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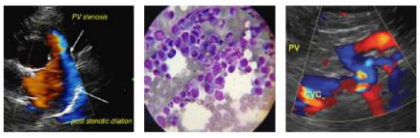

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Heidi Ingram

SPECIES

Canine

BREED

Mixed

SEX

Spayed female

AGE

12 years

WEIGHT

73 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells RVT

HOSPITAL NAME

SVS Imaging Kansas City

REFERRING VET

Dr. John Lyle

INVOICE

10229ag

DATE

03/23/2022

PRESENTING CLINICAL SIGNS

History: Recheck ultrasound from 2/8/22

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

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. No evidence of pelvic dilation was present. The left kidney measured 7.1 cm in length. The right kidney measured 7.9 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.0 cm width in the cranial pole and 0.86 cm width in the caudal pole. The previously noted right adrenal nodule was present with static overall appearance no evidence of parenchymal escape or vascular invasion or mineralization. The adrenal nodule measured 2.1 cm x 1.5 cm. Concurrent indistinct nonhomogeneous caudal pole parenchyma was noted. Overall, the right adrenal gland measured 3.7 cm x 0.67 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present with intermittent discrete hyperechoic nodules. An example of a nodule measured 0.5 cm in diameter. 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.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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 mild gallbladder debris. 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.

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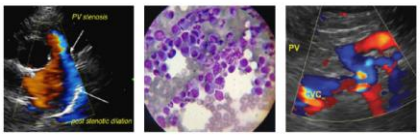

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

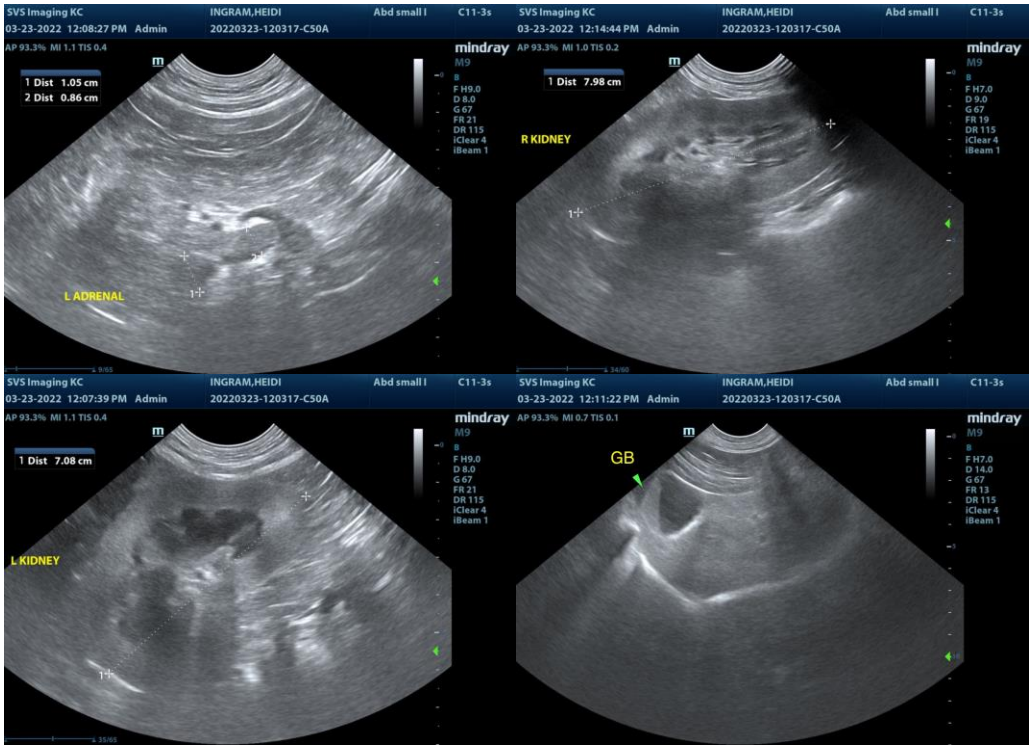
The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

ULTRASONOGRAPHIC FINDINGS

- Previously noted static right adrenal nodule.
- Sonographically unremarkable gastrointestinal tract-consistent with resolved gastroenteritis or inflammatory bowel episode.
- Mild gallbladder debris (non-mucocele).
- Mild hepatic parenchymal remodeling -static.
- Mild chronic renal changes.
- Discrete hyperechoic benign splenic nodules.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the right adrenal nodule appeared to be essentially static compared to the previous ultrasound without evidence of progression. If no concurrent clinical signs suggestive of adrenal disease or hypertension continued sonographic monitoring of the right adrenal nodule would be reasonable. Referral for further imaging with CT and/or right adrenalectomy would be a more aggressive approach.



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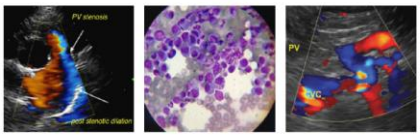

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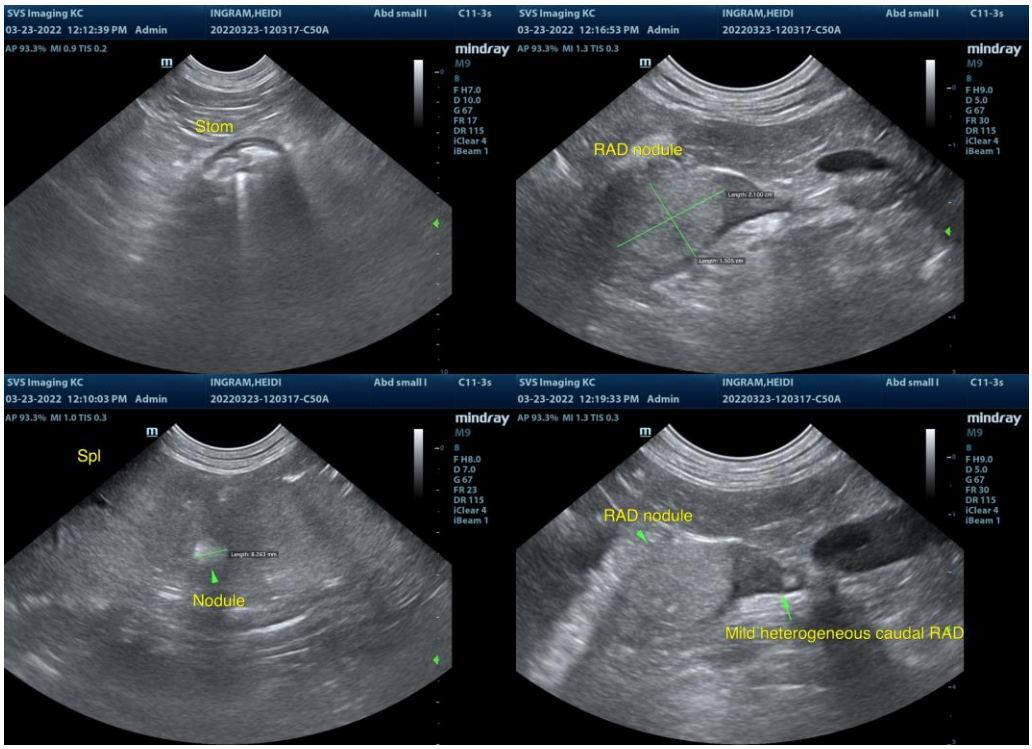

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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