



PATIENT

Barkus Agrippa

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered Male

AGE

6

WEIGHT

20

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Sharkaway

INVOICE

23006

DATE

6/22/23

PRESENTING CLINICAL SIGNS

History: history of coughing resolved.

Abnormal PE/Chem/CBC/UA Results: Blood work—very high alk phos, mildly elevated GGT, elevated globulin Radiograph—bladder stones, kidney stones VS calcification UA—specific gravity—1.030, epithelial cells 3+, amorphous phosphate crystals.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. Generalized mildly prominent urinary bladder wall was noted, exhibiting homogenous mural echogenicity. Focal, primarily ventroapical to apical polyps were present. Anechoic urine was present. Multiple, primarily small cystic calculi were noted with dependent lumen mineral and nondependent particulate sediment. A focal nonobstructive calculus was present in the prostatic urethra. The residual prostate was sonographically normal. The urethra was normal in structure and tone to a depth of 3.0 cm.

The area of the aortic trifurcation was free of pathology.

Both kidneys were normal in size and margination. A 1:3 cortex to medulla ratio was noted. Mildly indistinct corticomedullary border demarcation was noted. Multiple nonobstructive bilateral medullar renoliths were present. The left kidney measured 4.2 cm. The right kidney measured 4.6 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.63 cm width at the caudal pole and 0.5 cm width at the cranial pole.

The right adrenal gland was indistinctly visualized exhibiting potential for mildly prominent caudal pole width in light of body weight, subjectively measuring 0.62 cm.

No evidence of left or right adrenal neoplastic criteria.

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 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. Vascular volume was normal.

The gallbladder was non-distended in size with anechoic content and mild to echogenic gallbladder sediment. No evidence of inflammatory criteria. The cystic and common bile ducts were normal.

Gastrointestinal



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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.

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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

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Nonspecific yet subjectively benign hepatopathy- sonographically suggestive of vacuolar hepatopathy pattern.
- Minor gallbladder sediment (non-mucocele)
- Bilateral renolithiasis
- Chronic cystitis/polypoid cystitis with multiple small cystic calculi, dependent lumen mineral and particulate sediment.
- A solitary nonobstructive prostatic urethral calculus
- Possible borderline to mildly prominent right adrenal gland

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity on sterile urine sample is recommended. No overt evidence of a hepatoportal vascular anomaly. Hepatosupportive medications, including Denamarin and Ursodiol may prove beneficial. Adrenal component to the hepatopathy is considered less likely given the lack of reported clinical signs, i.e., PU/PD, polyphagia, etc. Adrenal work up could be considered if clinical suspicion for Cushings syndrome or if clinical signs arise.

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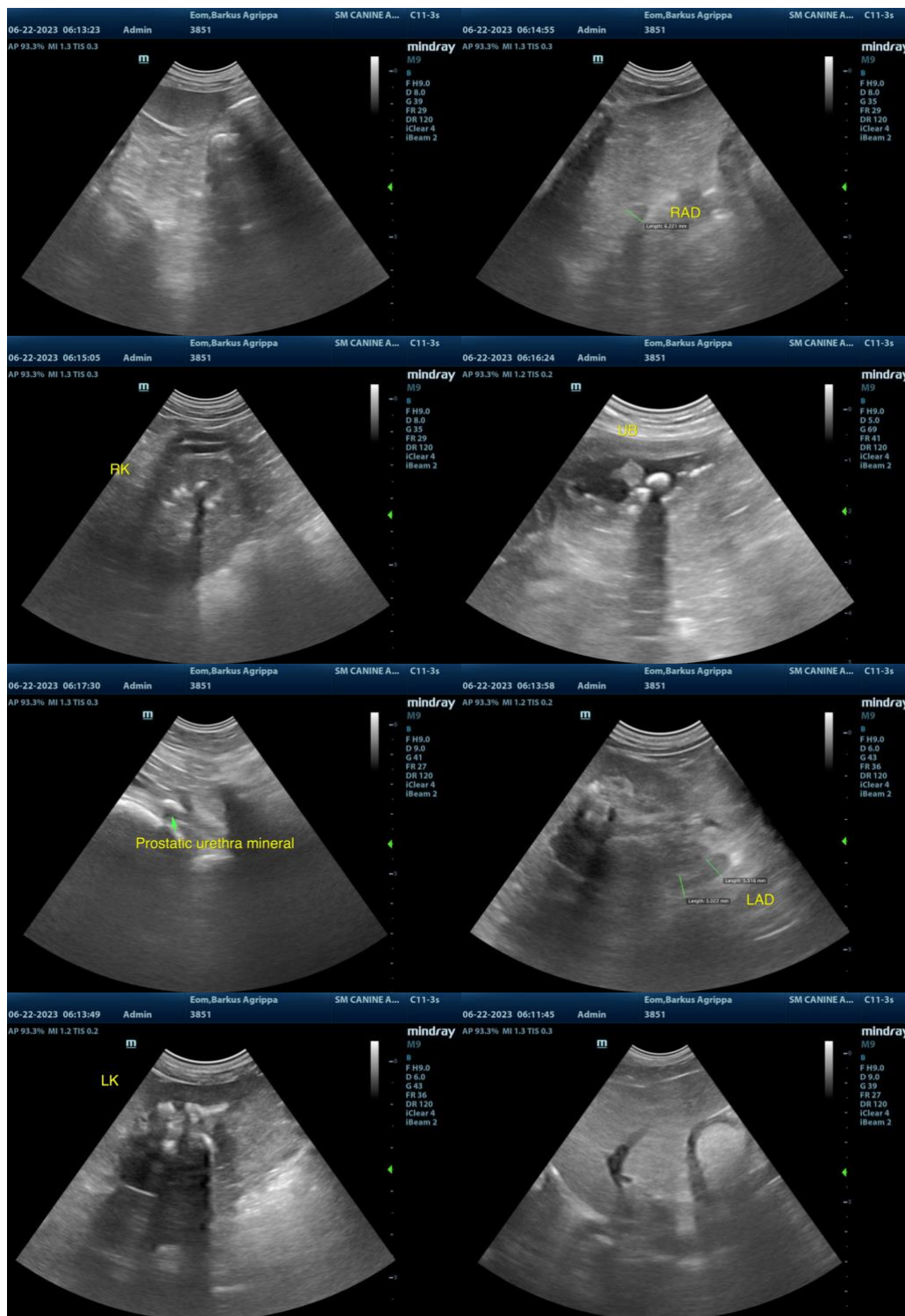
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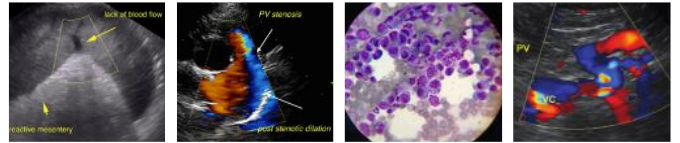
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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info@SonoPath.com

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