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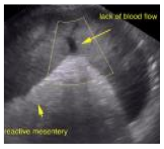
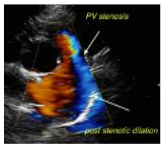
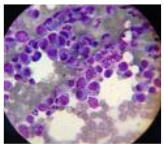
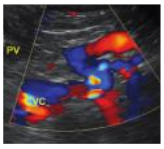





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Nikko Pesquera

SPECIES

Canine

BREED

Rottweiler

SEX

MN

AGE

11 years

WEIGHT

108 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Megan Cassels-Conway, DVM

HOSPITAL NAME

Central Broward Animal Hospital

REFERRING VET

Janeen Lezcano, DVM

INVOICE

15121

DATE

5/11/22

PRESENTING CLINICAL SIGNS

Patient presented for wellness exam. On PE rear limb muscle atrophy was noted as well as pain with flexion of CF joints. Wellness blood work showed abnormalities which prompted need/rec for AUS. Abnormal PE/Chem/CBC/UA Results: CBC: Hct: 48, Chem: ALT: 264H, ALP: 424H, Creat: 2.1, choles: 332H, T4: 0.9, UA, free-catch: SG: 1.017, 3+ prot, hematuria and bacteruria. Chest rads and hip rads pending as well as UCS. Blood pressure was 160mmHg w doppler machine.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 was noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.8 cm in diameter.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the right kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The right kidney measured 8.6 cm in length. A small cortical cyst was present in the right kidney.

The left kidney revealed moderate to marked loss of corticomedullary border demarcation with asymmetrical margination. Nonuniform cortex noted. Mild pyelectasia was noted in the left kidney. The left kidney measured 7.3 cm. A moderately size, thinly walled cyst was present in the cranial left kidney pole, measuring 3.7 cm in diameter. A smaller cortical cyst was also present in the left kidney.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.9 cm x 0.74 cm width at the caudal pole.

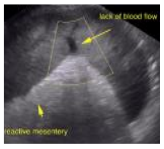
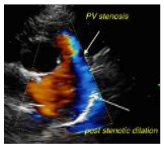
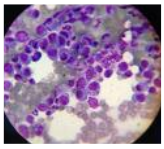
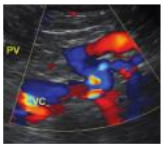
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.8 cm in length x 0.70 cm.

Spleen

The spleen was overall normal in size and contour with primarily maintained finely textured homogeneous parenchyma. A solitary, mildly expansive, uniform isoechoic to mildly hypoechoic medial nodules was present. The nodule resulted in mild symmetrical distortion of the medial capsule. The nodule measured 2.6 cm in diameter.

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

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benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with primarily anechoic content and minor gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild retained ingesta/chyme was present.

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy- subjectively benign yet nonspecific, vacuolar hepatopathy, inflammatory/immune mediated disease or other hepatopathy is possible with neoplasia considered an unlikely differential diagnosis.
- Minor gallbladder debris (non-mucocele)
- Nonspecific, mildly expansive medial splenic nodule- multiple etiologies possible, including hyperplasia, hematopoiesis, small hematoma, granuloma or emerging neoplasia.
- Bilateral chronic renal changes with cortical cysts, chronic and cystic changes more prominent in the left kidney with mild left kidney pyelectasia.
- Sonographically unremarkable urinary bladder

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 pyelectasia in the left kidney is suspected to be secondary to chronic renal changes or pelvic scarring with potential for previous passage of small amounts of mineral. Minor chronic left kidney pyelectasia is considered a less likely differential diagnosis but possible. Ultrasound guided FNA of the liver as well as the splenic nodule, if accessible, assuming normal clotting status and using a 25-gauge needle is warranted for screening cytology.

Hepatosupportive medications, including Denamarin and ursodiol, owing to the presence of very minor gallbladder debris, as well as antioxidants and immunomodulatory effects within the liver, may prove beneficial. Likewise, pending further renal staging, CRD therapy could be considered.

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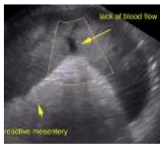
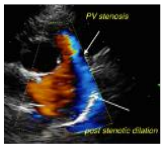
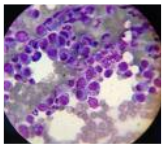
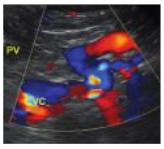

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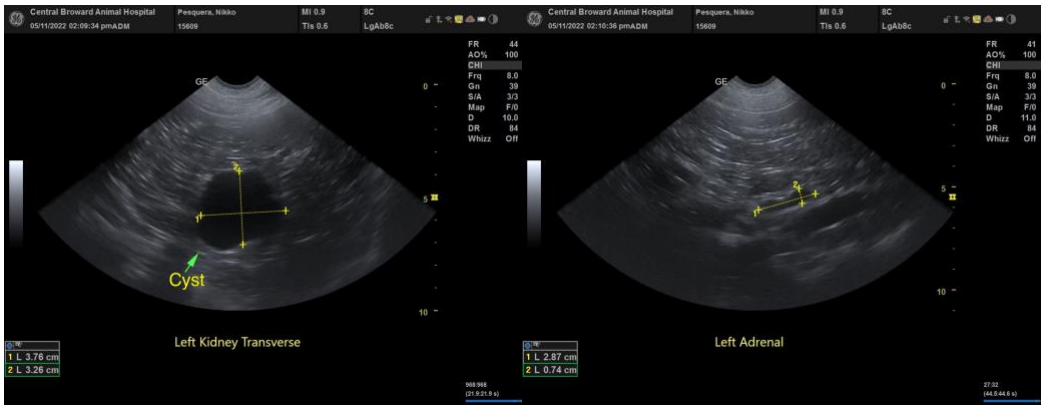

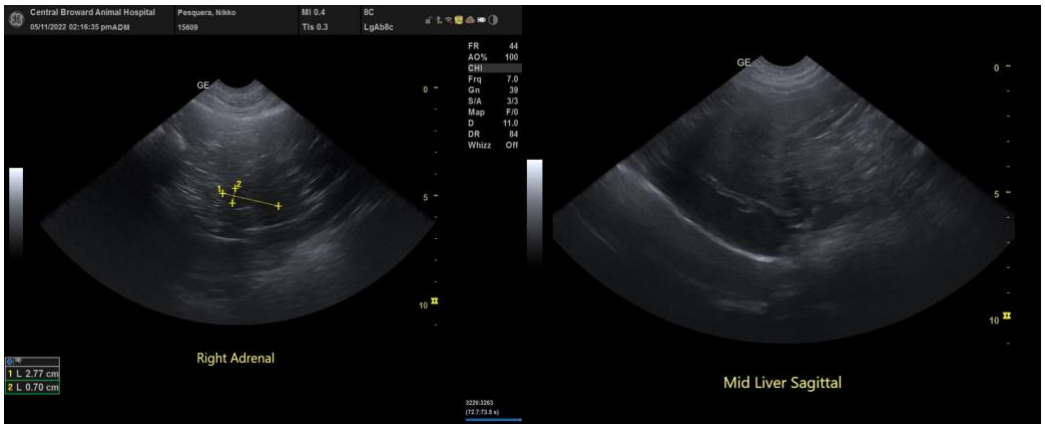

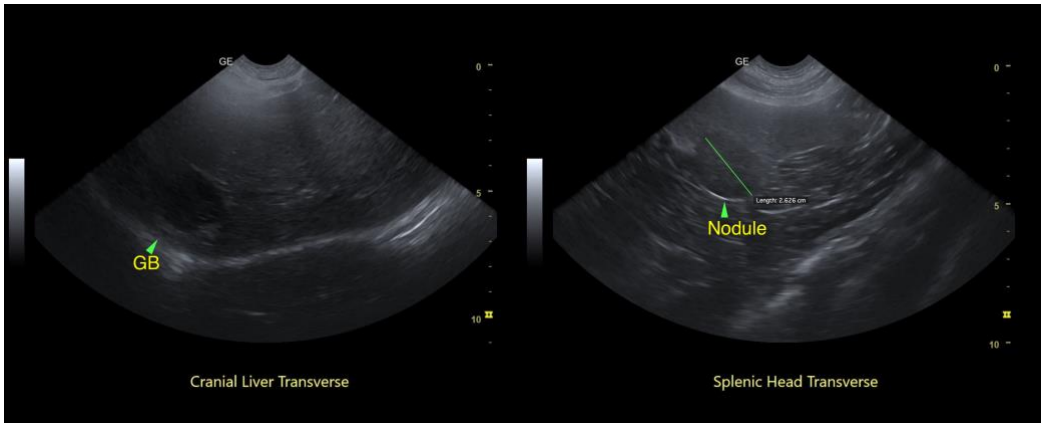

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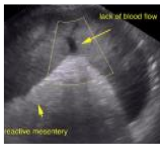
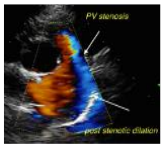
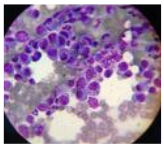
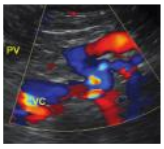

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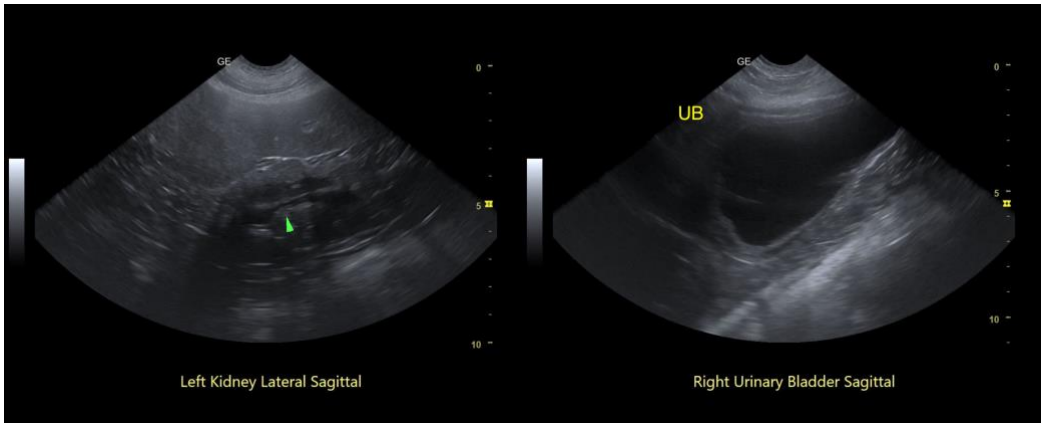

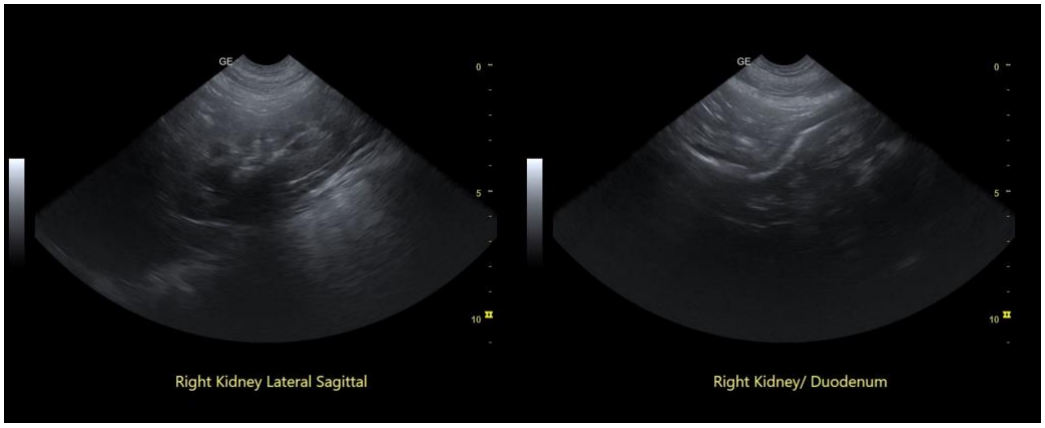

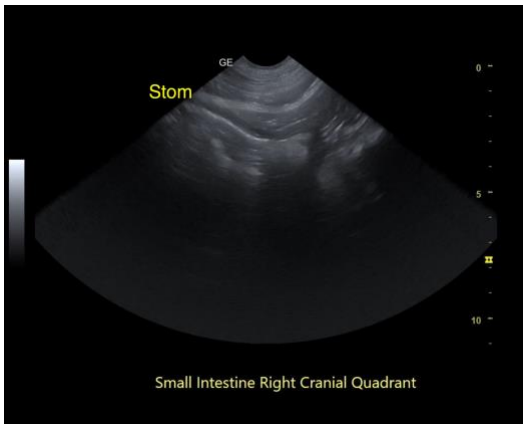

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com