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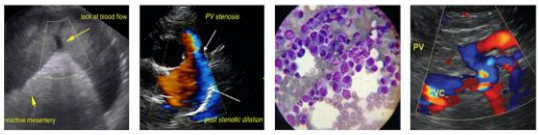


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Trixie McLovich

SPECIES
Canine

BREED
Fox Terrier Mix

SEX
FS

AGE
2011

WEIGHT
27.3

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

IMAGING PERFORMED BY
Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME
White Haven VH

REFERRING VET
Dr. Gallagher

INVOICE
11418ag

DATE
08/19/2022

PRESENTING CLINICAL SIGNS

History: Panting, PD Benazepril

Abnormal PE/Chem/CBC/UA Results: ALP 222, ALT 122, USG 1.017 proteinuria

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 were noted.

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. The left kidney measured 5.2 cm in length. The right kidney measured 5.9 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was subnormal in size with normal position and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.28 cm width at the caudal pole and 2.5 cm length.

The right adrenal gland was enlarged with asymmetrical contour and no overt evidence of parenchymal escape or major vascular invasion. Phrenic vein invasion is possible and cannot be excluded. The right adrenal gland measured 1.8 cm width at the caudal pole and 2.9 cm length.

Spleen

The spleen exhibited normal size and contour with subtle parenchyma heterogeneity. A solitary non-expansive hypoechoic nodule measuring 1.3 cm in diameter was present in the mid to cranial spleen. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

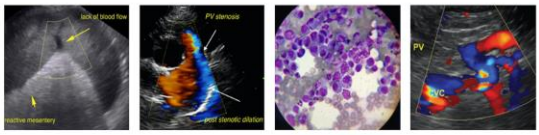
Liver

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. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. No evidence of masses or nodules.

The gallbladder was non-distended in size with primarily anechoic luminal content and minor hyperechoic debris. 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.



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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.

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Right adrenal mass with subjective suppressed left adrenal gland
- Non-specific splenic nodule
- Mild chronic renal changes
- Vacuolar hepatopathy pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential etiologies for the splenic nodule may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound guided FNA of the nodule using 25-gauge needle and assuming normal coagulation parameters may be considered. Otherwise, sonographic monitoring of the splenic nodule for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.

Assessment of systemic BP if not done is suggested to assess for evidence of hypertension which may allude to pheochromocytoma. Ideally abdominal CT for further assessment of the right adrenal mass and for potential surgical planning is recommended.

Monitoring of UPC level is suggested.

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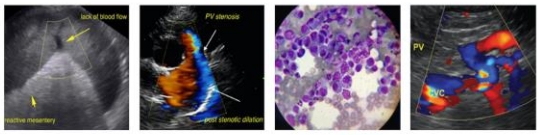

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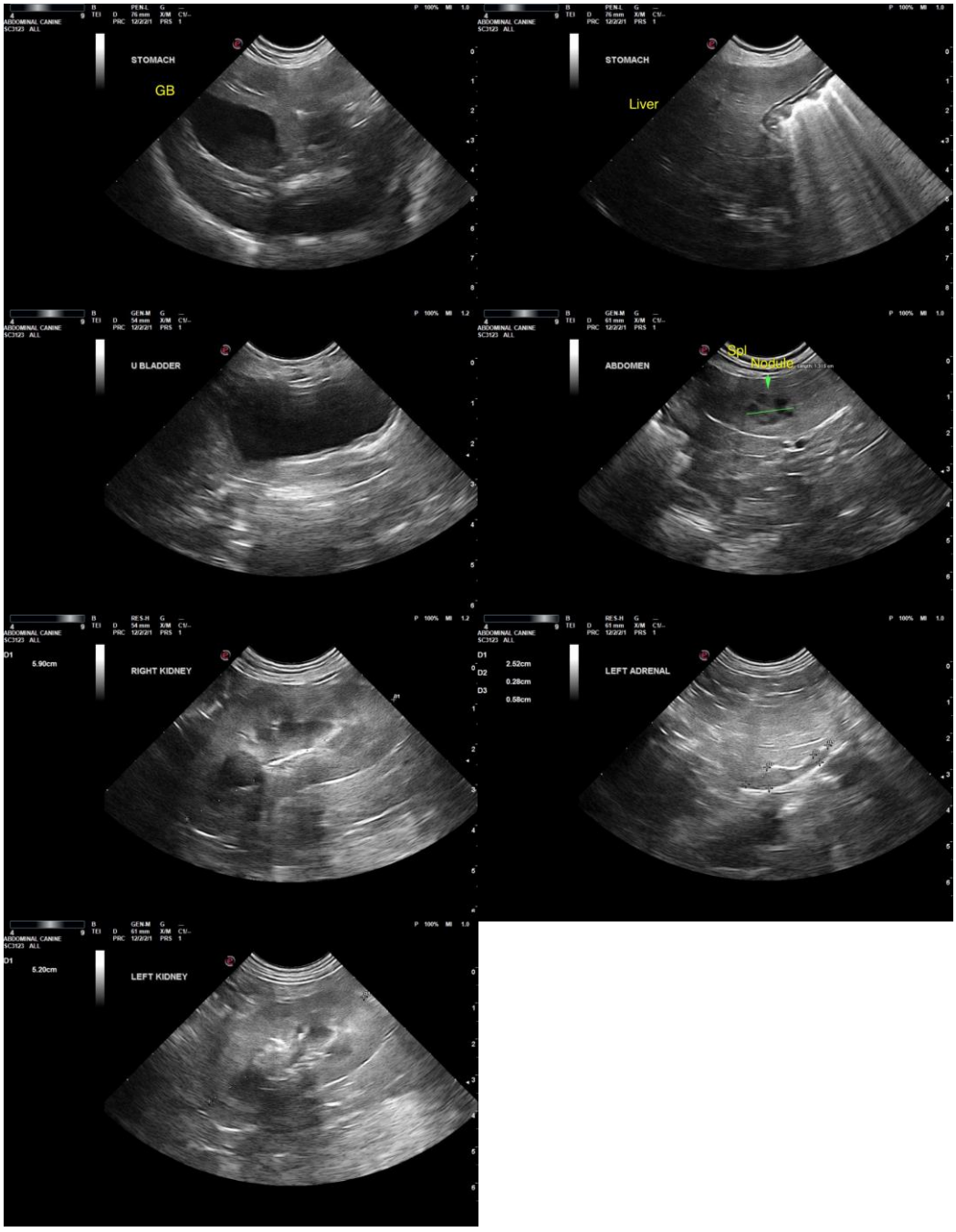

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com

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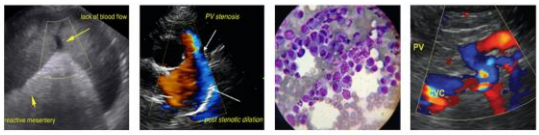

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