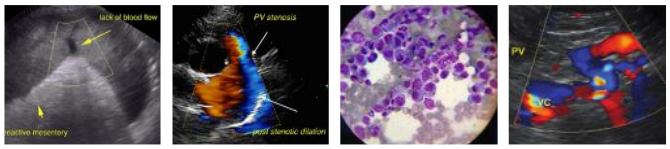
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Sukey Novak

SPECIES

Canine

BREED

Standard Poodle

SEX

FS

AGE

10yr

WEIGHT

18kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Southpointe Veterinary Clinic

REFERRING VET

Dr. Blaise

INVOICE

13164ag

DATE

03/13/2023

PRESENTING CLINICAL SIGNS

Decreased appetite and weight loss

Abnormal PE/Chem/CBC/UA Results: Moderate elevation of liver enzymes renal enzymes and SDMA normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distension which prohibited full evaluation of the urinary bladder walls. The trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Mild asymmetrical luminal surface to micropolyploid changes were present likely associated with age related mural changes. 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.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral intermittent cortical to parenchymal cysts were present. Pinpoint medullary mineralization was present. The left kidney measured 5.3 cm in length. The right kidney measured 6.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.5 cm width in the cranial pole and 0.43 cm width in the caudal pole. The right adrenal gland measured 0.74 cm width in the caudal pole.

Spleen

The spleen exhibited normal size, subtle areas of capsule asymmetry and mild generalized parenchymal heterogeneity. A solitary subtly expansive to non-homogenous discretely cystic lateral splenic nodule was present measuring 2.0 cm in diameter. The nodule appeared to distort the lateral capsule without evidence of capsular escape. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver/Gallbladder

The liver presented mildly 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 with primarily anechoic luminal content and mild non-organized hyperechoic debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

Gastrointestinal

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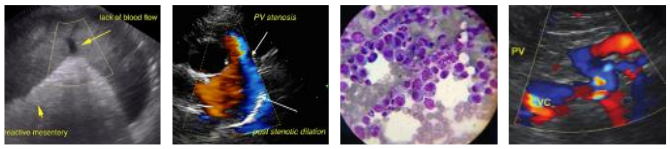

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.42 cm in width.

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. The jejunum wall measured 0.28 cm in width. The duodenum wall measured 0.35 cm in width.

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 or peritoneal effusion was present.

Focal, mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 0.87 cm.

ULTRASONOGRAPHIC FINDINGS

- Chronic renal changes with cortical to peripheral cysts.
- Non-specific non-homogenous mildly cystic splenic nodule-hyperplasia, hematopoiesis, focal splenitis or emerging splenic neoplasia all potentials.
- Hepatopathy-subjectively benign.
- Mild gallbladder debris (non-mucocele).
- Overtly normal GI tract.
- Mild pancreatic remodeling.
- Intermittent non-specific subjective benign/reactive mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Baseline renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered if clinically indicated. Assuming normal clotting status and using a 25g needle, a hepatic parenchyma and splenic nodule FNA for screening cytology is warranted for further assessment. No obvious evidence of GI mural pathology or active pancreatitis. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

Hepatosupportive medications such as Denamarin and Ursodiol and as needed GI support recommended. Assessment of caloric plane and/or competitive eating environment if clinically indicated is suggested. Sonographic monitoring of the splenic nodule for evidence of progression would be reasonable.

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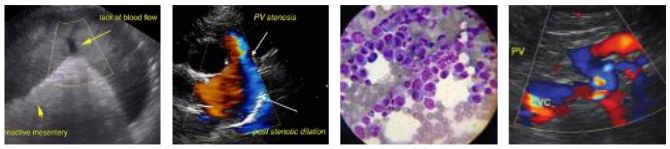

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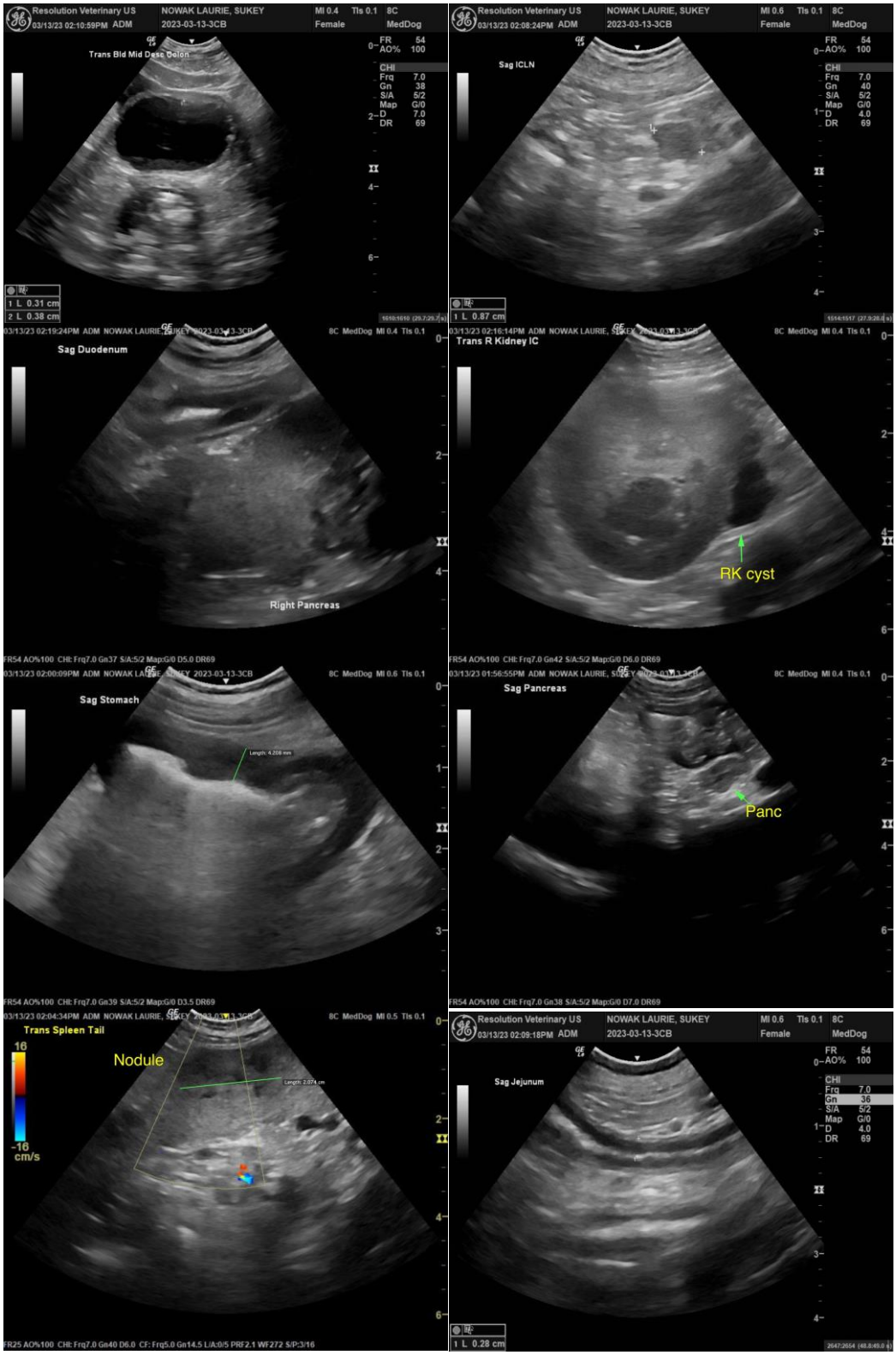

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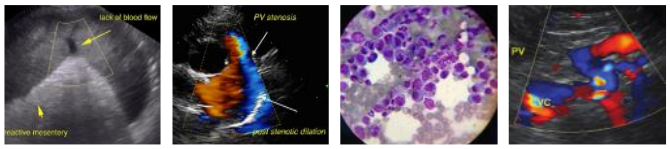

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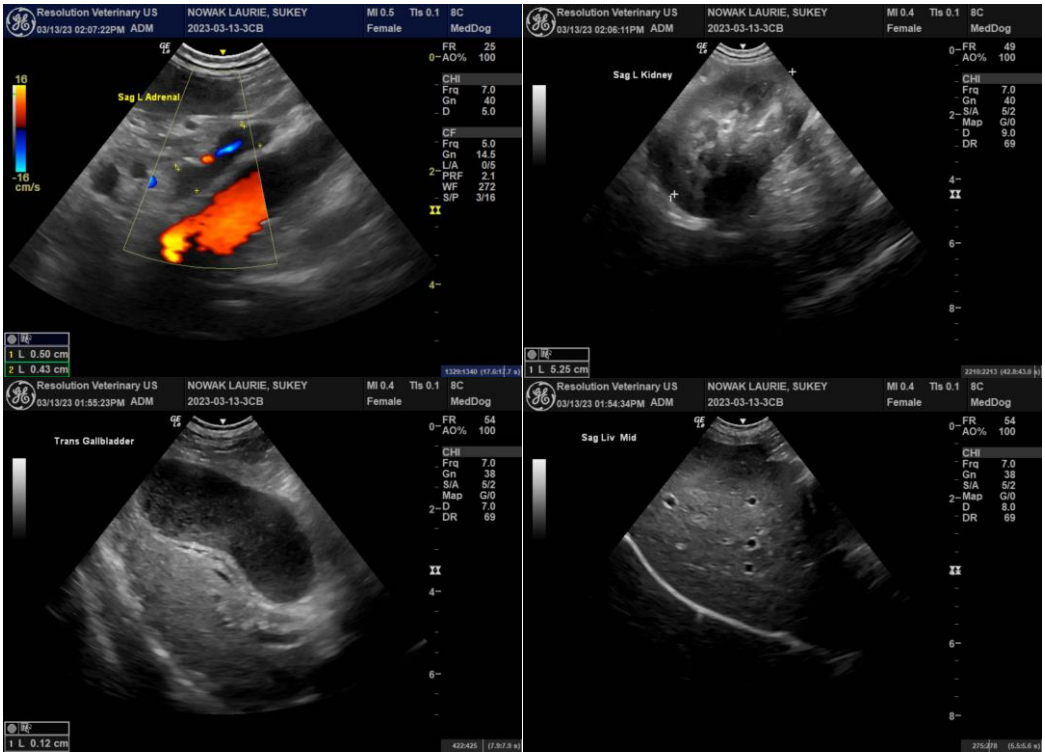

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com