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Clinical Sonography & Telecytology
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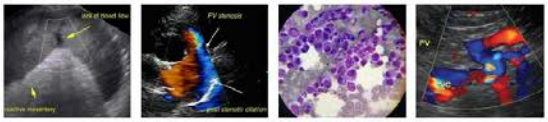


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Myla Dockter

SPECIES

Canine

BREED

Chow X

SEX

Spayed Female

AGE

14 Years

WEIGHT

63 Pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

Dr. Robin Janeway

INVOICE

24802

DATE

8/18/21

PRESENTING CLINICAL SIGNS

*difficult to scan. tense abdomen and panting. not sedated*** Weight in #: 63 Breed: Chow mix History- Urinary incontinence. Prev on proin 50mg TID, noted blood in urine April 2021 UA culture declined but no bacteria noted on ua. Continued incontinence despite proin tx. 7/2021 started incurin 2 tabs SID, pt incontinence has worsened. Possible increased water consumption. 7/22/21 Blood panel ALT 211, ALP 442 IU/L, GGT @ 94 IU/L, proteinuria 1+, Accuplex 4 dx: neg x 4; urine C&S negative. Pt has been on Denamarin and Ursodiol since that time.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder exhibited generalized distention with potential subnormal tone. No sediment or calculi. No evidence of neoplastic or inflammatory mural criteria. The urethra was sonographically unremarkable to a depth of 3.0 cm. No evidence of ectopic ureter.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The kidneys measured 6.4 cm each. No evidence of overt pyelonephritis.

Adrenal Glands

A non-expansive echogenic nodule was noted in the mid left adrenal gland measuring 1.0 cm x 0.94 cm. The overall left adrenal gland measured 3.2 cm length x 0.82 cm at the caudal pole.

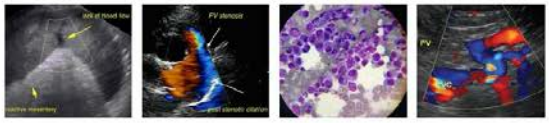
The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 3.1 cm length x 0.77 cm at the caudal pole.

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.

Liver

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. Intermittent hypoechoic to mixed echogenic parenchymal nodules noted. Example of nodule measured 2.7 cm diameter. The capsule of the liver was symmetrically



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rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic ingesta with subtle progressive distal acoustic shadowing, most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. Gastric body wall measured 0.42 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.

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 was evident.

ULTRASONOGRAPHIC FINDINGS

- Distended urinary bladder with sonographically unremarkable proximal urethra
- Bilateral mild chronic renal changes
- Non-specific left adrenal nodule – suspect adenoma
- Hepatopathy with non-specific parenchymal nodules
- Mild gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although not definitive, yet in light of the distended appearance of the urinary bladder and lack of response to synergistic proin and incurin therapy, potential for overflow incontinence may be considered in this patient. Thorough neurological examination is recommended. However, if PU/PD is present, the distended urinary bladder may be owing to increased water intake.

The hypoechoic to mildly non-homogeneous liver nodules were nonspecific and may indicate nodular/regenerative hyperplasia, hematopoiesis or granulomas while neoplastic nodules cannot be excluded. Ultrasound guided FNA of the nodule using 25-gauge needle and assuming normal coagulation parameters may be considered. Sonographic monitoring for evidence of progression would be a more conservative approach.

Adrenal testing including LDDST and monitoring of blood pressure (given the presence of the adrenal nodule) may be considered if clinically indicated. Minor potential for emerging left adrenal neoplasia such as adenocarcinoma or pheochromocytoma cannot be definitively excluded. Therefore, sonographic monitoring of the left adrenal nodule for evidence of progression is recommended. Baseline urine protein/creatinine ratio on sterile urine sample may be considered if persistent proteinuria.

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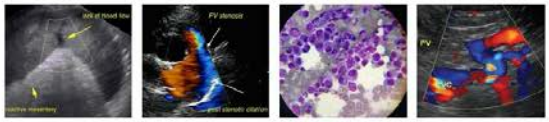

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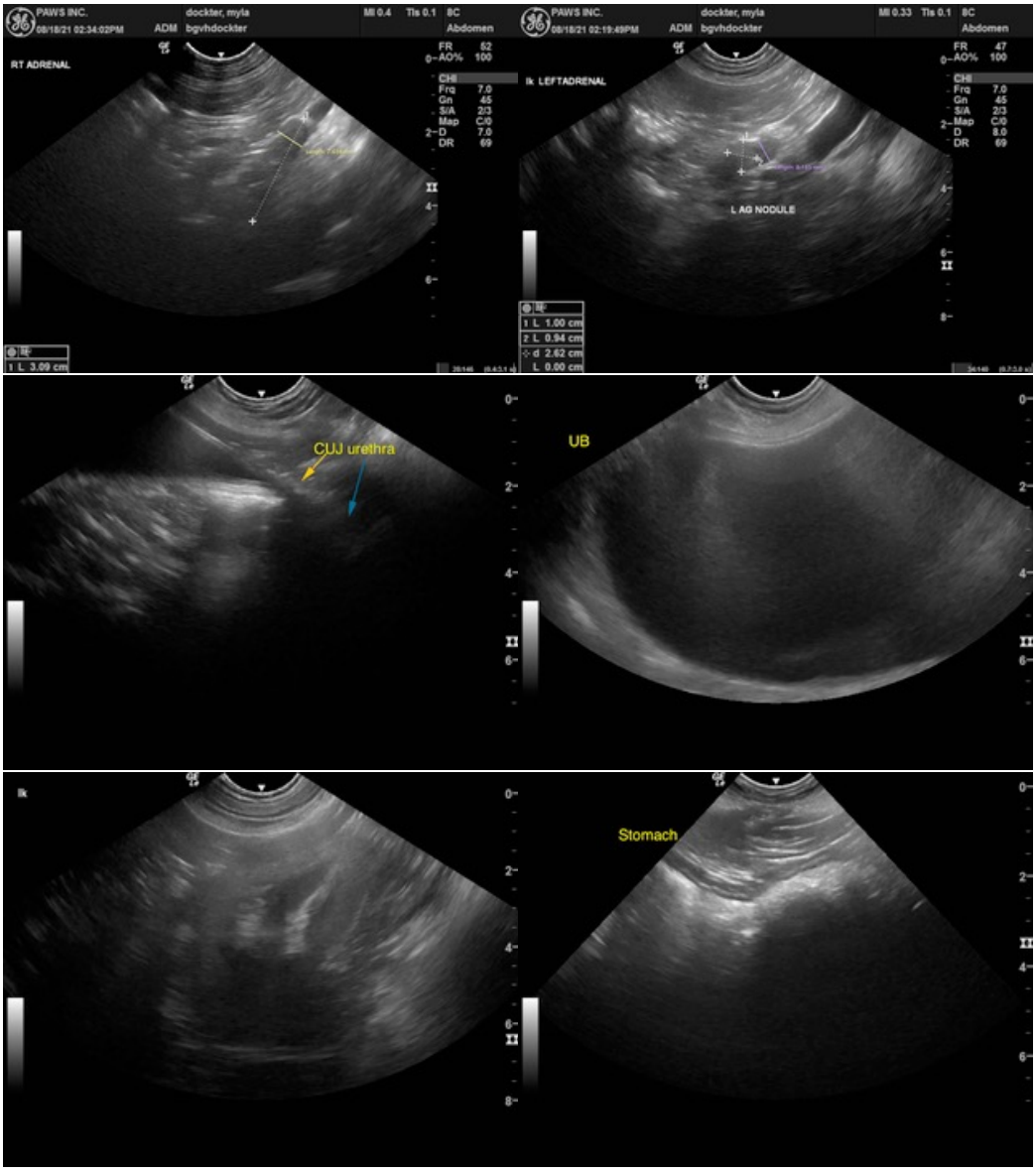
For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

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



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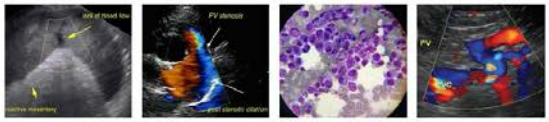

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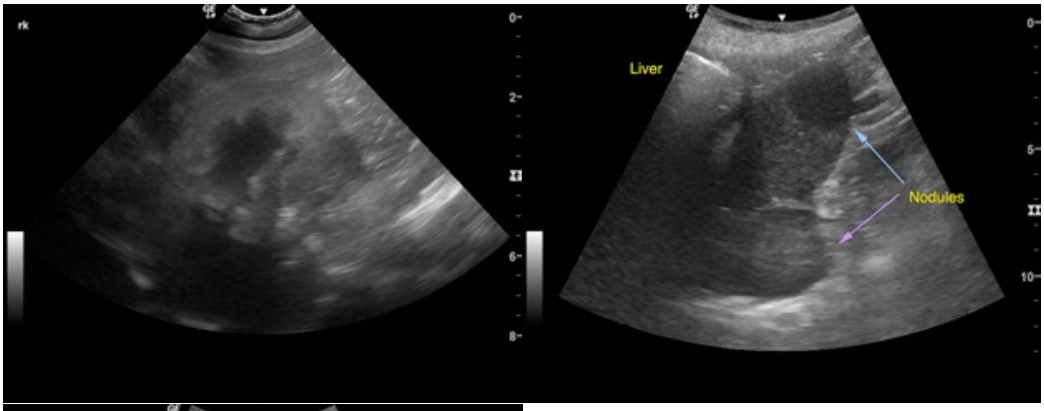

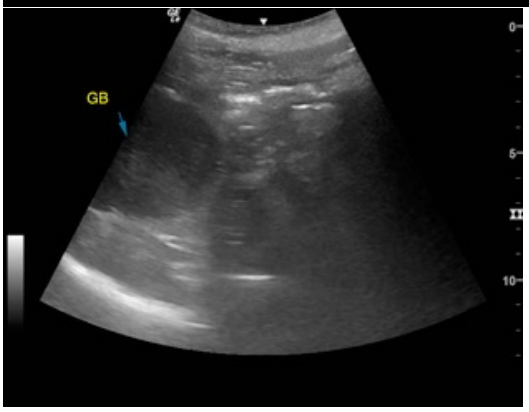

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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