

**PATIENT**

Gage Crusinberry

SPECIES

Canine

BREED

Lab Mix

SEX

MN

AGE

11 years

WEIGHT

125.7 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAMESVS Imaging
Michigan
REFERRING VET
Wixom Family Pet
Practice**INVOICE**

13276

DATE

2/9/22

PRESENTING CLINICAL SIGNS

History of hypothyroidism. Not currently on treatment. Overweight. No current clinical signs.

Abnormal PE/Chem/CBC/UA Results: AUS performed last year NSF. Recent BW showed low T4, elevated platelet count 519,000, and elevated Triglyceride 422 (29-291). UA showed proteinuria 3+ (via natural voiding), pH 8.5, struvite crystals, amorphous phosphate crystals, calcium oxalate crystals, and USG 1.030.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of significant sediment and no evidence of calculi. 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 corticomodullary symmetry and definition expected for the age of the patient. Small cortical cysts were present in the left kidney. No evidence of pelvic dilation was present. The left kidney measured 8.3 cm in length. The right kidney measured 8.1 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 0.80 cm width at the caudal pole and 0.86 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 0.74 cm width at the caudal pole.

Spleen

The spleen was normal in size and contour exhibiting a primarily maintained finely textured homogeneous parenchyma with subtle parenchyma heterogeneity. A solitary, discreet, non-expansive, hypoechoic parenchymal nodules was present measuring 0.64 cm in diameter.

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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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. 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.

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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 was present.

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ULTRASONOGRAPHIC FINDINGS***Primary Findings***

- Mild nonspecific chronic renal changes with small left kidney cortical cysts
- Solitary, discreet splenic nodule - focal lymphoid hyperplasia, hematopoiesis suspected, potential for acute infarction, emerging small hematoma, or neoplasia possible yet thought less likely
- Mild hepatic parenchymal remodeling
- Mild pancreatic remodeling

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely geriatric abdomen without evidence of significant visceral pathology.

Sonographic monitoring of the splenic nodule with initial recheck in 4-6 weeks is suggested to assess for evidence of progression.

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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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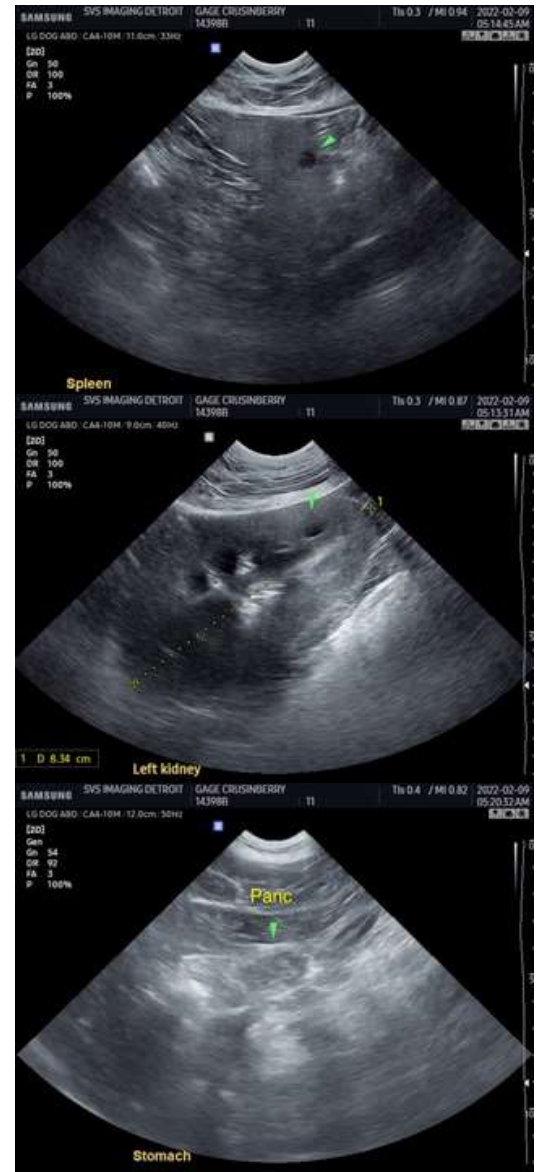
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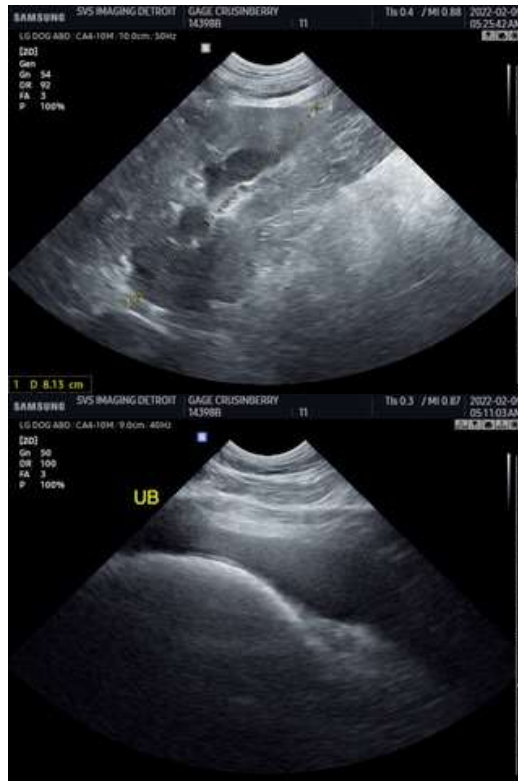
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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