



PATIENT PRESENTING CLINICAL SIGNS

Lexi Martin PU

Abnormal PE/Chem/CBC/UA Results: ALP 420, Trig 916, USG 1.017 2+ proteinuria UPC pending
BUN 17 CREAT 0.8

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Dachshund Mix

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 were noted.

SEX

FS

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 loss of corticomedullary symmetry and definition expected for the age of the patient. Non-obstructive medullary nephrolithiasis was present bilaterally with mild left kidney pyelectasia. The left kidney measured 4.0 cm in length. The right kidney measured 4.5 cm in length.

AGE

2009

The area of the aortic trifurcation was free of pathology.

WEIGHT

14.8

Adrenal Glands

The bilateral adrenal glands exhibiting mild prominent size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.51 cm width in the cranial pole and 0.63 cm width in the caudal pole. The right adrenal gland measured 0.94 cm width in the cranial pole and 0.64 cm width in the caudal pole.

INTERPRETED BY

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

Spleen

The spleen exhibited subjective borderline enlargement with a primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes or masses. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

VCA Willow Mill AH

Liver/Gallbladder

The liver was moderately enlarged with symmetrical to mildly rounded contour and generalized non-homogenous parenchyma exhibiting moderate coarse echotexture. Evidence of mild parenchymal remodeling was present. No masses or nodules present. 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 with minor non-dependent non-organized echogenic debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

REFERRING VET

Munkittrick

INVOICE

13153ag

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.

DATE

03/13/2023



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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.

SPECIES

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Pancreas

The pancreas was normal in size and contour with mild isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age related changes and considered incidental. No signs of active inflammation or neoplasia.

BREED

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

- Bilateral medullary nephrolithiasis with minor left kidney pyelectasia.
- Mildly prominent adrenal glands-nonspecific, potential for minor adenomatous changes, no overt neoplastic criteria.
- Age related splenic changes-benign.
- Hepatopathy exhibiting mild non-homogenous parenchyma.
- Minor gallbladder debris (non-mucocele)
- Minor pancreatic remodeling.

AGE

2009

WEIGHT

14.8

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left kidney pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage or IV fluid therapy (if applicable). Correlation with pending urine C/S and protein: creatinine ratio is recommended. Screening C/S on a sterile urine sample is suggested.

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A screening UCCR or a full adrenal work up to include a LDDST could be considered if strong clinical suspicion for Cushing's syndrome.

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Hepatosupportive medications such as Denamarin may prove beneficial. No evidence of intra-abdominal neoplastic criteria was present.

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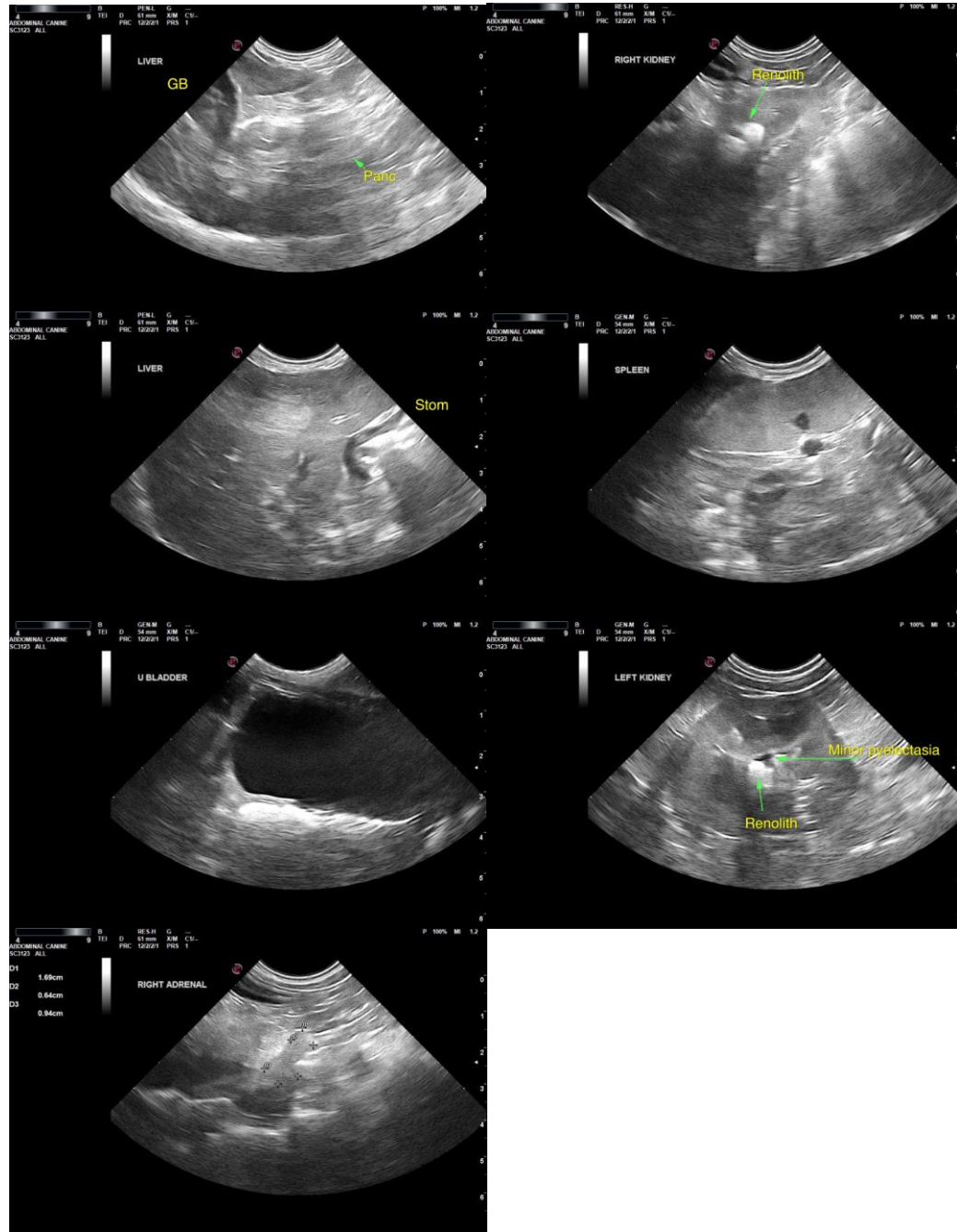
Munkittrick

INVOICE

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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)
mac.daniel@sonopath.com



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