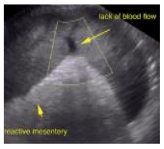

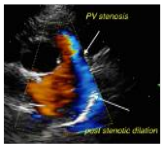

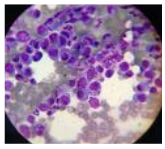
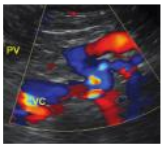

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PATIENT

Cutie Valencia

SPECIES

Canine

BREED

Maltese

SEX

N/M

AGE

10 years

WEIGHT

10.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tudor Suciu

HOSPITAL NAME

Animal Clinic of Queens

REFERRING VET

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PRESENTING CLINICAL SIGNS

In the last month Cutie had an increased thirst and urination; appetite is good but he is not panting. No V/D. At the physical exam dental disease was noted, BCS 7/9.

Abnormal PE/Chem/CBC/UA Results: CBC (3/3/23) WNL Chem (3/3/23) - high ALP 287 (5-131). Rest WNL T4 (3/3/23) - 1.6 UA (3/3/23) via catheterization: USG = 1.022, trace blood, high transitional epithelia (2-3/hpf) LDDST (3/10/23): - cortisol sample 1 (pre) 6.6 (1.0-5.0) - cortisol sample 2 (4 hours) 0.2 (0.0-1.4) - cortisol sample 3 (8m hours) 0.8 (0.0-1.4)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and proximal 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.

No overt pathology was noted in the area of the residual prostate. The residual prostate measured 0.65 cm diameter.

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 or pyelectasia was present. Focal areas of nonobstructive medullary mineral were noted. The left kidney measured 3.7 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

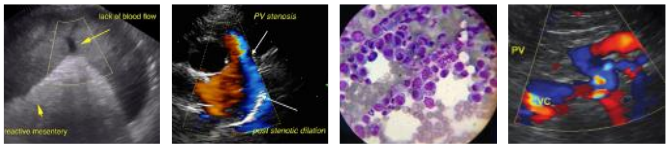
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width at the caudal pole and 0.45 cm width at the cranial pole. The right adrenal gland exhibited mildly prominent cranial pole width measuring 0.79 cm. and a normal right adrenal caudal pole width measuring 0.52 cm. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. No adrenal tumors were noted.

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



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congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, echogenic, nonorganized gallbladder debris primarily in the caudal lumen and area of the gallbladder neck. No evidence of gallbladder inflammatory criteria was noted. 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.

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 parenchyma of the pancreas base and right pancreatic limb was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy - sonographically suggestive of vacuolar hepatopathy pattern
- Mild gallbladder debris (non-mucocele)
- Sonographically unremarkable urinary bladder / residual prostate
- Mild chronic renal changes with nonobstructive medullary mineral
- Age-related adrenals, no adrenal tumors

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Baseline renal staging to include screening, as well as UPC level if evidence of proteinuria is suggested No evidence of upper or lower urinary tract neoplastic criteria. Potential minute hematuria possibly originating from the kidneys could be possible given the presence of medullary mineral.

Hepatosupportive medications including Denamarin and Ursodiol may be considered if progressive ALP elevation or cholestasis is noted. Sonographic reassessment may be considered if persistent / progressive PU/PD despite normal previous LDDST.

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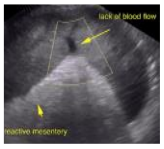

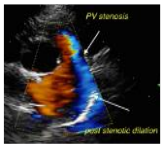

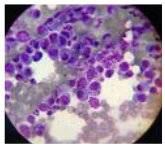
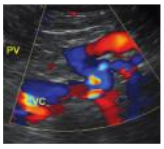

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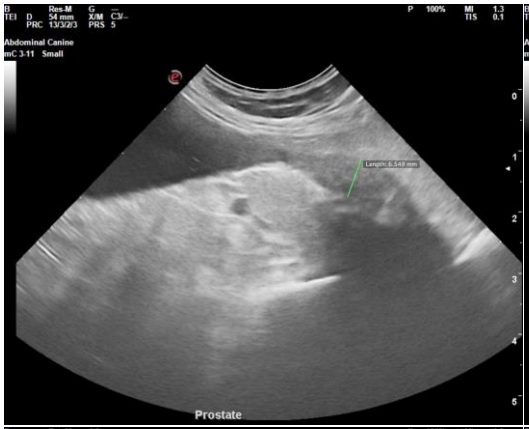

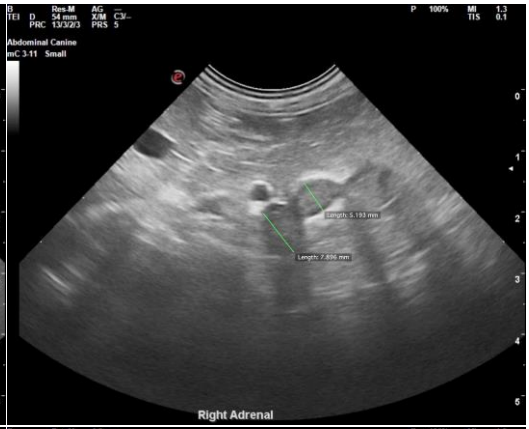

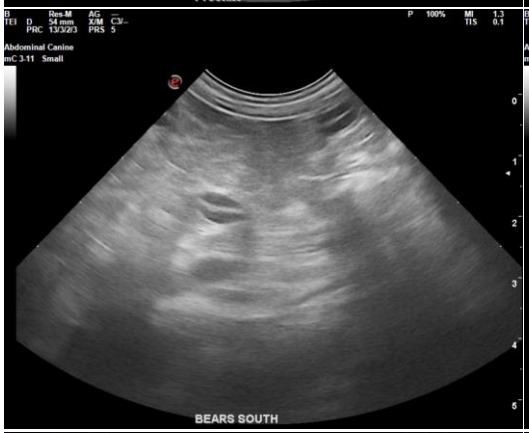

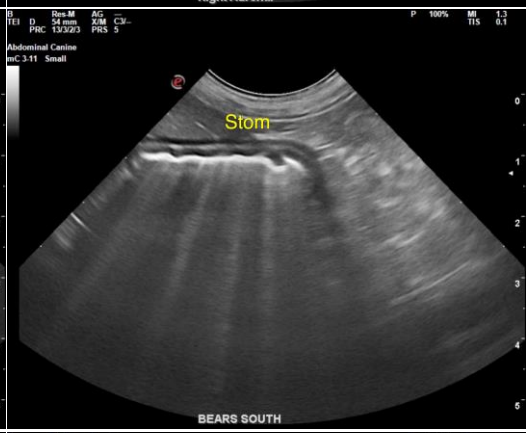

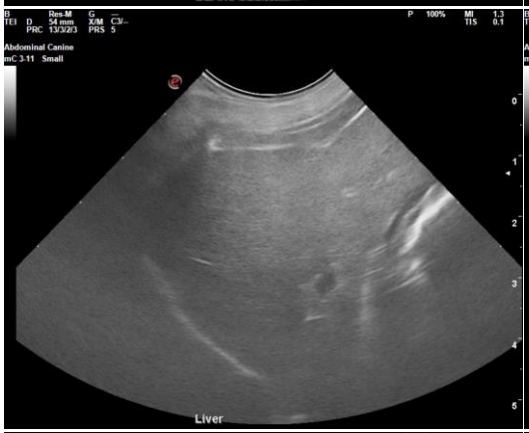

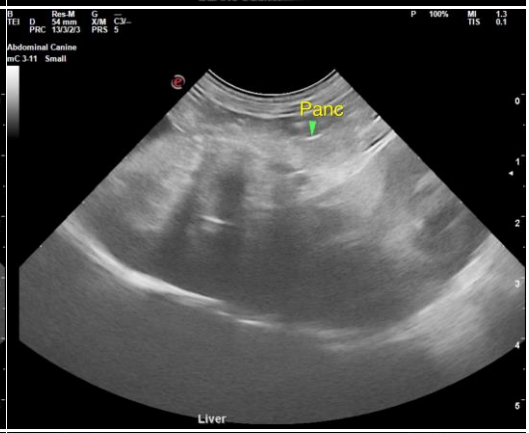

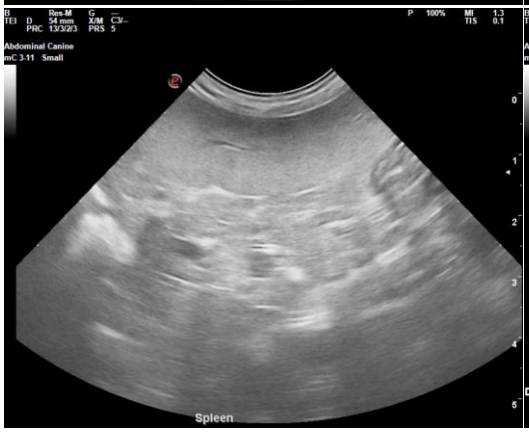

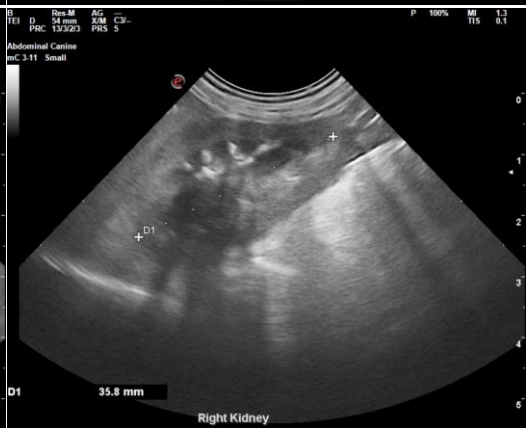

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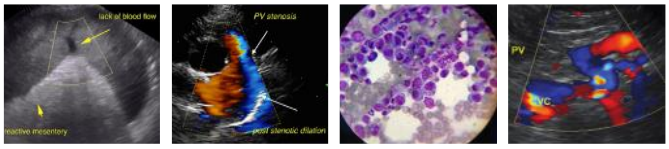

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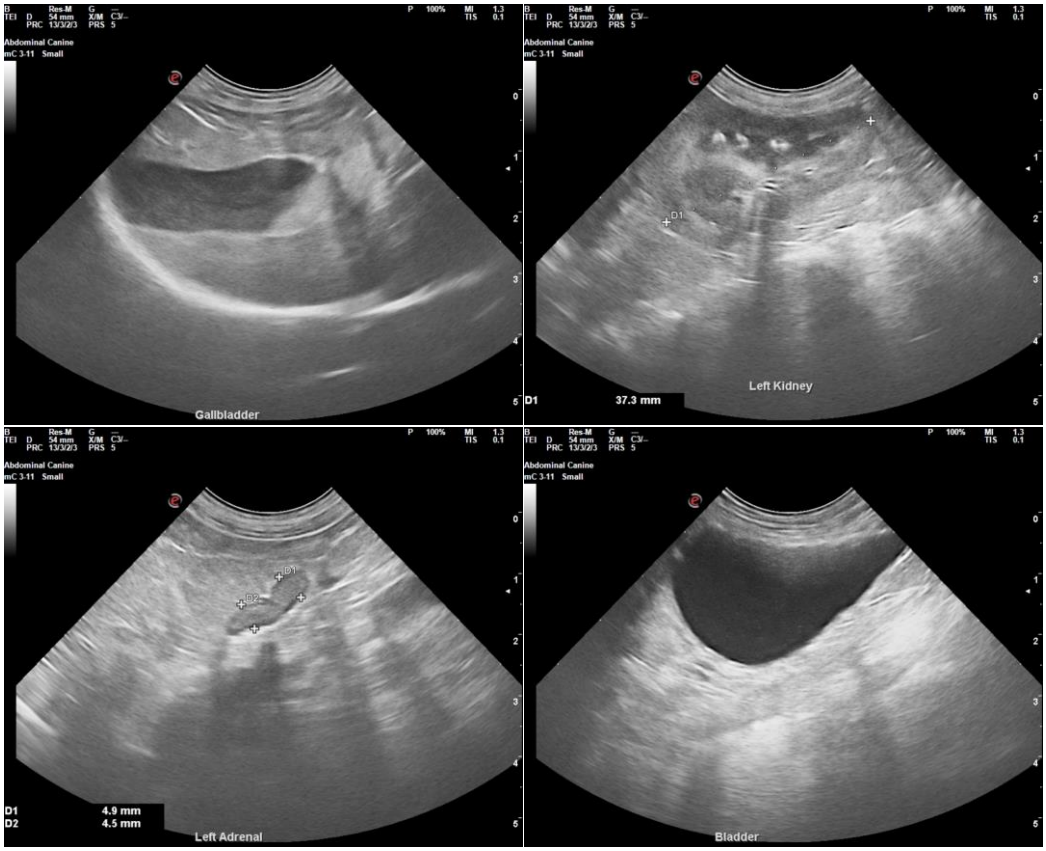

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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