



PATIENT

Charlie Traister

PRESENTING CLINICAL SIGNS

Inconclusive LDDST, PU/PD, increased ALP and cholesterol, dilute urine

SPECIES

Canine

BREED

Jack Russell

SEX

NM

AGE

15 y

WEIGHT

13 lbs.

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 was noted.

No overt pathology was noted in the area of the residual prostate, although indistinctly visualized.

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, or pyelectasia was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.5 cm in length.

INTERPRETED BY

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

Adrenal Glands

The bilateral adrenal glands were mildly prominent in size, based on caudal pole width measurement in light of body weight. Mild parenchyma heterogeneity and mild capsule asymmetry were present without evidence of adrenal neoplastic criteria. The left adrenal gland measured 0.62 cm width in the caudal pole. The right adrenal gland measured 0.56 cm width in the caudal pole.

IMAGING PERFORMED BY

Dr. Katie Freson

Spleen

The spleen was normal in size and maintained a symmetrical capsule contour with subtle parenchyma heterogeneity. Minor medial folding of the cranial spleen was present with a non-disruptive well-demarcated, hyperechoic cranial splenic nodule measuring 1.3 cm in diameter.

HOSPITAL NAME

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Liver/ Gallbladder

REFERRING VET

Dr. Katie Freson

The liver presented subjective mild enlargement. 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. 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. Intermittent, very discrete, hyperechoic hepatic intraparenchymal nodules, consistent with discrete nodular hyperplasia or small lipogranulomas, were present.

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The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized, hyperechoic gallbladder debris primarily in the caudal lumen and area of the gallbladder neck. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.



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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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, consistent with age-related pancreatic changes and incidental. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild age-related kidneys
- Mildly prominent bilateral adrenal glands - no evidence of adrenal neoplasia / tumors
- Benign hepatopathy
- Mild gallbladder debris (non-mucocele)

Secondary Findings

- Minor splenic folding with benign cranial nodule - nodule consistent with benign myelolipoma

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. Assessment of first-morning urine specific gravity to correlate with reported dilute urine is suggested. If persistent dilute urine and/or strong clinical suspicion for Cushing's Syndrome, recheck future LDDST, given inconclusive previous test, may be indicated. No evidence of intraabdominal neoplastic criteria was noted.

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>



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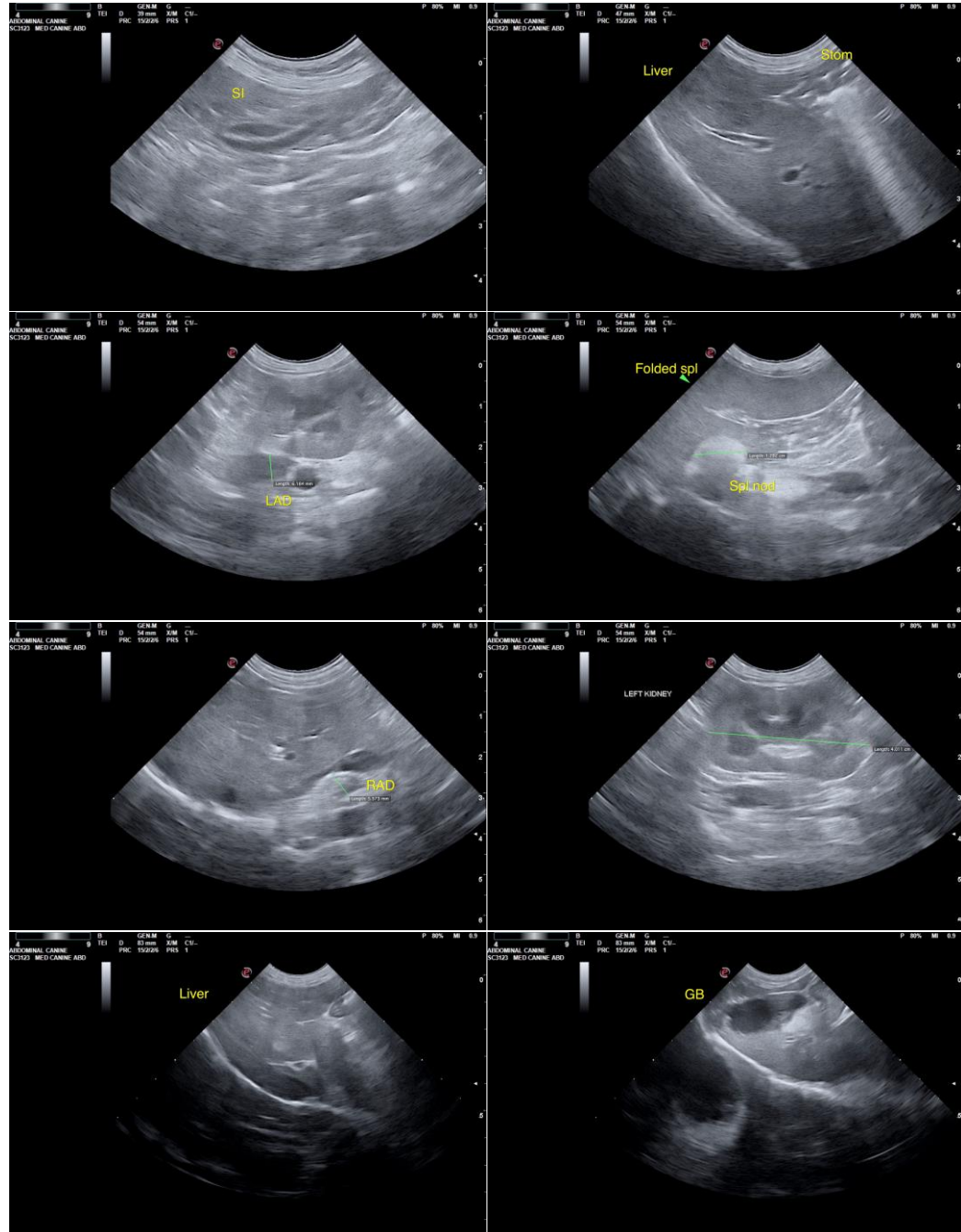
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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