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Clinical Sonography & Telecytology
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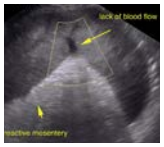
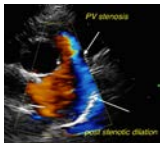
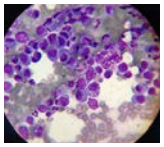
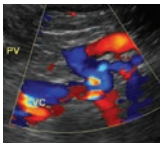





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Prince Mitchell

SPECIES
Canine

BREED
Cocker Spaniel

SEX
Neutered Male

AGE
14 Years 7 Months

WEIGHT
28.4 Pounds

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

IMAGING PERFORMED BY
Dr. Mack

HOSPITAL NAME
Northside Vet Clinic

REFERRING VET
Dr. Mack

INVOICE
45511

DATE
2/26/23

PRESENTING CLINICAL SIGNS

Patient presented for vomiting and diarrhea after eating salad. Owner reported patient was also wobbly. Patient originally presented on 2/24/23. On 2/25/23, P was in lateral recumbency and unresponsive.

Abnormal PE/Chem/CBC/UA Results: 2/24/23 -CBC: WBC 25.68, NEU 21.97, PCT 0.53 -Chem: CREA 4.7, BUN 44, PHOS 9.9, ALKP 263 -SDMA: 19 -TT4: <0.5 2/25/23 -CHEM: CREA 4.4, BUN 94, TP 9.5, ALB 4.3, GLOB 5.1, Na 163, K 6.6, Cl 107.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distention. Minimal anechoic urine present. Full evaluation of the urinary bladder walls was limited owing to lack of urine distention, yet no evidence of neoplastic criteria or overt tumors. No evidence of macrocalculi. The urethra was normal in structure and tone to a depth of 2.0 cm.

The area of the aortic trifurcation was free of pathology.

Normal residual prostate size, measuring 1.1 cm in diameter. Pinpoint hyperechoic residual prostatic parenchymal foci were present, which are non-specific, yet may indicate pinpoint areas of residual prostatic mineralization. No evidence of peripheral residual prostatic inflammation.

Both kidneys presented asymmetrical margination. A normal 1:3 cortex / medulla ratio was present with moderate loss of corticomedullary border demarcation. Bilateral hyperechoic cortices noted with cortical cysts and bilateral mild pyelectasia. The left kidney was mildly subnormal in size compared to the right, measuring 4.1 cm. The right kidney measured 4.3 cm.

Adrenal Glands

The adrenal glands were not definitively visualized.

Spleen

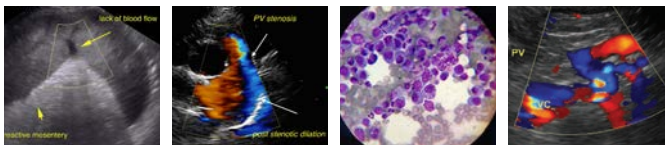
The spleen was normal in size and overall contour. Mild parenchymal heterogeneity noted. A solitary, discrete, non-disruptive hyperechoic nodule was noted in the craniomedial parenchyma, measuring 0.44 cm diameter, consistent with a benign myelolipomas.

Liver

The liver was mildly enlarged with symmetrical contour. Mildly non-homogenous hepatic parenchyma noted, exhibiting discreet non-disruptive hypoechoic intraparenchymal nodules. Example measured 0.80 cm diameter. The gallbladder was non distended in size with mild, congealed yet non-organized debris exhibiting variable echogenicity in the caudal lumen and area of the gallbladder neck. No evidence of gallbladder or peripheral gallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

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.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor jejunal corrugation noted. No obstructive pattern.

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. The colon was primarily empty with mild segmental semiformed to soft fecal matter and luminal gas.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

Mild free fluid noted primarily around the left kidney with mild increased left retroperitoneal echogenicity extending caudally to the approximate level of the iliac trifurcation.

PRIMARY FINDINGS

- Non-specific nephropathy/nephritis pattern exhibiting minor pyelectasia, cortical cysts, concurrent mild left retroperitoneal free fluid.
- Benign splenic nodule – consistent with myelolipoma.
- Discreetly nodular liver – suspect vacuolar hepatopathy pattern. Potential for inflammatory hepatopathy (i.e., cholangiohepatitis), neoplasia thought less likely.
- Gallbladder debris (non-mucocele)
- Gastroenterocolitis pattern

SECONDARY FINDINGS

- Possible discrete/pinpoint residual prostate mineralization – non-specific.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilateral kidneys may indicate chronic or acute on chronic disease with considerations including interstitial or glomerulonephritis. Potential for renal toxicity, given hyperechoic cortical echogenicity, end stage renal disease, nephrocalcinosis, or other. Correlation with full urinalysis, screening culture and sensitivity, UPC level, and assessment of systemic BP recommended. The increasing degree of azotemia is concerning for acute on chronic renal failure with possible anuria, given lack of bladder urine distention, unless urination prior to ultrasound study.

Minor potential for occult hepatic or gastroenterocolic infiltrative neoplasia, though considered less likely.

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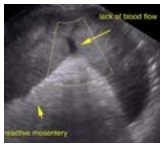
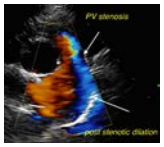
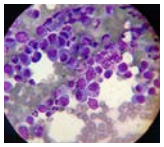
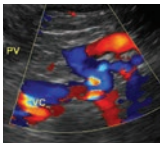

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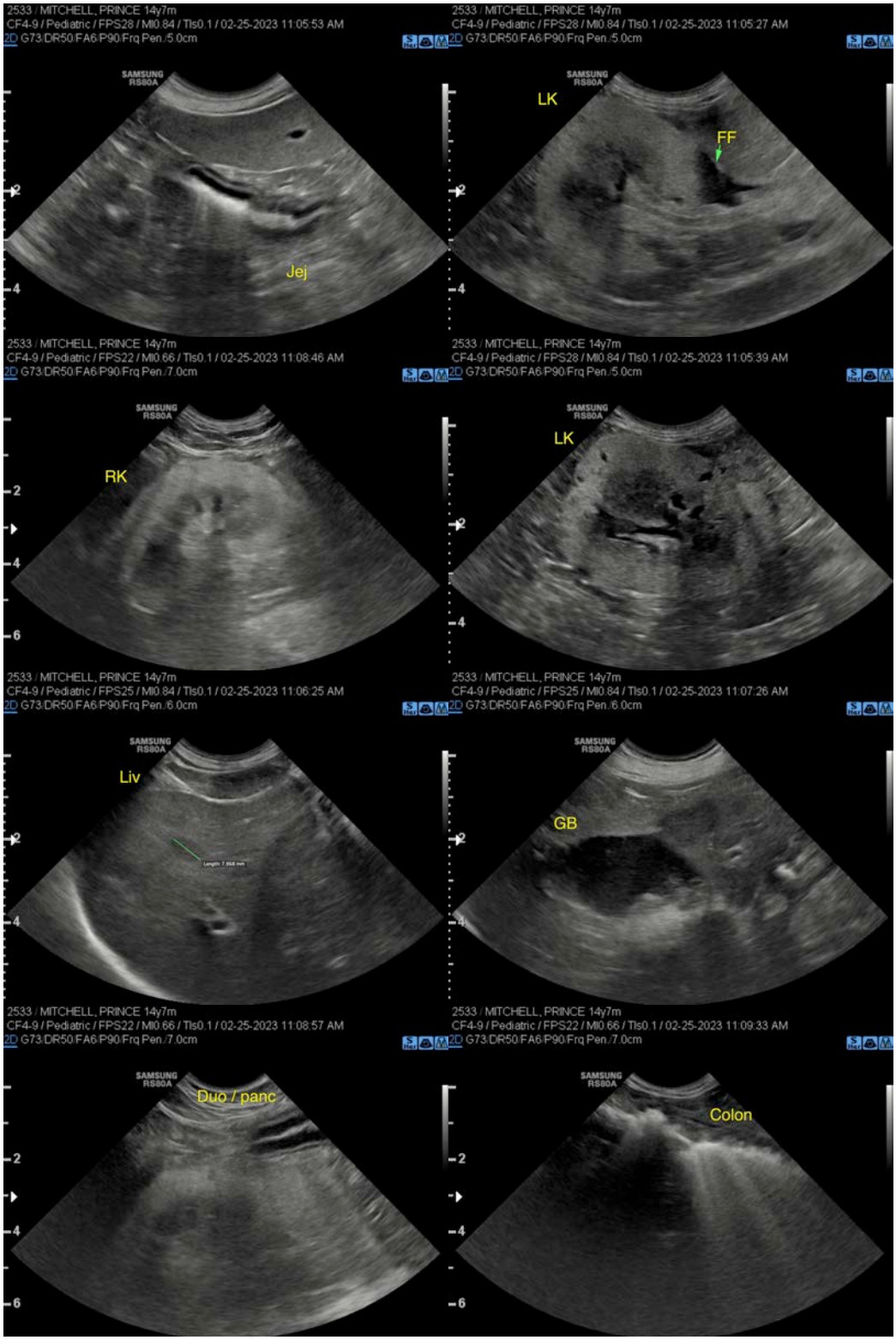

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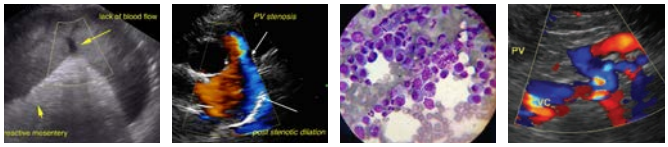

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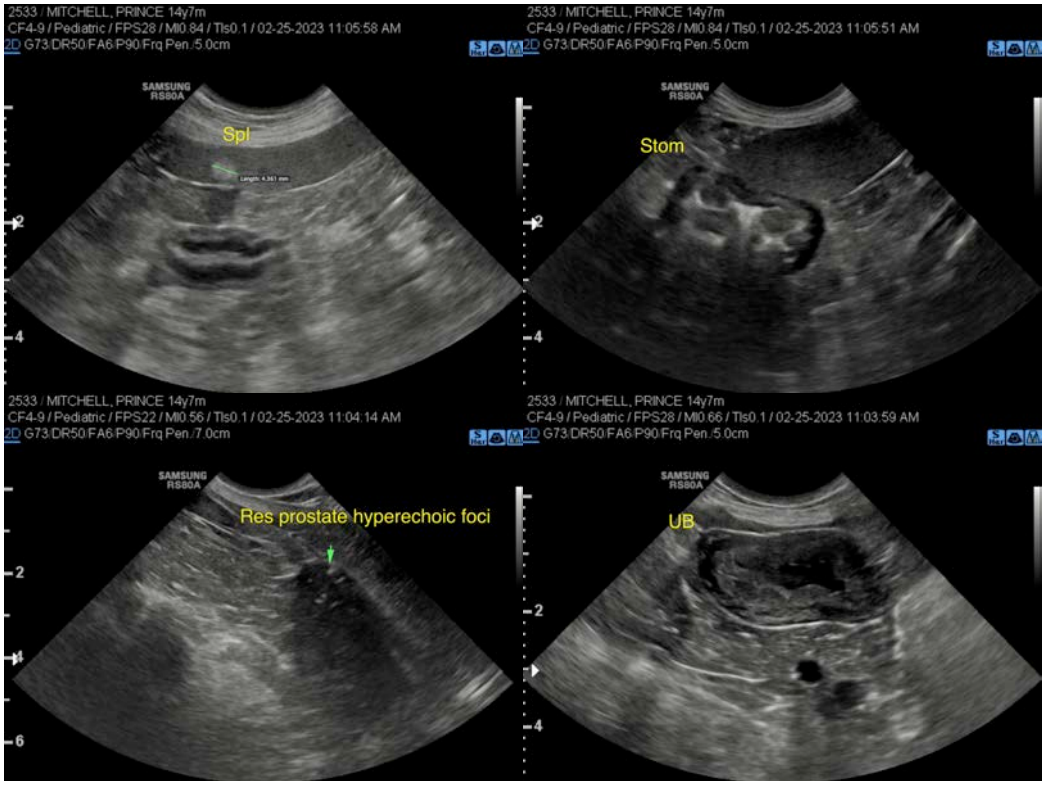

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com