



PATIENT PRESENTING CLINICAL SIGNS

Mocha Haskell Pt presented 3/30 for PU/PD with increased urination at night and accidents in house. PE unremarkable.

SPECIES Abnormal PE/Chem/CBC/UA Results: USG: 1.018, 2+ proteinuria, urine otherwise unremarkable
Canine SDMA 16, (crea 1.1), ALP 477, chol 498, lipase 351

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Shih Tzu **Urinary System**

SEX 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.
FS

AGE 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient.
10yr Bilateral pinpoint medullary mineral and very minor pyelectasia was present. The left kidney measured 4.3 cm in length. The right kidney measured 4.1 cm in length.

WEIGHT The area of the aortic trifurcation was free of pathology.
7.9kg

INTERPRETED BY Adrenal Glands

R. McKenzie Daniel, DVM, DABVP (Canine and Feline) The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.67 cm width at the caudal pole and 2.1 cm length.

IMAGING PERFORMED BY A well-defined, mildly hyperechoic nodule was present in the adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 1.0 cm x 1.0 cm. The right adrenal gland measured 0.61 cm width at the caudal pole and 3.0 cm length.

Sara Hansen

Spleen

HOSPITAL NAME 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.
Silver Creek Animal Clinic

REFERRING VET

Dr. Ferguson

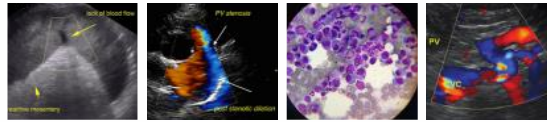
Liver/Gallbladder

INVOICE 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 distended in size with primarily anechoic luminal content and moderate dependent hyperechoic to shadowing debris/mineral. The common bile duct was indistinctly visualized without overt pathology.
13416ag

DATE

04/04/2023

Gastrointestinal



PATIENT

Mocha Haskell

SPECIES

Canine

BREED

Shih Tzu

SEX

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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

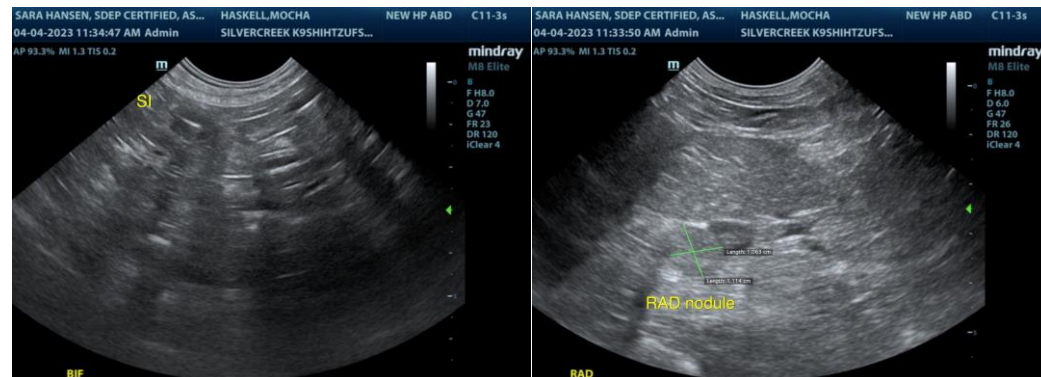
No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Normal urinary bladder.
- Mild to moderate non-specific chronic renal changes.
- Right adrenal nodule-adenoma, benign hyperplasia, emerging tumor possible.
- Benign hepatopathy-sonographically suggestive of vacuolar hepatopathy pattern.
- Mildly distended gallbladder with moderate hyperechoic debris/mineral-no evidence of post hepatic obstruction.

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. A full adrenal work up with LDDST and assessment of systemic BP for evidence of hypertension is warranted given clinical signs and right adrenal nodule. Hepatosupportive medications such as Denamarin and Ursodiol may prove beneficial. Sonographic monitoring of the right adrenal nodule for evidence of progression with initial recheck in 6 weeks would be ideal.





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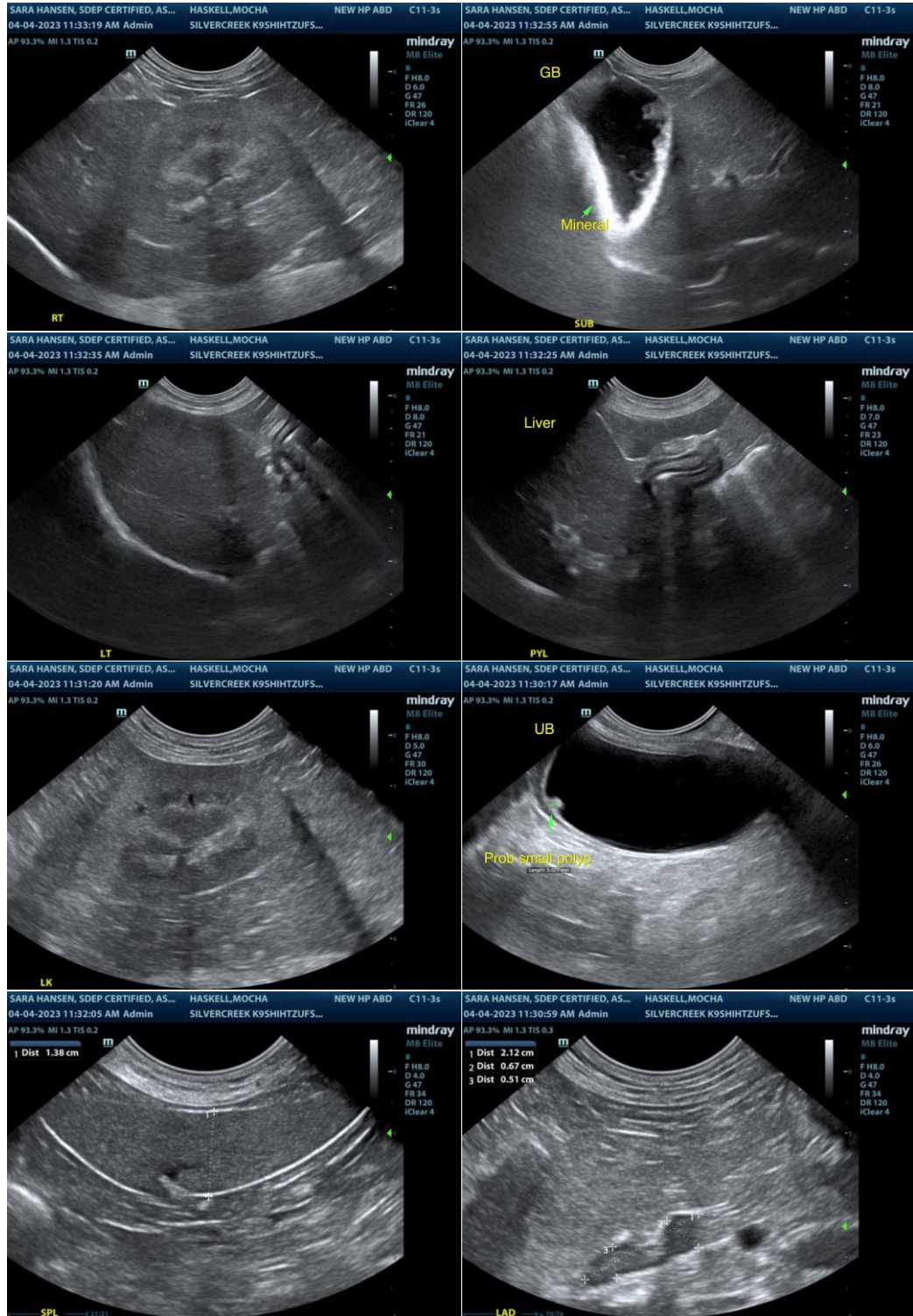
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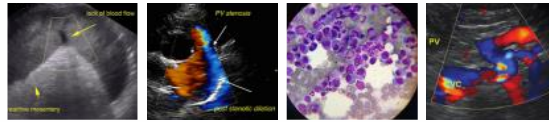
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



PATIENT visible in the image/video clips provided.

Mocha Haskell 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.

SPECIES R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

Canine **info@SonoPath.com**

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