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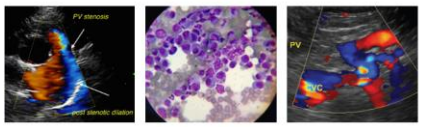
svsimaging.net 309-737-3070



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

PATIENT

Roxy Brandon

SPECIES

Canine

BREED

Border Collie/Lab Mix

SEX

FS

AGE

7 years

WEIGHT

87 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Bock-Vanaria

INVOICE

10835ag

DATE

06/17/2022

PRESENTING CLINICAL SIGNS

History: Presented for annual wellness exam. Noted to occasionally skip meals and decreased drinking. History of allergies; symptoms controlled with Diphenhydramine SID-BID.

Abnormal PE/Chem/CBC/UA Results: Two small probable lipomas and meibomian cysts, mild tartar, and obesity (8/9 BCS) on exam. 6/2/22--CBC: LYMPH=0.988 (N 1.06-4.95); Chemistry: SDMA=15 (N 0-14), Albumin=2.5 (N 2.7-3.9). 6/7/22--UA/UPC: UPC=1.6 (N <0.5), UspG=1.026, occasional fine granular casts, pH=5.5

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 were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and mild loss of corticomedullary border demarcation. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.9 cm in length. The right kidney measured 7.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width at the caudal pole and 2.5 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.60 cm width at the caudal pole and 3.0 cm length.

Spleen

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.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with minor hyperechoic nonshadowing luminal debris. The cystic and common bile ducts were normal.

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.

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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

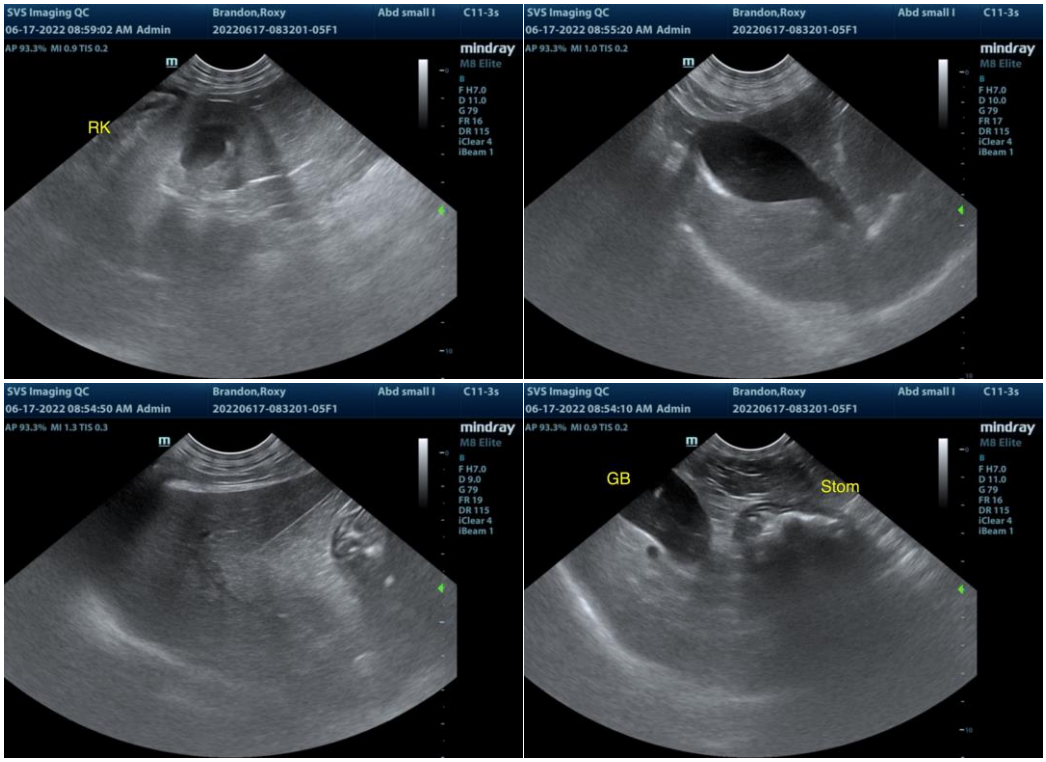
No overt lymphadenopathy or peritoneal effusion was present. Subjective increased intra-abdominal fat was present.

ULTRASONOGRAPHIC FINDINGS

- Mild nonspecific chronic renal changes
- Minor hyperechoic gallbladder debris-incidental
-

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of significant renal pathology yet given the increased UPC with concurrent decreased ALB and quiet UB sediment, underlying glomerulopathy i.e. glomerulonephritis or other is suspected. With the UPC <2.0 without evidence of concurrent azotemia, serial monitoring of UPC and assessment of systemic BP could be considered. Therapy for nonspecific protein losing nephropathy may be indicated if persistent/progressive increases in the UPC with as needed renal support and serial monitoring of renal values. T4 levels recommended if not recently done.



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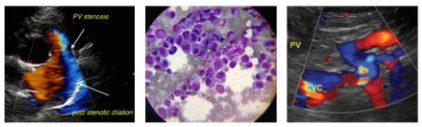

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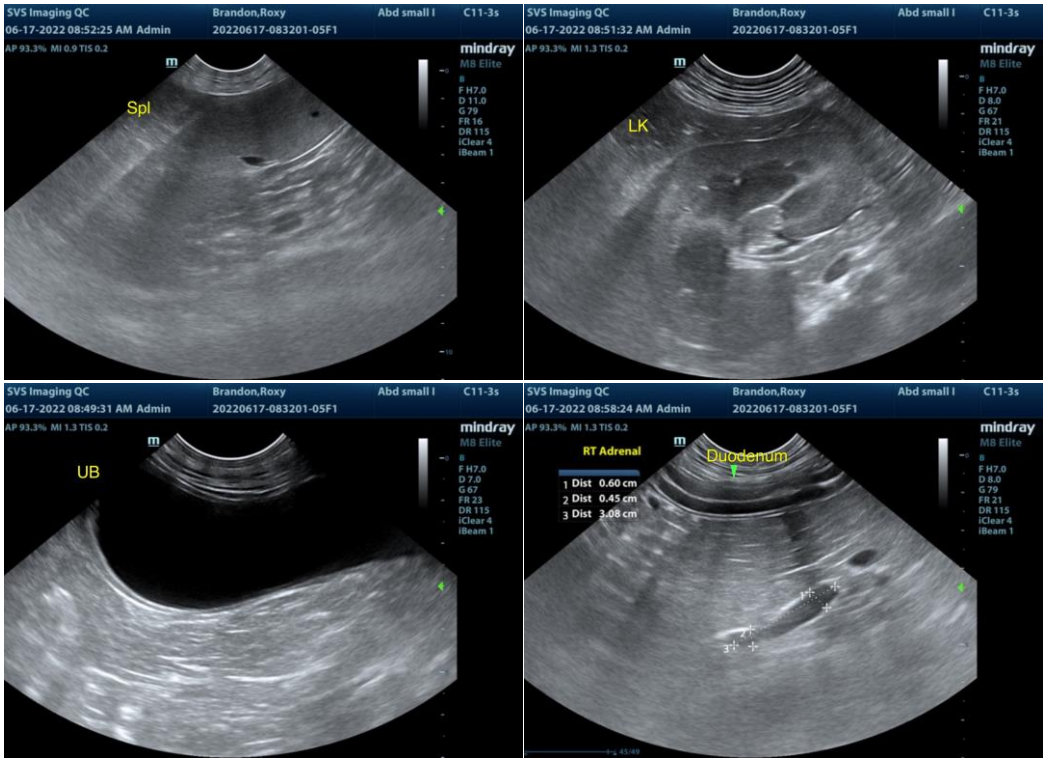

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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