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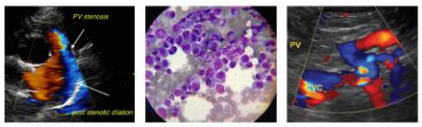

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Pork Chop Willet

SPECIES

Canine

BREED

Dachshund

SEX

Neutered male

AGE

13 years

WEIGHT

14 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Van Noy

INVOICE

10353ag

DATE

04/12/2022

PRESENTING CLINICAL SIGNS

History: Heart murmur Current meds: galliprant 20mg, benazepril 5mg, and furosemide 12.5mg

Abnormal PE/Chem/CBC/UA Results: Murmur grade is 4/6. Has urolith, mineralization in kidneys, and multiple stones in urethra within the os penis. Liver margins upper normal to mildly enlarged. Mild elevation in BUN, Creat and USG okay as of December. BP= 100, 102, 102

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented mildly distended in size with subjective normal tone. The 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 focal dependent small calculus measuring 0.43 cm. Focal nondependent mineral echo was also noted. 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 medullary mineral to small renoliths primarily in the lateral diverticuli were noted. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm in length. The right kidney measured 4.5 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate was free of pathology or prostatic urethral calculi measuring 0.45 cm in diameter.

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 1.7 cm length and 0.58 cm width in the caudal pole.

The right adrenal gland exhibited mild enlargement. Mild areas of capsule asymmetry were noted with nonhomogeneous to focally cystic non mineralized parenchyma. The right adrenal gland measured 2.2 cm length x 1.0 cm width. No overt evidence of vascular invasion associated with the right adrenal gland.

Spleen

The spleen presented normal in size and contour with mild generalized parenchyma heterogeneity. A solitary nonexpansive mildly nonhomogeneous nodule measuring 0.79 cm in width was present in the mid cranial spleen.

Liver

The liver presented enlarged 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. 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 luminal debris. The cystic and common bile ducts were normal.

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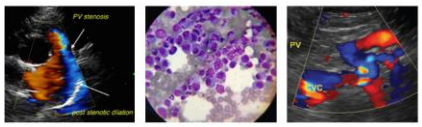

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Gastrointestinal

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 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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Small urinary bladder calculus.
- Mild chronic changes with nonobstructive medullary mineral/renoliths.
- Benign hepatomegaly.
- Mild gallbladder debris (non-mucocele).
- Irregular to focally cystic right adrenal gland.
- Nonspecific nonexpansive discrete splenic nodule.

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 mildly enlarged cystic right adrenal gland is nonspecific with considerations including cystic adenomatous change or benign hyperplasia while potential for neoplasia such as pheochromocytoma, adenocarcinoma or other cannot be excluded. Monitoring of BP to assess for evidence of hypertension which may allude to a right pheochromocytoma is suggested. Given lack of reported clinical signs, adrenal hyperfunction is considered less likely. However, if clinical signs consistent with adrenal hyperfunction are present an adrenal workup could be considered. Sonographic monitoring of the right adrenal gland for evidence of progression with initial recheck in 4-6 weeks is suggested.

The discreet splenic nodule may indicate nodular hyperplasia, extramedullary hematopoiesis, hematoma, granuloma, previous infarction or emerging neoplasia (less likely but possible). Sonographic reassessment at time of right adrenal recheck +/- FNA for cytology suggested for further clarification.

Hepatosupportive medications including Denamarin and ursodiol may be considered if hepatic enzyme elevation or evidence of cholestasis are noted.

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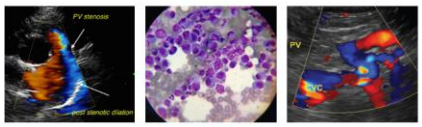

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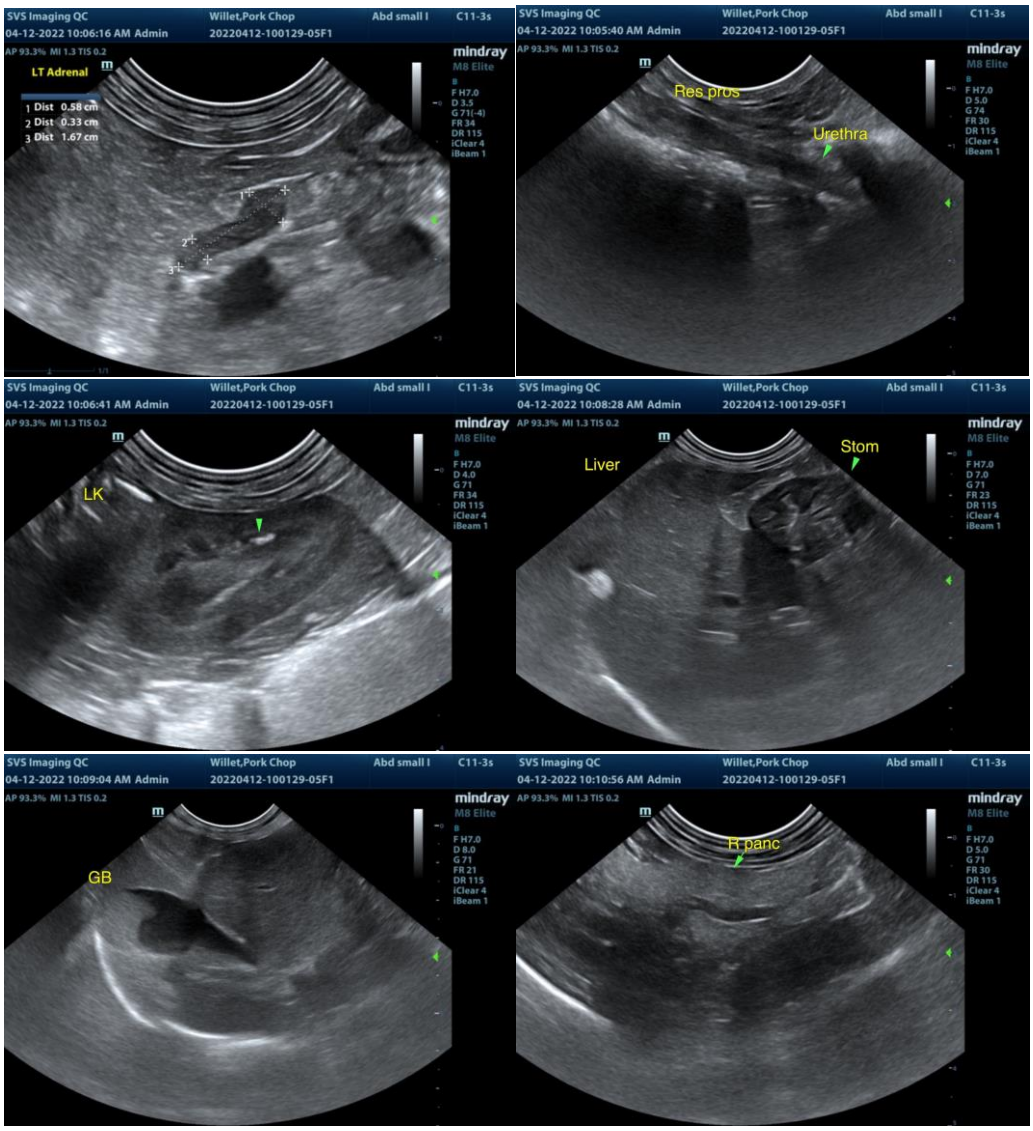

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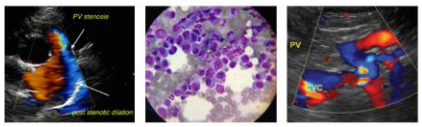

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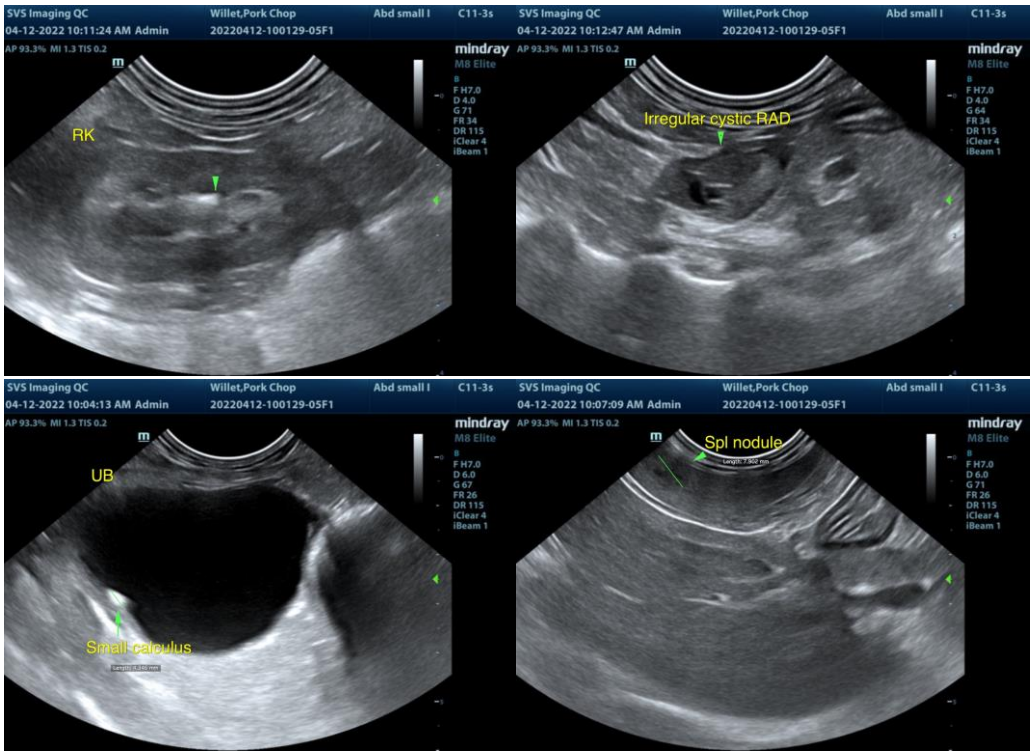

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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