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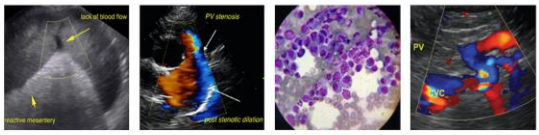

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

**PATIENT**

Sophie Ondush

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

FS

**AGE**

2010

**WEIGHT**

NA

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT ARDMS/RVT

**HOSPITAL NAME**

Lehigh Valey AH (Allen)

**REFERRING VET**

Dr. Meyer

**INVOICE**

14836

**DATE**

8/16/23

## PRESENTING CLINICAL SIGNS

Proteinuria, clinically normal.

Medication: Fish oil

Urinalysis - Specific gravity 1.044, negative glucose, 4+proteinuria, UPC 3.3

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. Mildly altered 1:3 cortex / medulla ratio was noted owing to mild subjective cortical hypertrophy. Adequate, mildly reduced medullary volume was noted. No pyelectasia was noted in either kidney. Small cortical cysts were noted in both kidneys. The left kidney measured 4.2 cm in length. The right kidney measured 4.4 cm in length.

### *Adrenal Glands*

The bilateral adrenal glands exhibited mild prominent to enlarged size based on caudal pole width. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland exhibited an indistinct nonhomogeneous hyperechoic cranial pole nodule. The nodule did not distort the adrenal capsule. The left adrenal gland measured 1.9 cm length x 0.84 cm width at the caudal pole. The right adrenal gland measured 1.7 cm length x 0.72 cm width at the caudal 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 was non-distended in size containing primarily anechoic content with mild, nonorganized gallbladder sediment in the cranial lumen and area of the gallbladder neck. The cystic and common bile ducts were normal.

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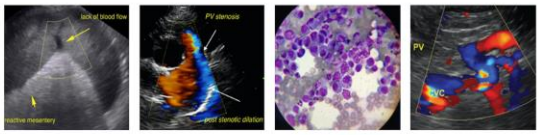

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### *Gastrointestinal*

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.

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.

### *Pancreas*

The parenchyma of the pancreas base and right pancreatic limb was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

### *Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

### *Primary Findings*

- Nonspecific chronic renal changes
- Bilateral mildly enlarged nonhomogeneous subtly nodular adrenal glands
- Chronic pancreatitis / pancreatic fibrosis pattern, pancreas base / right pancreatic limb

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given UPC level, the kidneys are suggestive of protein-losing nephropathy criteria with considerations including nonspecific glomerulonephritis or other glomerulopathy, amyloidosis, or other. Given the persistent elevated UPC level, therapy for protein-losing nephropathy which may include a protein-restricted diet, ACE inhibitor, or angiotensin receptor blocker medication, anti-thromboembolic medication i.e., Plavix with assessment and monitoring of systemic BP is warranted.

The bilateral adrenal glands are of unclear clinical significance, given no overtly reported clinical signs consistent with adrenal disease. If documented systemic hypertension, urine catecholamine levels are recommended.

The hepatic appearance in conjunction with no reported hepatic enzyme elevations, is not overt suggestive of steroid hepatopathy.

Empirical therapy for chronic pancreatitis may be considered if clinical signs consistent with chronic pancreatitis arise.

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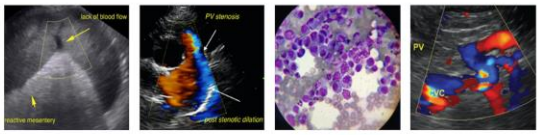

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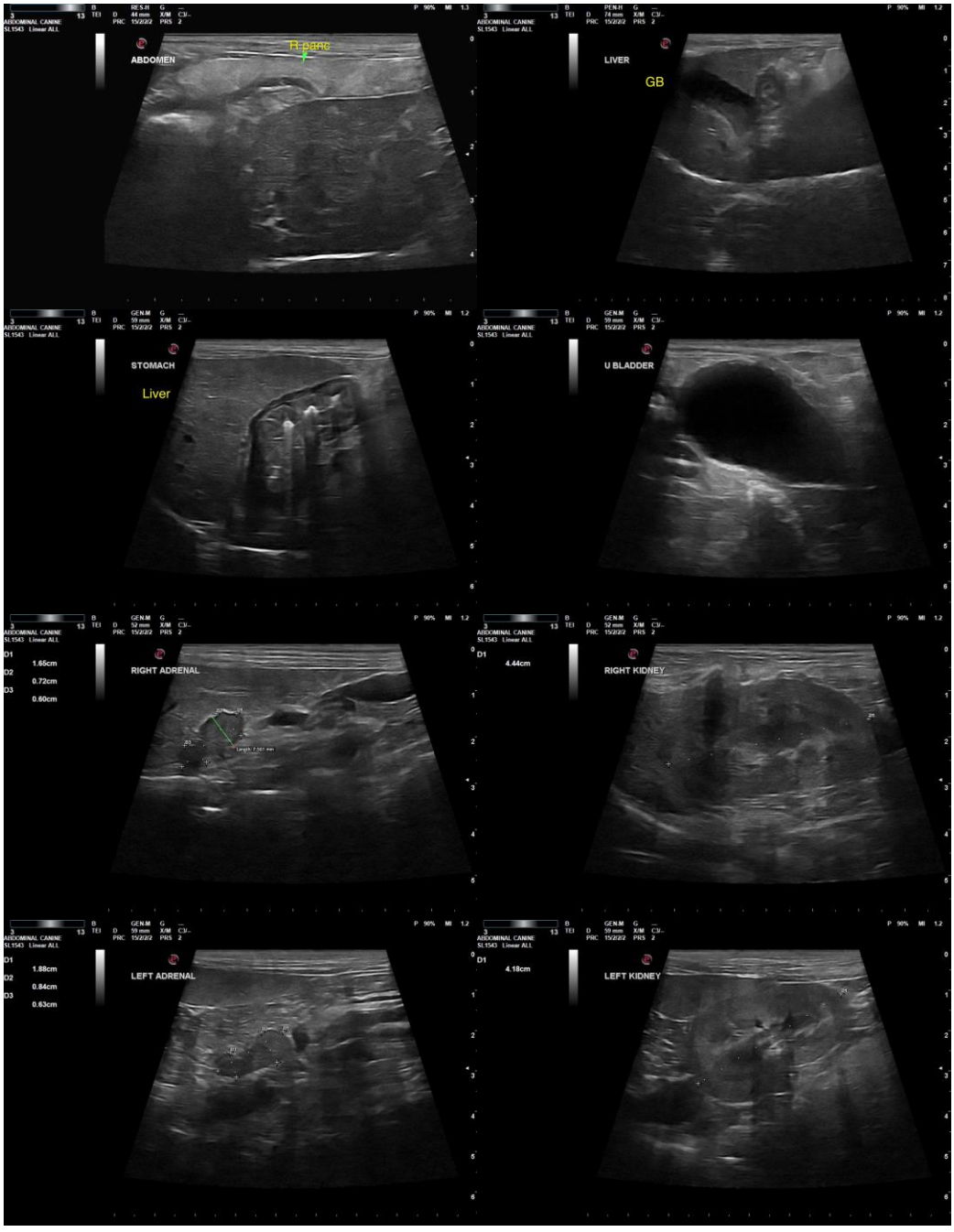


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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