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Clinical Sonography & Telecytology
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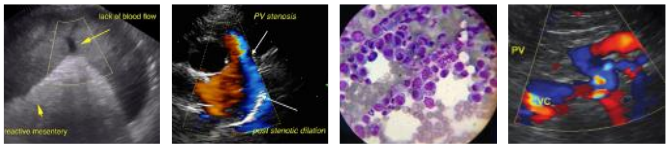

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Ace Santana

SPECIES
Canine

BREED
Yorkie Mix

SEX
CM

AGE
13 YO

WEIGHT
9 Lbs

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

IMAGING PERFORMED BY
Jose

HOSPITAL NAME
Animal Clinic of Queens

REFERRING VET
Dr. Kwasnik

INVOICE
13580

DATE
3/30/22

PRESENTING CLINICAL SIGNS

Eating more than usual, PU/PD, loosing weight, 4 lbs in the past 6 months.
Abnormal PE/Chem/CBC/UA Results: BCS 4/9 Last BW: NSF UA: USG: 1.008 (L) 1.015-1.050
Protein: Negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 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 pyelectasia was present. The left kidney measured 3.3 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

The bilateral adrenal glands presented mild prominent size yet were without evidence of significant hyperplasia or tumors. The left adrenal gland measured 0.71 cm width at the caudal pole and 0.69 cm width at the cranial pole. The right adrenal gland measured 0.71 cm width at the caudal pole and 0.63 cm width at the cranial 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 without evidence of nodular changes. 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/ Gallbladder

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. Intermittent, discrete, hypoechoic, nondisruptive intraparenchymal nodules were present. An example measured 0.6 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. Mild to moderate, Inspissated yet nonorganized, hyperechoic gallbladder debris was present. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.

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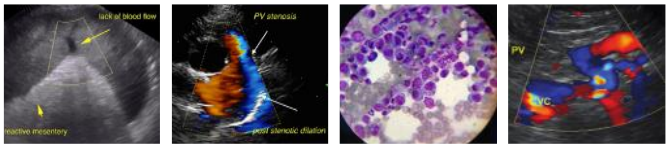

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.26 cm.

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. The duodenum wall width measured 0.30 cm. The jejunum wall width measured 0.30 cm.

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 were evident.

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild hepatic parenchymal remodeling with intermittent discrete hypoechoic intraparenchymal nodules - subjectively benign, age-related parenchymal remodeling with focal areas of hematopoiesis, nodular to regenerative hyperplasia, or small lipogranulomas likely
- Mild to moderate Inspissated gallbladder debris (non-mucocele)
- Mild chronic renal changes
- Overtly normal gastrointestinal tract
- Subjective mild prominent bilateral adrenal glands - nonspecific

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the lack of reported hepatic enzyme elevations in this patient, the mild hepatic parenchymal changes, as well as the presence of gallbladder debris, is of unclear clinical significance.

Adrenal testing could be considered in this patient if strong clinical suspicion for adrenal hyperfunction.

Additional workup for PU/PD, if clinically indicated, may include urine culture and sensitivity on a sterile urine sample +/- Leptospirosis titers / PCR if potential exposure, or if endemic to the area. Hepatosupportive medications including Ursodiol are recommended if developing evidence of cholestasis.

Overall, an obvious cause of the patient's weight loss was not definitively evident. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

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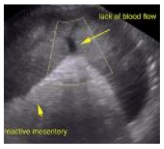

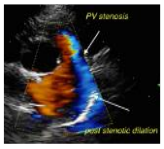

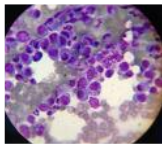
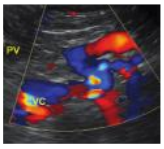

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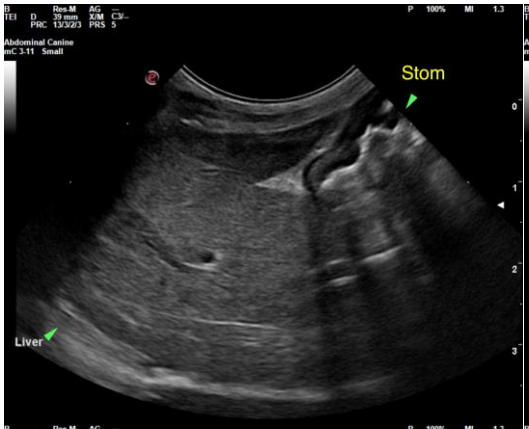

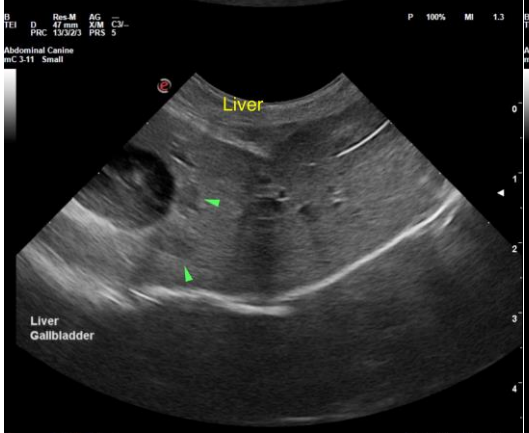

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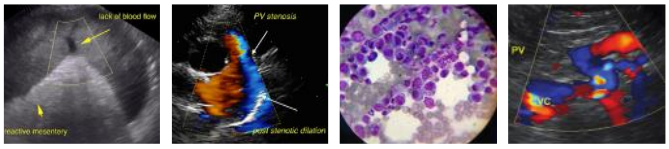

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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