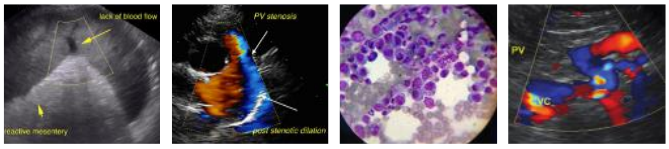
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Roxy Byers

SPECIES
Canine

BREED
Chihuahua Mix

SEX
FS

AGE
12 years

WEIGHT
8 kg

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

IMAGING PERFORMED BY
Dave Stasiuk RDMS, RDCS

HOSPITAL NAME
Resolution Vet Ultrasound LTD

REFERRING VET
Southepointe Pet Hospital

INVOICE
16520

DATE
7/6/22

PRESENTING CLINICAL SIGNS

Increased BUN ++. Proteinuria. Increased ALT /AST. Diarrhea.

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 was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint areas of medullary mineral were noted in both kidneys. The left kidney measured 3.5 cm in length. The right kidney measured 3.9 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 0.5 cm width at the caudal pole and 0.4 cm width at the cranial pole.

The right adrenal gland was indistinctly visualized yet without overt pathology. The right adrenal gland subjectively measured 0.38 cm.

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 mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended. The gallbladder walls were overtly normal without evidence of inflammatory changes. Primarily anechoic content was noted in the gallbladder with areas of congealed mildly hyperechoic luminal debris, primarily along the inner luminal wall was present. No evidence of peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

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. The gastric body wall measured 0.24 cm.

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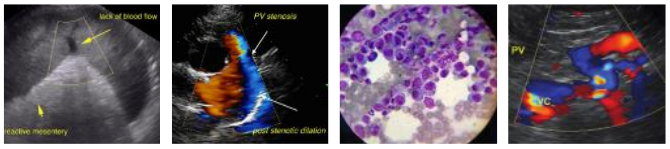

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. Both the duodenum and jejunum walls measured 0.33 cm. wall width.

Normal visible colon wall layers were present with apparent 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

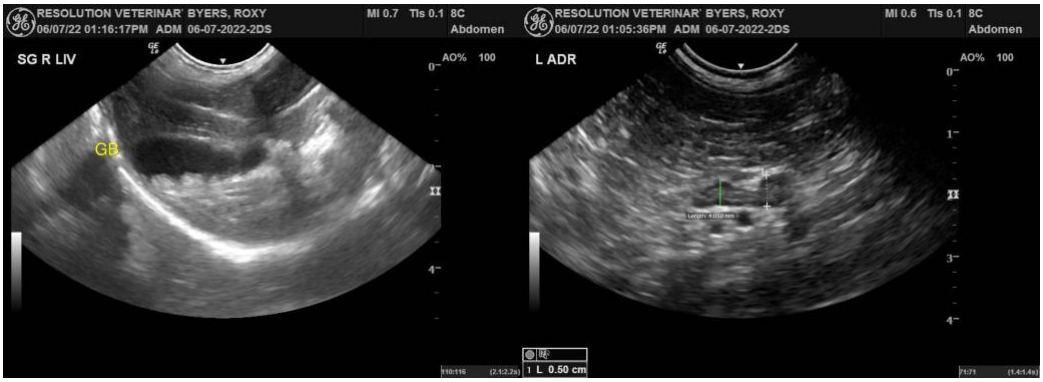
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific mild chronic renal changes with pinpoint medullary mineral
- Hepatopathy- subjectively mild/benign, likely inflammatory hepatopathy given the ALT/AST combination.
- Mild areas of congealed gallbladder debris (non-mucocele)
- Overtly normal gastrointestinal tract/colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Depending on the degree of hepatic enzyme elevation, hepatosupportive medications, including Denamarin and ursodiol with continued monitoring of hepatic response +/- assuming normal clotting status, hepatic FNA, using a 25-gauge needle for screening cytology, primarily to assess for evidence of inflammatory cells could be considered. UPC is recommended if significant proteinuria. Bland or hydrolyzed diet trial, high colony count probiotic (such as Proviable), prophylactic deworming and/or antibiotic therapy, given the diarrhea, may prove beneficial.



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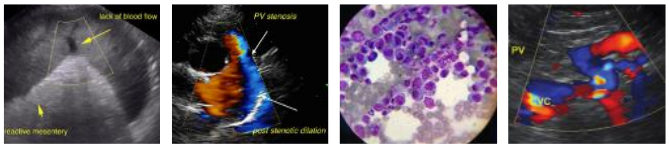

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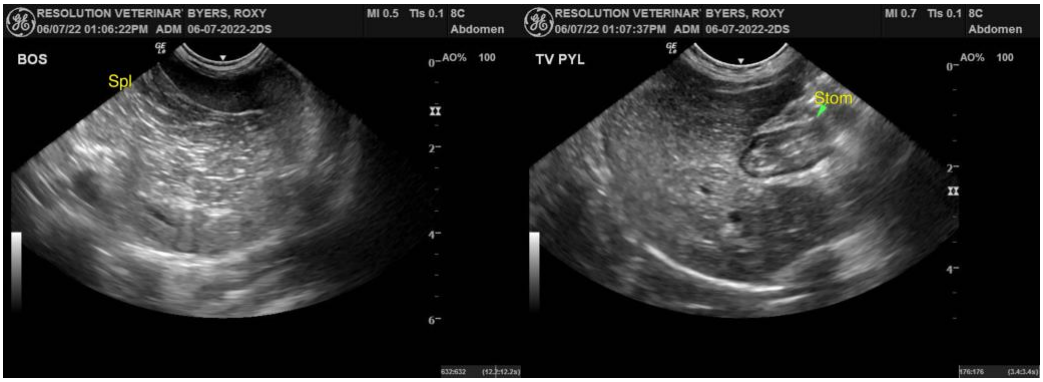

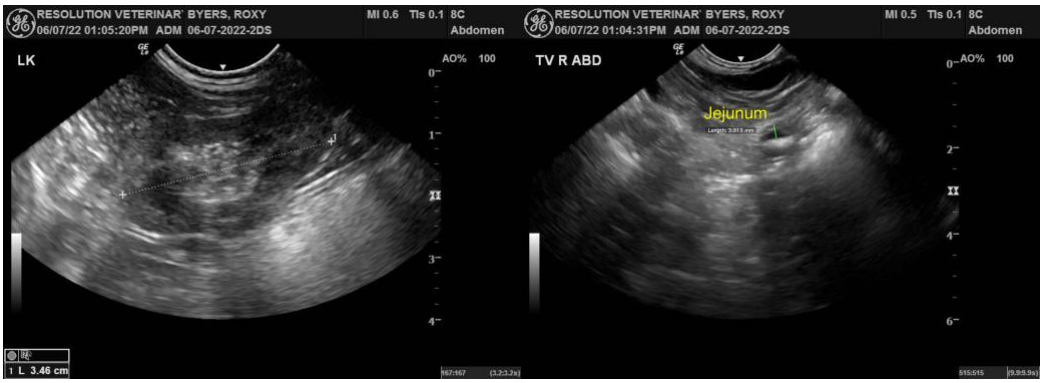

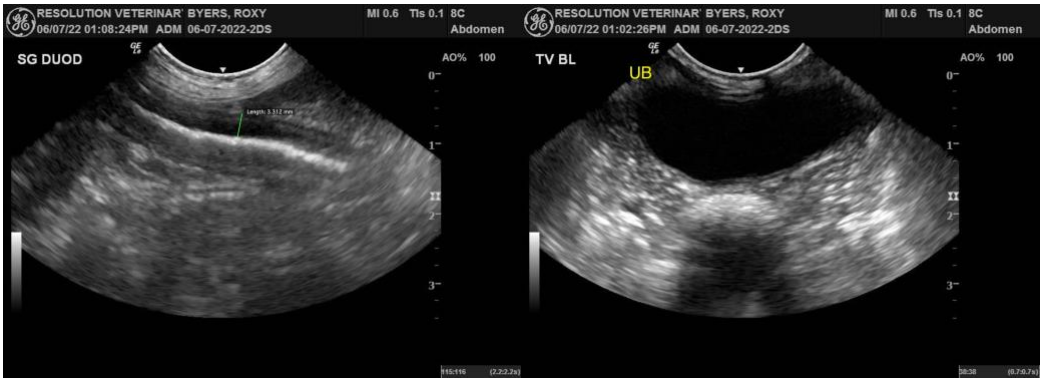

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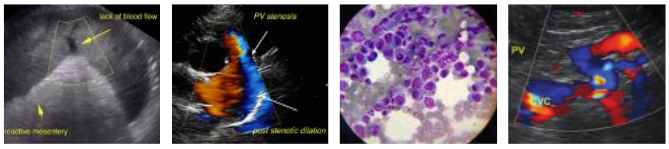

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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