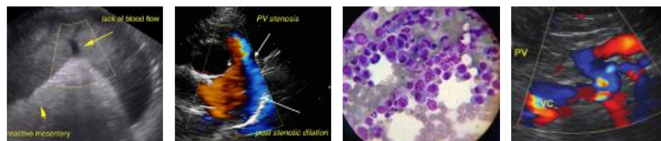


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Loki Kruger

SPECIES

Canine

BREED

Yorkshire Terr

SEX

Male Neuter

AGE

6

WEIGHT

2.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Beddington Trail AH

REFERRING VET

Dr. Morok

INVOICE

14307

DATE

7/19/22

PRESENTING CLINICAL SIGNS

Non clinical pre dental assessment
Abnormal PE/Chem/CBC/UA Results: Mild elevation of CPK and marginally low protein . UA 3 + protein. Calcium oxilate crystals seen. Attending concerned about poss protein loosing nephropathy

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone containing anechoic urine. Pinpoint hyperechoic luminal foci, which may indicate pinpoint areas of hyperechoic sediment to pinpoint areas of mineral, were present. The urethra was normal In structure and tone to a depth of 2.0 cm.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.4 cm in diameter.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. 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. Pinpoint areas of medullary mineral were present. The left kidney measured 3.3 cm in length. The right kidney measured 3.3 cm in length.

Adrenal Glands

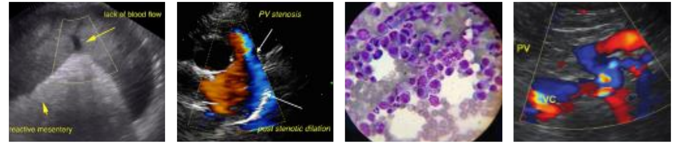
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width at the caudal pole and 0.40 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm width at the caudal pole and 0.35 cm width at the cranial pole.

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/ Gallbladder

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 walls were sonographically normal without evidence of inflammatory criteria. Moderate inspissated mildly hyperechoic gallbladder debris occupying the majority of the gallbladder lumen was present. No evidence of peripheral gallbladder inflammation was noted. 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 contained mild to moderate, echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. Pockets of mild luminal gas were present. The ventral gastric body wall width measured 0.28 cm.

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. The jejunum wall width measured 0.26 cm. The duodenum wall width measured 0.39 cm.

Normal visible colon wall layers were present with subjective semi-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 were evident.

Free Abdomen

Intermittent midabdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic to regional midabdominal mild reactive hyperechoic mesentery was present. An example of lymph node size was 1.4 cm x 0.57 cm. Minor volume anechoic free fluid was present in the caudal abdomen at the level of the urinary bladder.

ULTRASONOGRAPHIC FINDINGS

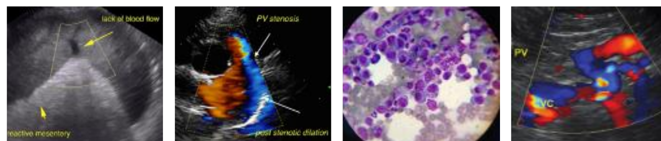
- Pinpoint urinary bladder mineral / hyperechoic sediment
- Overtly normal bilateral kidneys with pinpoint medullary mineral
- Moderate inspissated gallbladder debris
- Overtly normal gastrointestinal tract with gastric ingesta
- Regional midabdominal mild hyperechoic to reactive mesentery and intermittent subjectively benign / reactive mild mesenteric lymphadenopathy
- Minor volume caudal abdominal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient may be passing small amounts of mineral from the kidneys into the urinary bladder. UPC level on a sterile urine sample is recommended, given the reported proteinuria or if consistent proteinuria is noted.

The gallbladder presentation was not consistent with mature mucocele, yet the possibility of early to emerging mucocele is possible. Correlation with hepatic enzyme elevations, if not recently done, is suggested. Ursodiol therapy and monitoring for evidence of increasing cholestasis are advised.

SonoPath
Clinical Sonography & Telecytology



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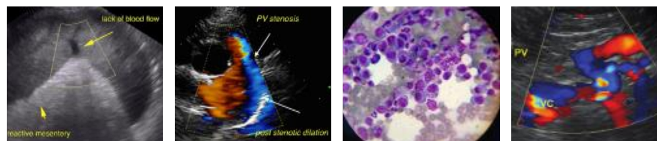
The midabdominal mild hyperechoic to reactive mesentery and associated lymphadenopathy and are nonspecific, given the lack of reported gastrointestinal signs. This may be an incidental finding yet monitoring for potential emerging gastrointestinal signs with potential recheck sonogram for a reassessment of the gastrointestinal tract, if gastrointestinal signs are noted, would be reasonable.



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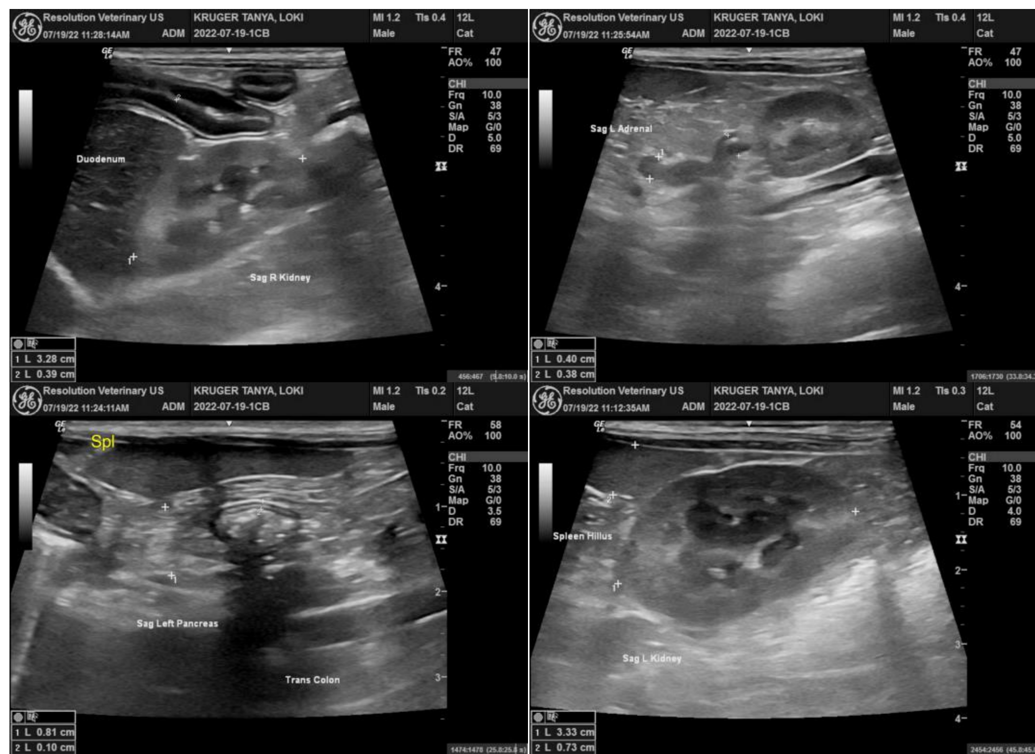

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com