SonoPath
Clinical Sonography & Telecytology
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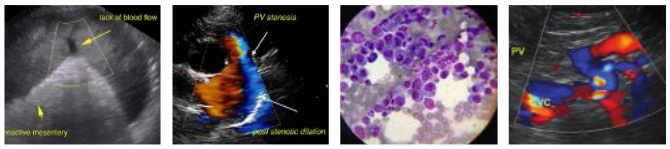

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Lula Miller

SPECIES
Canine

BREED
Foxhound Mix

SEX
FS

AGE
12yr

WEIGHT
26.8kg

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

IMAGING PERFORMED BY
Erin Wicks

HOSPITAL NAME
Shores Veterinary Emergency Center

REFERRING VET
Dr. Miller

INVOICE
13285ag

DATE
03/27/2023

PRESENTING CLINICAL SIGNS

Presented at our hospital for urinating in the house.
Previous Health Concerns: SQ MCT's, incontinence
Current Medications: DES (0.50mg) twice weekly
Appetite/When did they eat last: eating well;

Abnormal PE/Chem/CBC/UA Results

UA- trace cocci(free catch)
Chem- NR
Rad- no obvious stones; fast scan- no obvious bladder tumor noted; bladder small

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 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 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 6.1 cm in length. The right kidney measured 6.6 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 0.73 cm width at the caudal pole and 2.7 cm width at the cranial pole. No overt pathology in the area of the right adrenal gland.

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 normal 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. A compartmentalized cystic lesion was present in the mid liver adjacent to and dorsal to the gallbladder without evidence of obstruction to bile outflow. 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 congealed non-dependent non-organized hyperechoic debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

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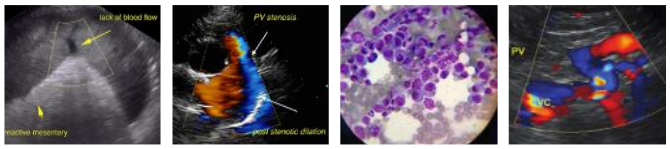

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild progressively shadowing ingesta 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 contained segmental non-shadowing ingesta/chyme 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, likely consistent with age related changes and considered incidental. No signs of active inflammation or neoplasia.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

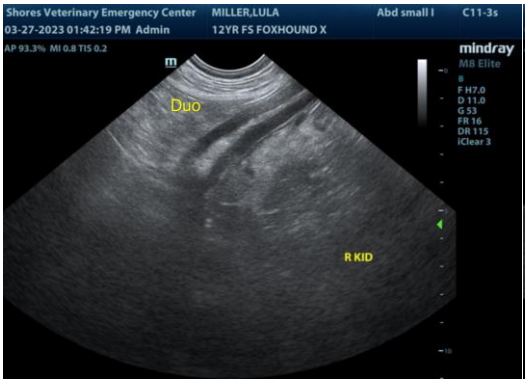
- Sonographically unremarkable urinary bladder and visible proximal urethra.
- Mild age related renal changes.
- Compartmentalized intraparenchymal hepatic cystic lesion-subjectively benign, suspect complex cyst or possible cystic biliary adenoma.
- Mild gallbladder debris (non-mucocele)

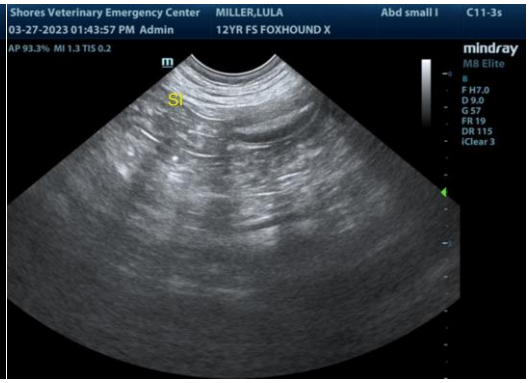
Secondary findings

- Normal spleen.
- Gastrointestinal ingesta-consistent with food.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A largely geriatric abdomen without evidence of significant visceral pathology. A urine C/S on a sterile urine sample to assess for or rule out underlying UTI is recommended. No evidence of intra-abdominal neoplastic criteria. If no underlying evidence of urinary infection and primary clinical concern for incontinence the addition of phenylpropanolamine assuming normal systemic BP in combination with current DES could be considered.





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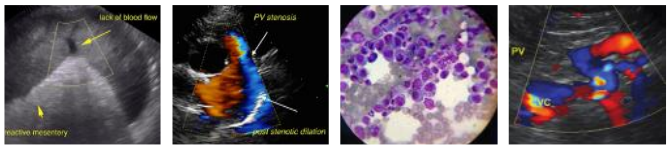

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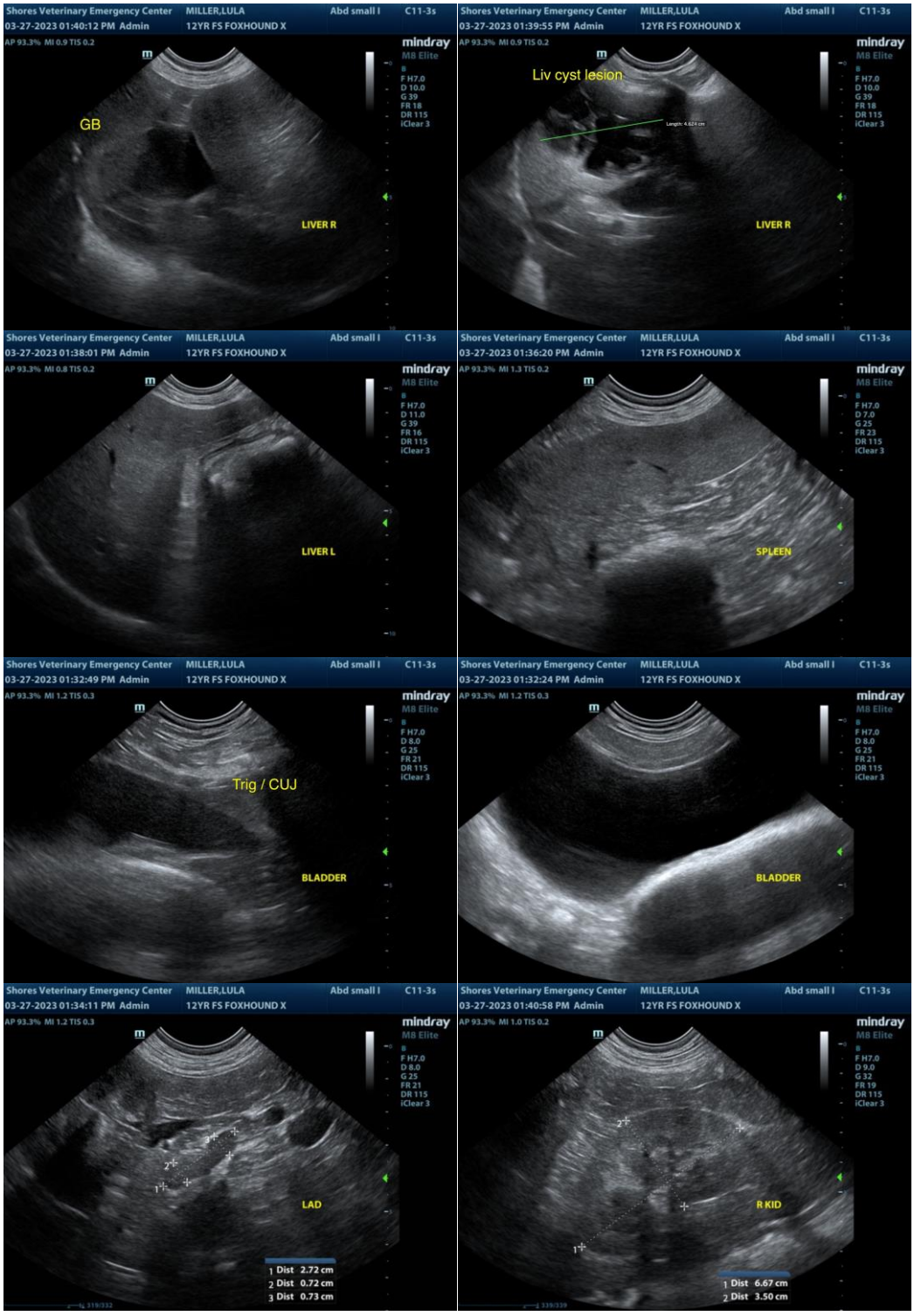

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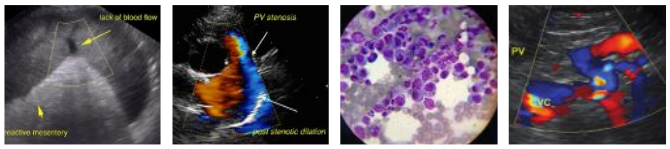

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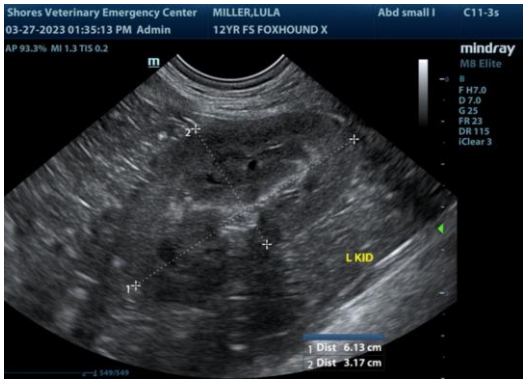

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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