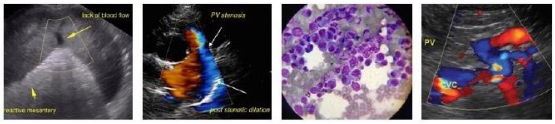

PATIENT

Lucia Deckert

SPECIES

Canine

BREED

Schnauzer

SEX

Spayed female

AGE

11 years

WEIGHT

9.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

New Hamburd Veterinary Clinic

REFERRING VET

Dr. Findlater

INVOICE

10107ag

DATE

03/02/2022

PRESENTING CLINICAL SIGNS

History: Current meds : Tramadol and Gabapentin. Mild non-regenerative anemia, marked elevation in ALP, mild elevation in ALT.

Abnormal PE/Chem/CBC/UA Results: Urinalysis- Protein 3+ Glucose 1+ normal blood glucose, Sp. Grav 1.020

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild accumulated mineral to small calculus measuring 1.0 cm in diameter was observed. 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 was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some mildly increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Focal areas of nonobstructive medullary mineral to small renoliths were observed. Bilateral mild pyelectasia was present. The left kidney measured 5.5 cm in length. The right kidney measured 5.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 cm width at the caudal pole and 0.46 cm width at the cranial pole. The right adrenal gland was indistinctly visualized yet without overt pathology. The right adrenal gland measured 0.78 cm width at the caudal pole.

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

The liver was subjective moderate generalized enlargement with normal structure and contour. A cystic to focally mineralized macronodular to small mass noted in the caudal aspect of the caudate liver lobe measuring 4.4 cm in diameter was observed. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and mild gallbladder debris. No evidence of inflammatory mural changes or peripheral inflammation was noted. The cystic and common bile ducts were normal.

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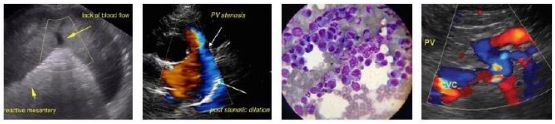

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

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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 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 left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

ULTRASONOGRAPHIC FINDINGS

- Mild accumulated urinary bladder mineral to small calculus.
- Mild chronic renal changes with nonobstructive medullary mineral to small renoliths.
- Hepatopathy with cystic to focally mineralized caudate lobe macronodule/small mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. The pyelectasia noted in both kidneys may be owing to renal scarring secondary to calculi passage.

The liver is suggestive of chronic benign hepatopathy although the caudate lobe micronodule/small mass was nonspecific. If accessible, an ultrasound guided FNA of the caudate nodule/mass could be considered for screening cytology with concurrent hepatic parenchyma cytology however this nodule may be inaccessible due to depth. Empirically hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.

Screening BP given the presence of proteinuria to assess for evidence of hypertension is suggested.

Abdominal CT may be considered for further assessment of the overall liver as well as the caudate nodule/small mass. Sonographic monitoring with initial recheck in 6-8 weeks would be a more conservative approach.

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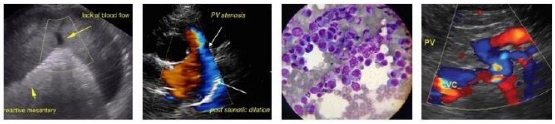

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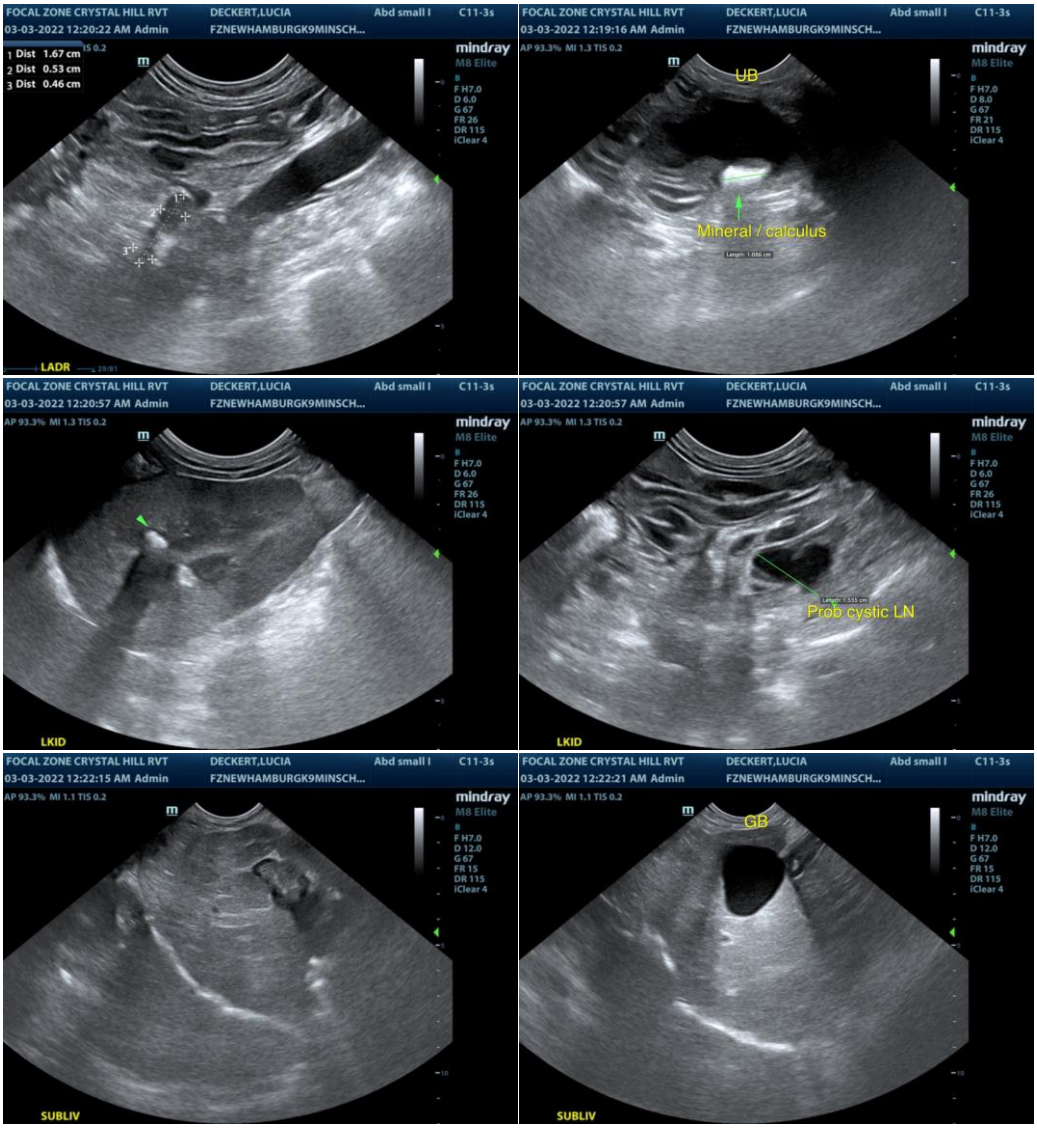

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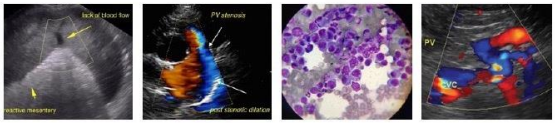

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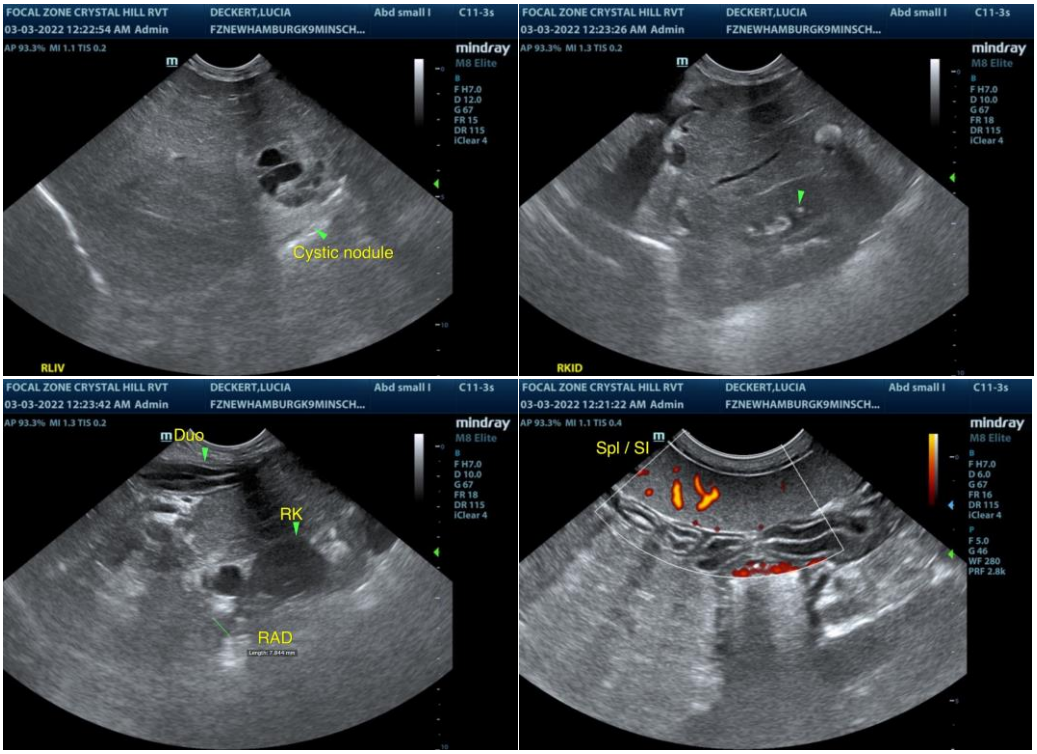

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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