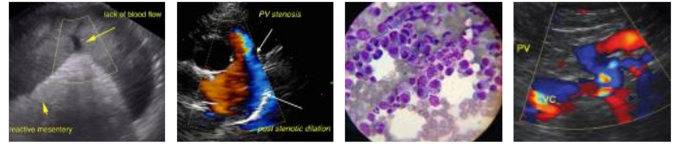
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Maddie Lanzarone

SPECIES

Canine

BREED

Boston Terrier

SEX

FS

AGE

11 years

WEIGHT

27 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Tranquility VC

REFERRING VET

Dr. Christensen

INVOICE

16049

DATE

2/7/23

PRESENTING CLINICAL SIGNS

Recheck AUS (liver). Grade III/VI murmur, asymptomatic.

Current meds: Sam-e

Abnormal PE/Chem/CBC/UA Results: AlKP 931, UPC 5.5, USG 1.037

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.

Normal size and margination were 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. No evidence of pelvic dilation was present. The left kidney measured 4.9 cm in length. The right kidney measured 5.3 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly prominent in size based on caudal pole width measurement in light of body weight. Both adrenal glands exhibited symmetrical capsule contour and uniform adrenal parenchyma. No evidence of mineralization was noted. The left adrenal gland measured 0.67 cm width at the caudal pole. The right adrenal gland measured 0.75 cm width at the caudal pole.

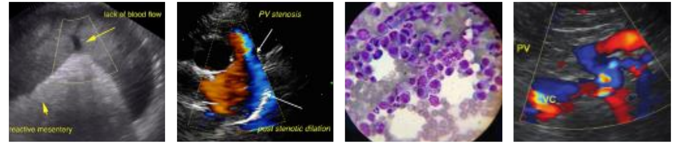
Spleen

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. 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.

The gallbladder was non-distended in size containing primarily anechoic content with mild, non-dependent, nonorganized, echogenic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The common bile duct was normal without evidence of post hepatic stasis or obstructive criteria.



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Gastrointestinal

The stomach presented primarily intact sonographically normal wall layering exhibiting a focal area of suspected nonobstructive pyloric mucosal hyperplasia to emerging polyp measuring approximately 1.5 cm in diameter. This is benign and not consistent with neoplastic criteria.

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 omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted. Suspect indistinct mild heterogeneous omental nodule adjacent to the right pancreatic limb, measuring 1.2 cm in diameter, was noted. This probable omental nodule was not consistent with pathology and is suspected to be a benign omental nodule, possible focal staetitis, or emerging nodular fat necrosis.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Nonspecific static mild chronic renal changes
- Bilateral mild prominent adrenal glands - nonspecific
- Subjective static benign hepatopathy - suggestive of vacuolar hepatopathy pattern
- Mild gallbladder debris (non-mucocele)
- Minor pancreatic parenchymal remodeling

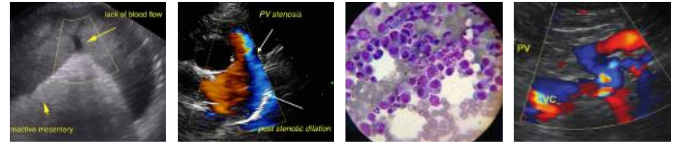
Secondary Findings

- Suspect mild nonobstructive pyloric mucosal hyperplasia / polyp
- Focal nonspecific yet benign omental nodule adjacent to right pancreatic limb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mildly prominent adrenal glands are of unclear clinical significance in light of reported urine specific gravity (>1020) and without reported clinical signs suggestive of Cushing's Syndrome. A full adrenal workup could be considered if clinically indicated. No adrenal tumors were noted.

The addition of Ursodiol into current hepatosupportive medications may prove beneficial. Medical therapy for protein-losing nephropathy should be considered if repeatable documented UPC level (>2.0) in light of quiet urinary bladder sediment.



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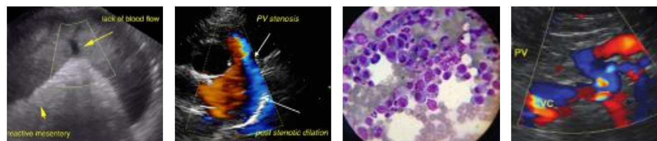

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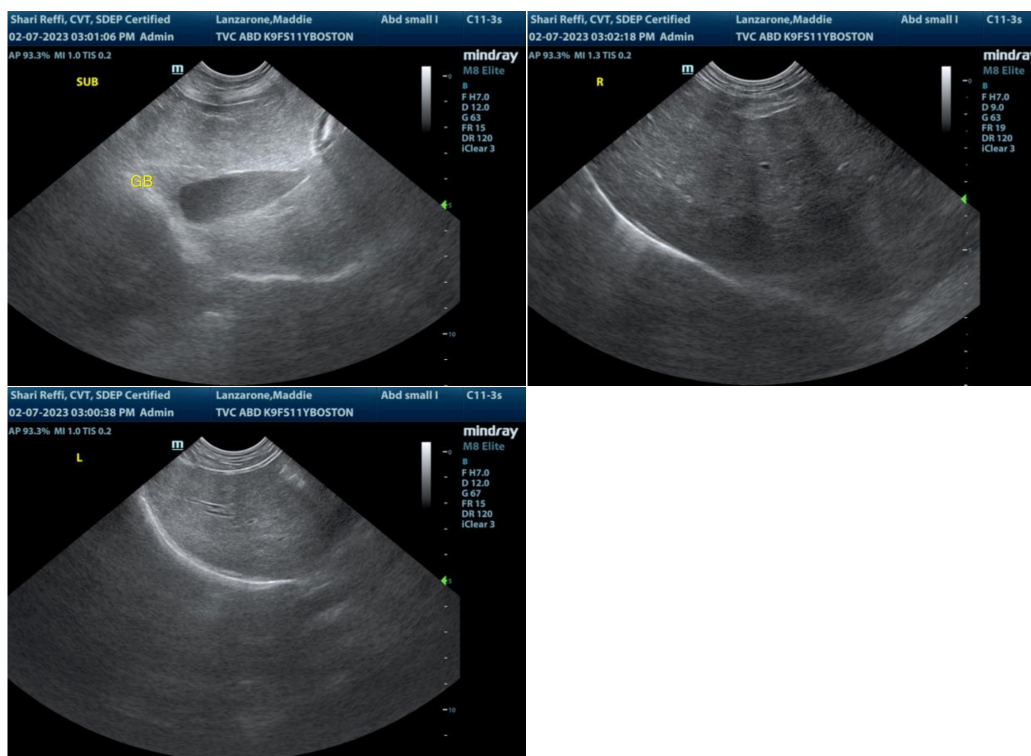

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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