



PATIENT PRESENTING CLINICAL SIGNS

Sasha Maltz Polydipsia. Creat 1.6; Alb 4.5; UPC 0.2

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

BREED

Lhasa Apso

SEX

FS

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 mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present. Areas of nonobstructive medullary mineral to small renoliths were present in the lateral diverticuli and around the pelvis. The left kidney measured 4.3 cm in length. The right kidney measured 3.9 cm in length.

AGE

11 years

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.51 cm width at the caudal pole and 0.42 cm width at the cranial pole. The right adrenal gland measured 0.49 cm width at the caudal pole and 0.48 cm width at the cranial pole. No evidence of adrenal hyperplasia or tumors.

WEIGHT

16.4 lbs.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

Liver/ Gallbladder

HOSPITAL NAME

Norfolk County
 Veterinary Service

The liver was normal in size and contour. The liver exhibited mild generalized parenchymal remodeling. Multiple nondisruptive well demarcated uniform echogenic intraparenchymal nodules were present. An example of nodule measured 0.76 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion.

REFERRING VET

Christina Poor,
 BVetMed

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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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.

DATE

6/9/22



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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.

SPECIES

Canine

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. This change is likely consistent with age-related pancreatic changes and considered incidental.

BREED

Lhasa Apso

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

AGE

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- Intermittent, subjectively benign hepatic nodule- consistent with probable lipogranulomas
- Bilateral chronic renal changes with nonobstructive medullary to pelvic mineral/mild renolithiasis
- Sonographically normal bladder

WEIGHT

16.4 lbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographic monitoring of the hepatic nodules for evidence of progression would be reasonable. No overt evidence of hepatic neoplastic criteria. Potential for early to mild renal insufficiency or chronic renal disease could be considered. Correlation with urinalysis +/- urine culture and sensitivity to rule out underlying infection.

INTERPRETED BY

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

No overt evidence of underlying adrenal disease, which is thought less likely.

IMAGING

PERFORMED BY

Pamela Harrigan, RDCS

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

HOSPITAL NAME

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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

REFERRING VET

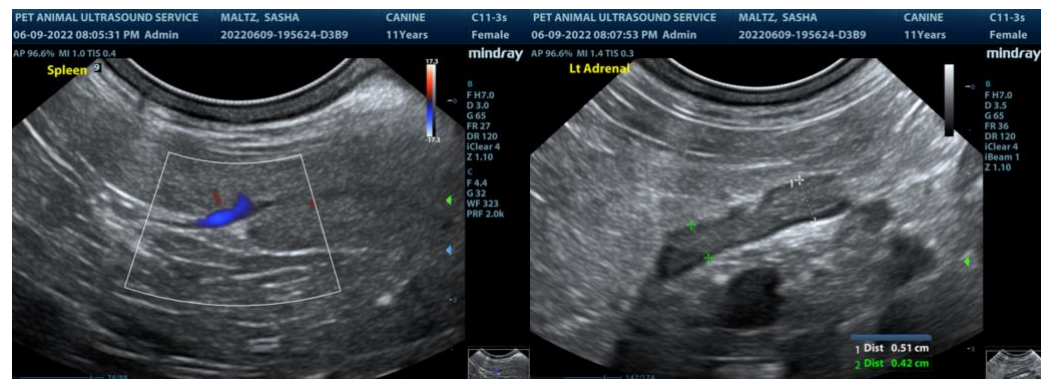
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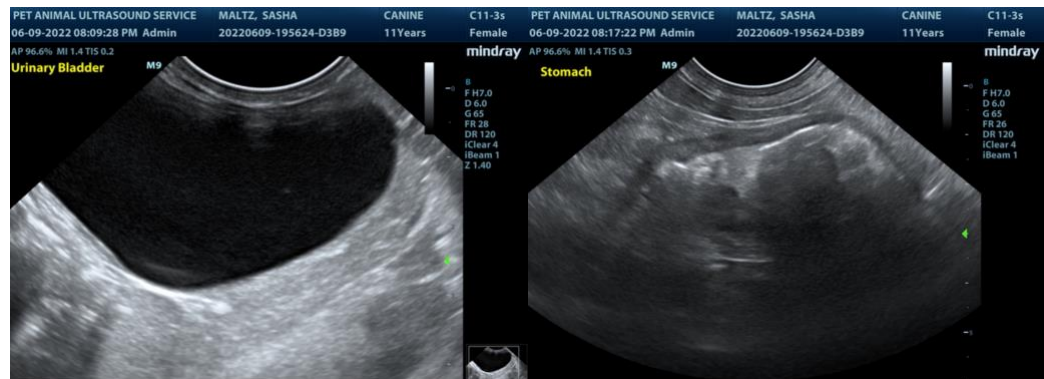
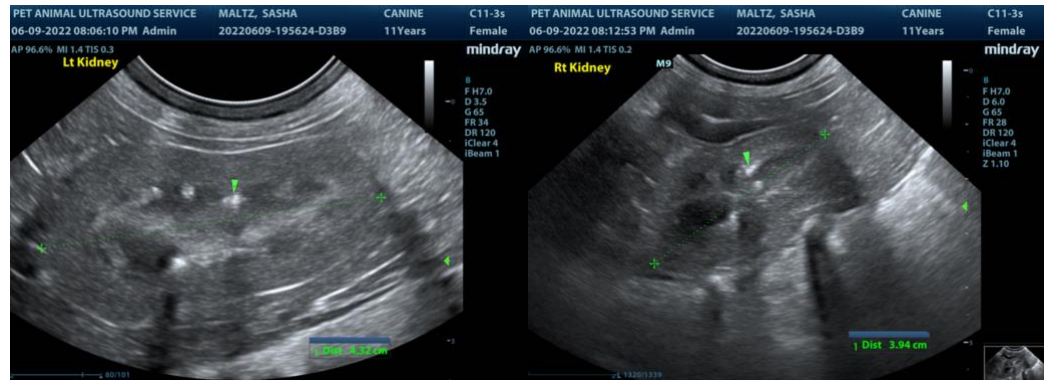
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The information and recommendations provided are based on the images presented by the



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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.

SPECIES

Canine

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info@SonoPath.com

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