



PATIENT PRESENTING CLINICAL SIGNS

Crash Morales Frequent urination
 ALT 1478, Urine specific gravity 1.018, negative glucose, minor protein, suspect rod bacteriuria

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED 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 mural criteria, tumors, or neoplastic changes was noted. Minor urinary bladder lumen mineral was present within the cystourethral junction extending mildly into the prostatic urethral. No evidence of urethral obstruction was noted.

Yorkshire Terrier Mix

SEX MN

The residual prostate was normal in size measuring 0.7 cm in diameter. Normal residual prostate parenchyma was present.

AGE 2008 The area of the aortic trifurcation was free of pathology.

WEIGHT 9.7 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. No evidence of pelvic dilation or pyelectasia was present. Mild medullary mineral was present. Cortical cysts were noted. The left kidney measured 4.4 cm in length. The right kidney measured 4.3 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width at the caudal pole and 0.5 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width at the caudal pole and 0.84 cm width at the cranial pole.

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

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.

HOSPITAL NAME

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REFERRING VET

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Liver/ Gallbladder

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The liver exhibited mild to possible moderate enlargement with generalized nonhomogeneous hepatic parenchyma exhibiting moderate coarse echotexture and mild parenchymal remodeling. Intermittent nondisruptive hyperechoic intraparenchymal nodules, as well as small intraparenchymal cysts were present. An example of a nodule measured 1.0 cm in diameter. A mildly expansive, nonhomogeneous, nodular, caudal caudate lobe mass measuring ~3.5-4.0 cm in diameter was noted. The gallbladder was non-distended in size containing primarily anechoic content with mild



PATIENT gallbladder sediment. No evidence of inflammatory criteria was noted. The cystic and common bile ducts were normal.

Crash Morales

Gastrointestinal

SPECIES 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.

Canine

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.

BREED

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Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

SEX

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

MN

Free Abdomen

AGE

Cranial abdominal primarily peripancreatic / perihepatic uniform hyperechoic omentum was present. No overt free fluid or omental lymphadenopathy was noted.

2008

WEIGHT

ULTRASONOGRAPHIC FINDINGS

9.7

- Normal urinary bladder / prostate with minor urinary bladder and prostatic urethral lumen mineral
- Moderate chronic renal changes with mild medullary mineral and cortical cysts
- Enlarged, nonhomogeneous / nodular liver with caudate lobe nonhomogeneous mass lesion - nonspecific, inflammatory hepatopathy, i.e., cholangiohepatitis or similar, neoplasia, or other hepatopathy are all potentials
- Mild gallbladder sediment (non-mucocele)
- Heterogeneous remodeled pancreas - age-variant, benign remodeling, possible chronic pancreatitis
- Perihepatic / peripancreatic hyperechoic omentum

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient is likely passing small amounts of mineral from the kidneys into the urinary bladder. No overt evidence of lower urinary tract pathology as an obvious cause of frequent urination pattern. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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Assuming normal clotting status, screening hepatic parenchyma and, if accessible, caudate lobe mass lesion FNA cytology is recommended for further clarification. Hepatic biopsies may be required for a definitive diagnosis. Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation, which may allude to chronic pancreatitis, may be considered if clinical signs consistent with chronic pancreatitis arise.



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SPECIES

Canine

BREED

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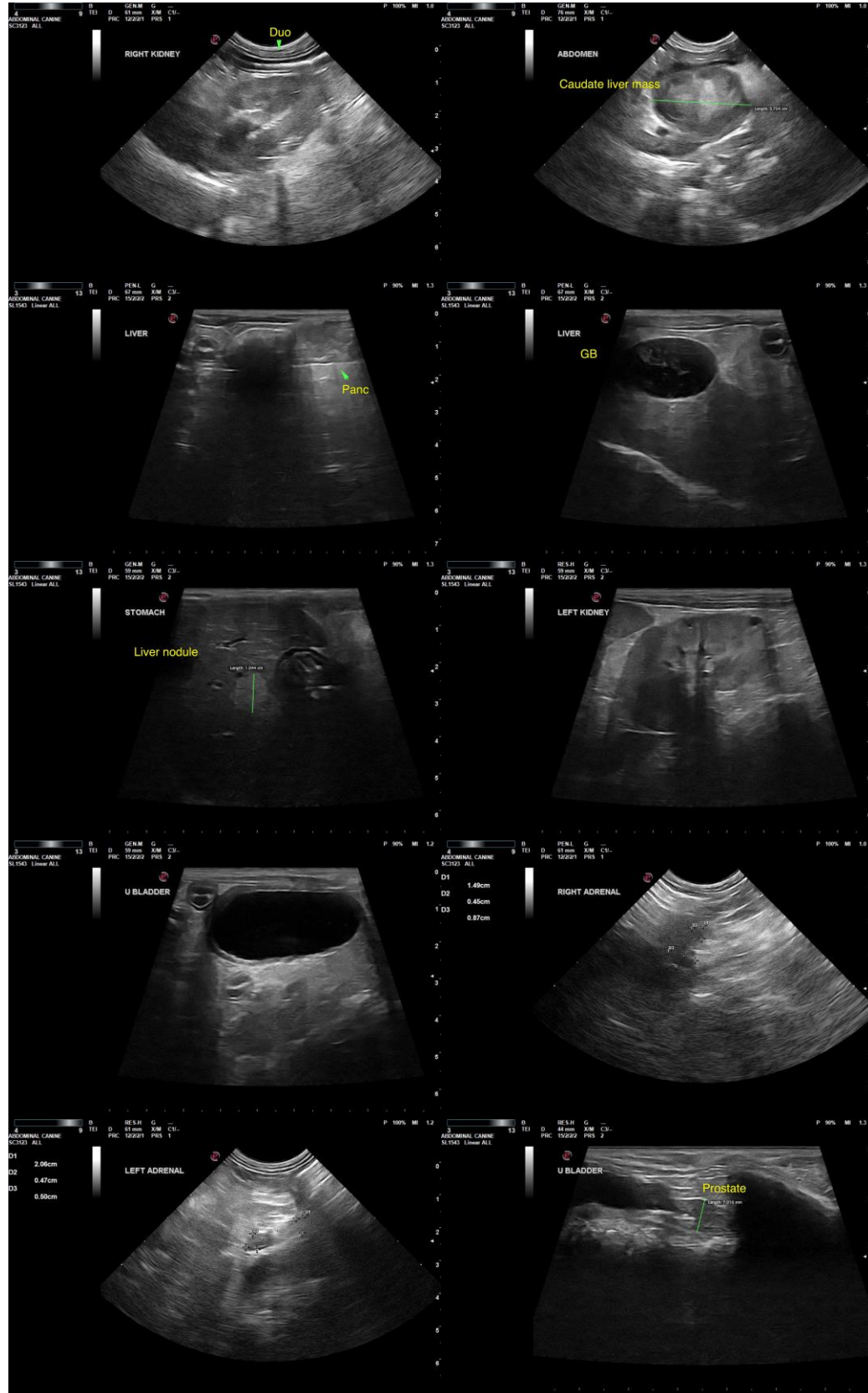
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PATIENT

Crash Morales

SPECIES

Canine

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.

BREED

Yorkshire Terrier Mix

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.

SEX

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