of testing wnl. Urine never submitted.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor dependent urinary bladder mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate was free of pathology.

The area of the aortic trifurcation was free of pathology.

Both kidneys exhibited asymmetrical renal margination with nonuniform increased corticomedullary echogenicity with marked loss of corticomedullary border demarcation. Both kidneys exhibited multiple variably sized cysts including a large cyst occupying the caudal aspect of the left kidney with subtle renal capsule distortion measuring 6.2 cm in diameter. The cyst contained anechoic fluid with minor echogenic debris present in the large left kidney cyst. Pinpoint to focal areas of medullary mineral were noted. Mild pyelectasia and overall increased corticomedullary echogenicity were also noted. The left kidney was mildly enlarged compared to the right, secondary to the caudal cyst measuring 7.2 cm in length. The right kidney measured 5.1 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 0.69 cm width at the caudal pole and 0.54 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 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 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. A small mid-liver intraparenchymal cyst was present measuring 1.0 cm diameter. The gallbladder was non-distended in size containing primarily anechoic content with mild gallbladder debris. The cystic and common bile ducts were normal.

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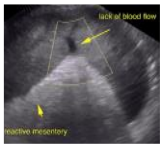

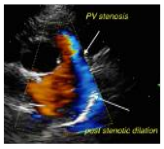

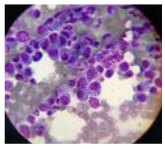
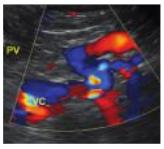

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach 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 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

- Minor dependent urinary bladder mineral
- Bilateral chronic degenerative kidneys exhibiting variably sized cysts, mildly pyelectasia, and medullary mineral / small renoliths
- Hepatic parenchymal remodeling with small intraparenchymal cysts
- Minor gallbladder debris (non-mucocele)
- Minor pancreatic remodeling - no evidence of active pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary workup including screening C/S and baseline UPC level is recommended.

The pancreas may indicate minor remodeling owing to a previous inflammatory episode or low-grade / chronic pancreatitis which may be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation.

This patient is suspected to be passing small amounts of mineral from the kidneys into the urinary bladder. Pending further renal workup, no overt contraindication to NSAID therapy, assuming close monitoring of renal parameters. Galliprant or Rimadyl is suggested.

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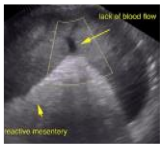

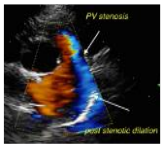

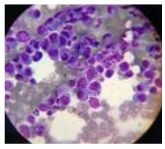
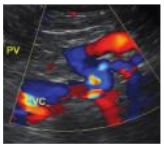

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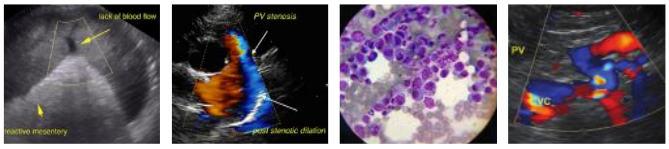

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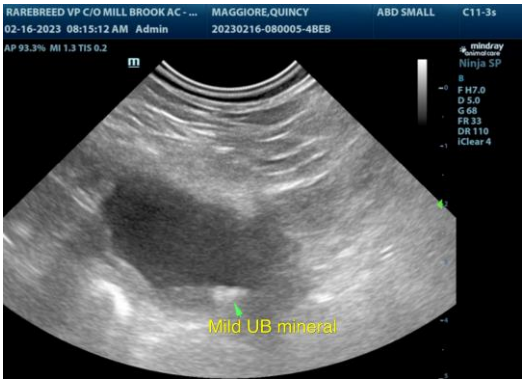

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com