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Clinical Sonography & Telecytology
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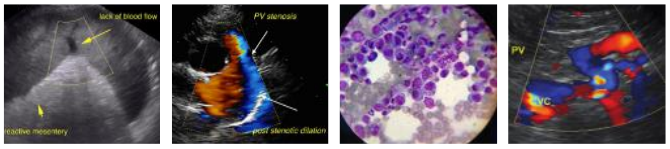

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1-800-838-4268 info@sonopath.com

PATIENT
Diesel Weeks

SPECIES
Canine

BREED
Border Collie

SEX
Neutered Male

AGE
13

WEIGHT
27.1 kg

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

IMAGING PERFORMED BY
Dr. Belan

HOSPITAL NAME
Stoney Trail Vet Clinic

REFERRING VET
Dr. Huet

INVOICE
14347

DATE
3/17/22

PRESENTING CLINICAL SIGNS

Scan done August 2021 Patient clinically normal
Abnormal PE/Chem/CBC/UA Results: Protienuria, Marked elevation of BUN Creatine ALP and ALT

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.74 cm in 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 was present. The left kidney measured 6.6 cm in length. A cortical cyst was noted at the caudal pole and medulla of the right kidney, measuring 1.5 cm in diameter. The cyst was thinly walled containing anechoic fluid. The right kidney measured 6.8 cm in length. Subjectively, the bilateral kidneys did not appear to be end stage.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width at the caudal pole and 0.50 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 0.58 cm width at the caudal pole and 0.58 cm width at the cranial pole.

Spleen

The spleen exhibited subjective potential for mild nonspecific cranial enlargement exhibiting isoechoic, yet mild nonhomogeneous parenchyma compared to mid to caudal spleen. No distinct splenic masses noted.

Liver/ Gallbladder

The liver exhibited generalized enlargement. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Intermittent, discreet, non-expansive hypoechoic parenchymal nodules were present. An example of a discreet hypoechoic parenchymal nodule measured 1.0 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with minor nondependent yet non-congealed gallbladder debris, primarily in the gallbladder neck. No evidence of gallbladder inflammatory changes or peripheral gallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

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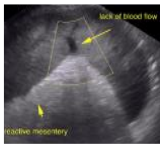
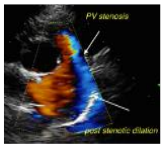
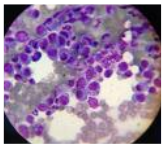
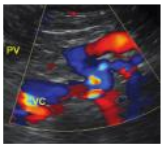

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Gastrointestinal

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 exhibited 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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy, exhibiting parenchyma remodeling and intermittent nonspecific discreet parenchymal nodules- chronic vacuolar hepatopathy, inflammatory/immune mediated disease, parenchymal remodeling with areas of hematopoiesis, nodular to regenerative hyperplasia or early fibrosis possible. Neoplastic criteria considered less likely.
- Mild gallbladder debris (non-mucocele)
- Potential mild nonspecific cranial splenomegaly, exhibiting subtle parenchyma heterogeneity- hyperplasia, hematopoiesis, incidental splenitis or other benign etiologies suspected with neoplastic criteria considered less likely
- Nonspecific, bilateral chronic renal changes with caudal right kidney cyst
- Mild pancreatic parenchymal remodeling- suspect age-related pancreatic changes and likely incidental

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, ultrasound guided hepatosplenic FNA, using a 25-gauge needles warranted for screening cytology. Leptospirosis titers/PCR could be considered if clinically indicated. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Screening blood pressure recommended.

Hepatosupportive medications, including Denamarin and ursodiol as well as Ace-inhibitor medication, pending UPC assessment, would be warranted and may prove beneficial.

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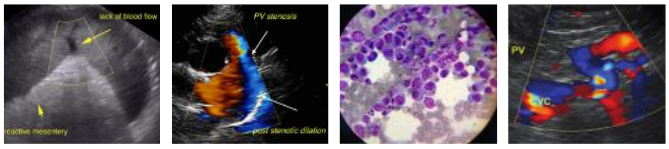

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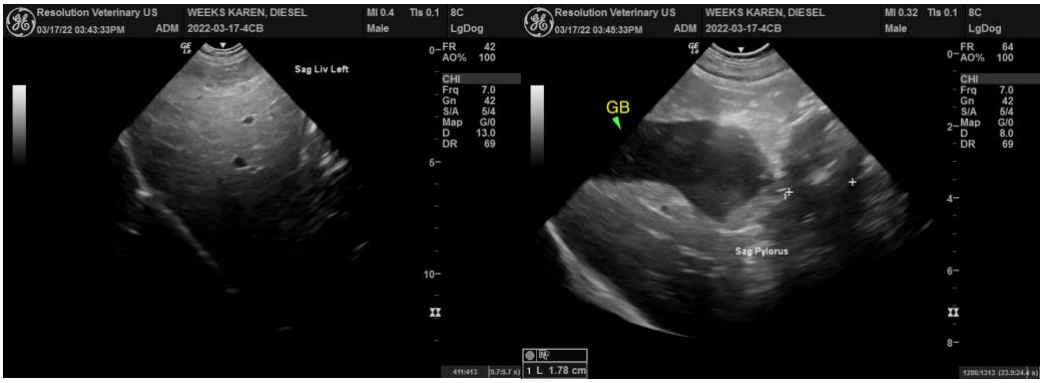

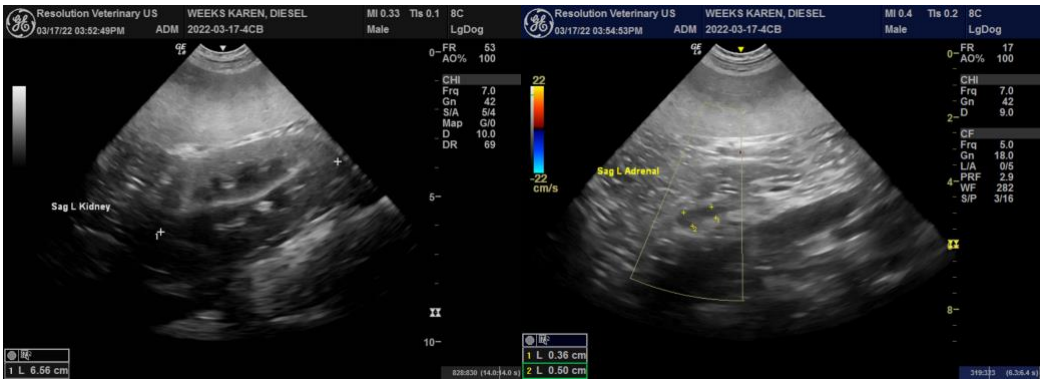

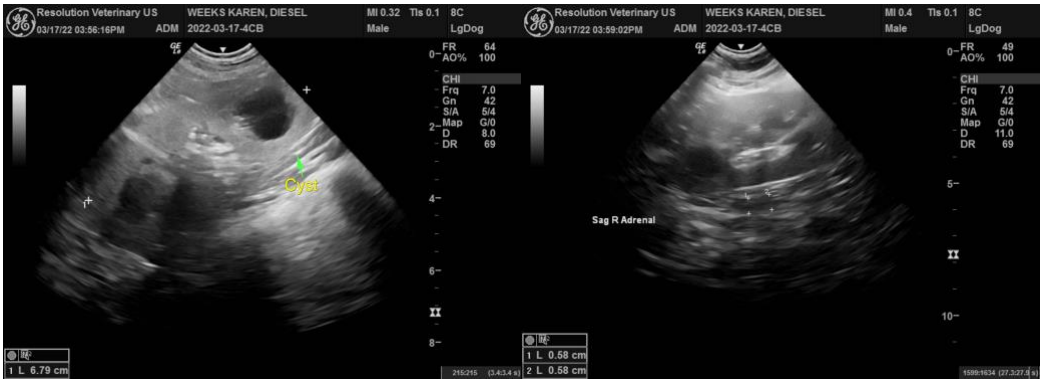

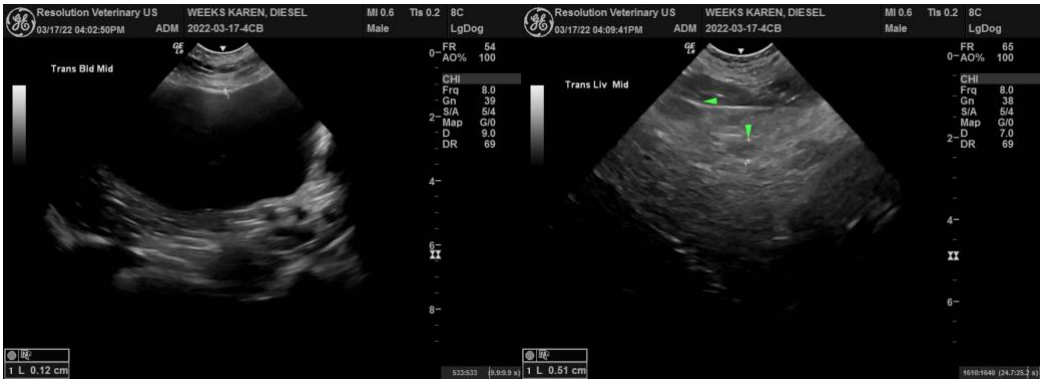

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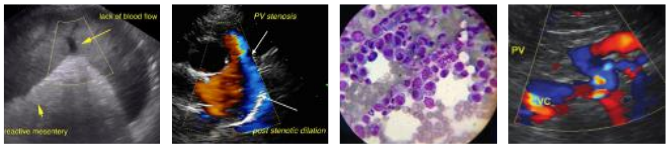

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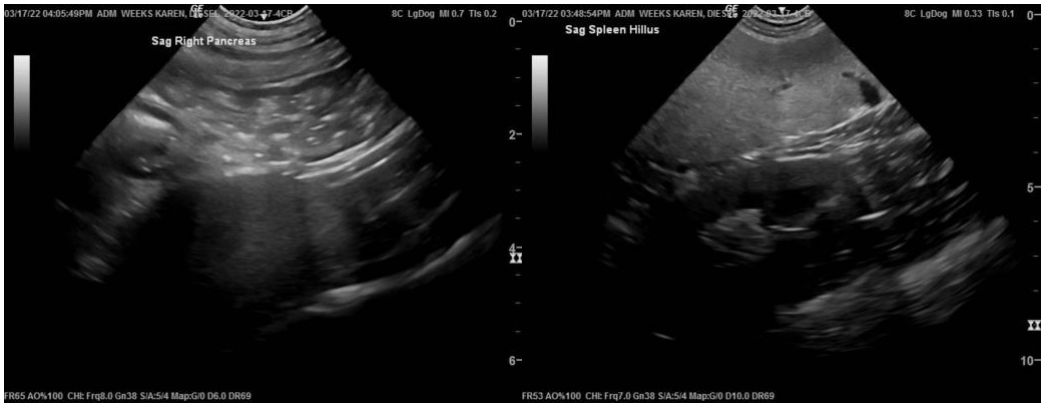

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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