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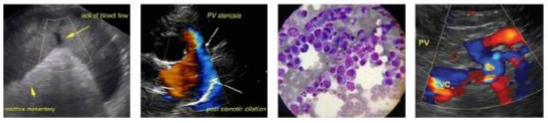


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Sylvia Johnson

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed Female

AGE

14 Years

WEIGHT

23 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT LVT

HOSPITAL NAME

Fairgrounds AH

REFERRING VET

Dr. Johnson

INVOICE

15060

DATE

5/5/22

PRESENTING CLINICAL SIGNS

History: monitoring abdominal masses based on the previous ultrasound results. Labs have improved HCT and Crea now WNL Cre 1.8 high end- sedated ace/torb-

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 were noted. Pinpoint areas of dependent mineral were present. The urethra exhibited potential for mild deceased tone to a depth of 4.0 cm. No evidence of urethral mineral noted.

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. Areas of medullary mineral to small renoliths were present in both kidneys along with mild bilateral pyelectasia. The left kidney measured 4.6 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

The left adrenal gland exhibited similar appearing uniform nodule present in the mid to cranial left adrenal gland. Maintained symmetrical capsule contour and capsule integrity without evidence of parenchymal escape, overt vascular invasion or parenchymal mineralization. The left adrenal gland exhibited static size, measuring 3.1 cm x 1.97 cm at the cranial pole and 1.1 cm at the caudal pole in width.

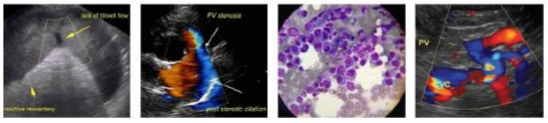
The right adrenal gland exhibited previously noted yet progressive homogeneous to hyperechoic nodule in the mid to cranial right adrenal gland, measuring approximately 2.8 cm x 2.7 cm. Associated capsule distortion yet maintained capsule integrity associated with the right adrenal nodule was present without obvious evidence of vascular invasion or parenchymal escape. No evidence of parenchymal mineralization. The caudal right adrenal pole measured 0.82 cm width.

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. No obvious evidence of persistent to progressive previously noted splenic intraparenchymal nodules.

Liver

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



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The gallbladder was non distended in size with echogenic, nonmineralized, nondependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. No signs of peripheral inflammation.

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

Previously noted, subjectively static unspecified nonhomogeneous mass lesion in the area of the iliac trifurcation was present, measuring approximately 5.2 cm x 2.2 cm.

No overt omental lymphadenopathy noted.

ULTRASONOGRAPHIC FINDINGS

- Minor urinary bladder mineral
- Chronic renal changes with medullary mineral/renolithiasis and mild pyelectasia
- Subjective static unspecified nonhomogeneous mass lesion versus atypical medial iliac lymphadenopathy in the area of the iliac trifurcation
- Left adrenal gland, subjectively static, previously noted nodule
- Right adrenal gland, mildly progressive, previously noted nodule to mass
- Hepatic parenchymal remodeling
- Moderate, nondependent, subtly organized gallbladder debris- possible early gallbladder mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient is suspected to be passing small amount of mineral from the kidneys into the urinary bladder. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

The previously mentioned etiologies for the splenic nodules are still applicable, although some concern for progressive neoplastic process associated with the right adrenal gland is warranted. Continued sonographic monitoring, as well as assessment of BP for evidence of hypertension, which may allude to a pheochromocytoma recommended.

Ursodiol therapy suggested if evidence of cholestasis.

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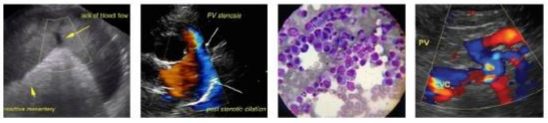

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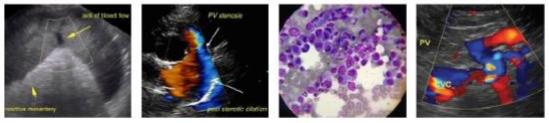

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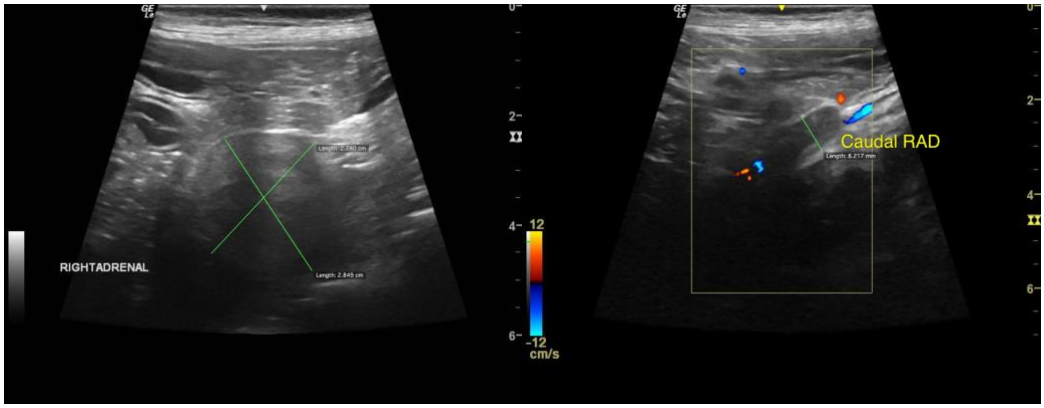

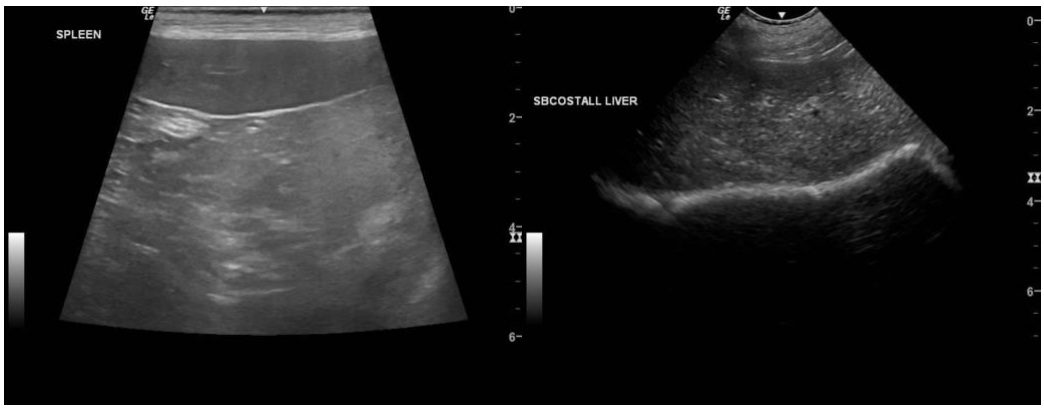

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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