



PATIENT

Pookie Mena

PRESENTING CLINICAL SIGNS

The patient was presented with lethargy for 1 week. Normal appetite and no digestive complaints. The patient has Incontinence.

SPECIES

Canine

***The submitted report contained 9 videos and 30 still images for review.

BREED

Yorkshire Terrier

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.

SEX

MN

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. Bilateral corticomedullary hyperechoic foci were present. The renal medullary volume was subjectively reduced. Mild right kidney pyelectasia was present. Caudal right kidney cortical cyst was noted. The left kidney measured 4.8 cm in length. The right kidney measured 5.4 cm in length.

AGE

12yr

WEIGHT

8.9

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology measuring 0.88 cm in diameter. Mild dilation of the prostatic urethra was present.

INTERPRETED BY

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

Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size with mild capsule asymmetry and mild non-homogenous non-mineralized parenchyma. The left adrenal gland measured 0.91 cm width at the caudal pole and 0.76 cm width at the cranial pole. The right adrenal gland measured 0.75 cm width at the caudal pole and 0.84 cm width at the cranial pole.

IMAGING PERFORMED BY

Dr. Kim

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.

HOSPITAL NAME

Ridgefield Park
Animal Hospital

REFERRING VET

Dr. Kim

Liver/Gallbladder

The liver was enlarged with symmetric rounded contour and generalized mild non-homogenous increased parenchymal echogenicity. Intermittent non-destructive non-homogenous hyperechoic intraparenchymal nodules were present, an example measured 1.69 cm in diameter. Normal vascular volume. 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

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PATIENT	moderate non-dependent inspissated non-organized sediment. The cystic and common bile ducts were normal.
Pookie Mena	
SPECIES	Gastrointestinal
Canine	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.
BREED	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental non-specific hyperechoic mucosal speckling was present. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.
Yorkshire Terrier	Normal visible colon wall layers were present with apparent formed feces in lumen.
SEX	Pancreas
MN	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
AGE	Free Abdomen
12yr	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
8.9	<ul style="list-style-type: none"> • Normal urinary bladder/prostate with mild prostatic urethral dilation. • Moderate chronic renal changes with pinpoint corticomedullary hyperechoic foci, cortical cysts and minor right kidney pyelectasia. • Bilateral mild adrenomegaly. • Enlarged mildly non-homogenous hyperechoic nodular liver-subjectively benign, hyperechoic nodules suggestive of lipogranulomas or nodular hyperplasia. • Gallbladder debris-possible emerging gallbladder mucocele. • Pancreatic remodeling- patient/ age related variant, remodeling owing to previous inflammatory episode or mild to chronic pancreatitis possible. • Possible mild non-specific enteritis.
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.
IMAGING PERFORMED BY	The bilateral adrenomegaly is of unclear clinical significance given the lack of reported clinical signs suggestive of Cushing's syndrome or adrenal disease. An adrenal workup may be considered if clinical signs arise. A full CBC/chemistry panel and UA is recommended if not already done.
Dr. Kim	Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology could be considered for further assessment if evidence of hepatopathy.
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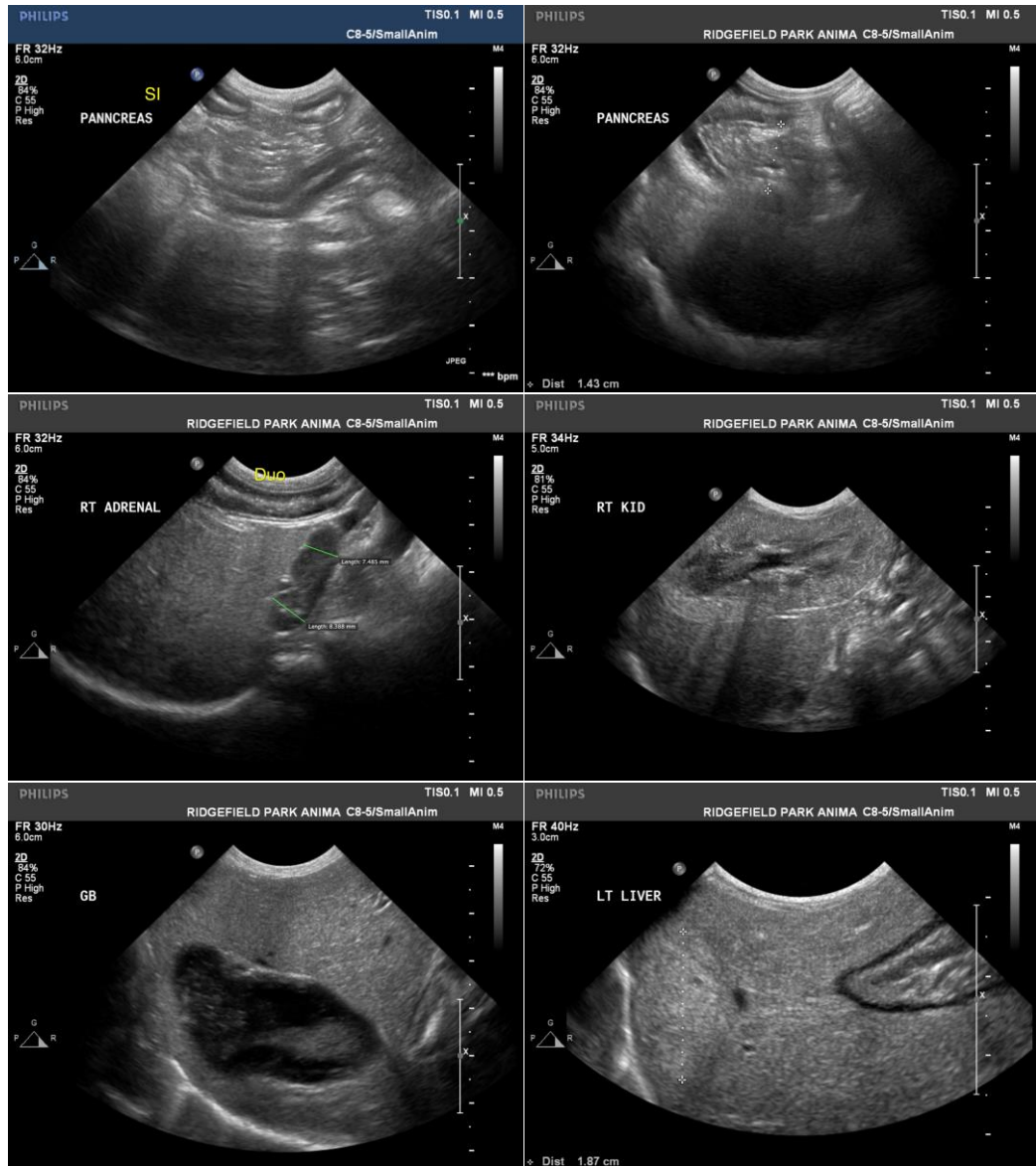
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SPECIES

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SEX

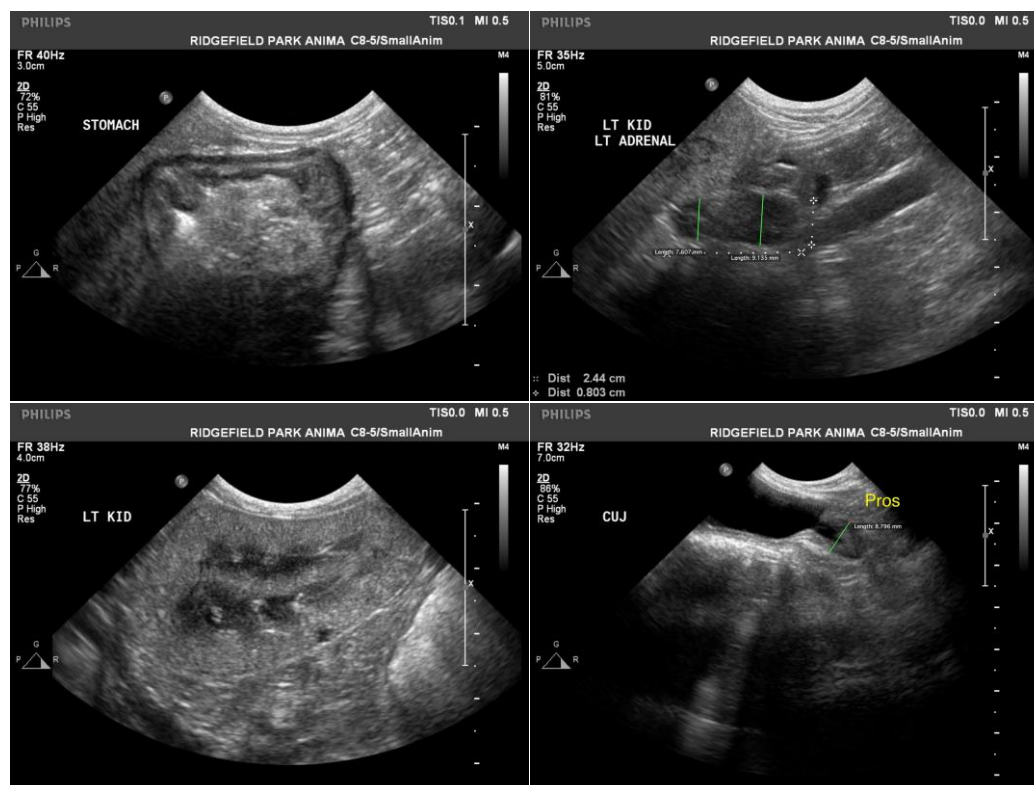
MN

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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