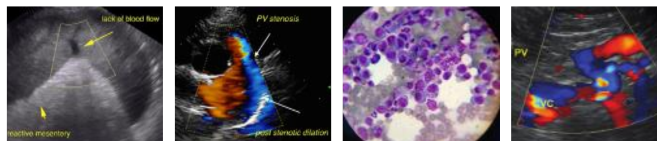
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Sophie Skibitsky

SPECIES

Canine

BREED

Cocker Spaniel Mix

SEX

FS

AGE

11 y

WEIGHT

10.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hannah Fearing

HOSPITAL NAME

Lanier AH

REFERRING VET

Dr. Hannah Fearing

INVOICE

14477

DATE

8/2/22

PRESENTING CLINICAL SIGNS

Hx of weight loss (mild), PU/PD, occasional trembling, mild lethargy for 1-2 weeks. Chronic bladder stones - has been on Urinary SO diet. Tx with SQ fluids on 7/29/22, no other tx started at this time. Aspirated suspected mass near stomach after ultrasound - cytology pending.
Abnormal PE/Chem/CBC/UA Results: 7/29/22: CBC: moderate leukocytosis (36.5k) characterized by neutrophilia (28.1k), lymphocytosis (5.8k), and monocytosis (2.2k) Chem: mildly low BUN (7), mild hyperkalemia (5.7), severe hyperglobulinemia (7) and hypoalbuminemia (1.3) (TP high at 8.3), slightly high ALP (321) with normal ALT, AST, GGT, mildly high total bilirubin (0.5) - unconjugated bili high (0.4) and conjugated normal UA: proteinuria (UPC = 2.3), USG = 1.023 TT4: low (0.4 mcg/dL)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. Mild nonuniform thickening of the urinary bladder wall was present. A solitary, dependent, ovoid and symmetrical echogenicity with distal acoustic shadowing was present in the dependent lumen. The echogenicity measured 1.4 cm in diameter. Mild anechoic urine was present which prohibited full evaluation of the urinary bladder walls. Potential for mild ventroapical to apical cystitis is noted. The urethra was normal to 2.0 cm.

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 mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Focal areas of nonobstructive medullary mineral to small renoliths were present in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

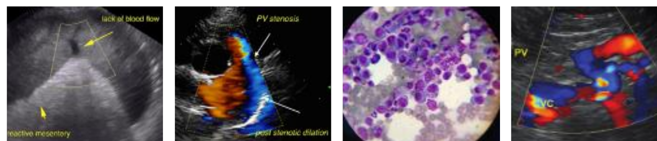
The bilateral adrenal glands were indistinctly visualized yet subjectively normal in size, position, and shape. The left adrenal gland subjectively 0.56 cm width at the caudal pole and 0.52 cm width at the cranial pole. The right adrenal gland subjectively measured 0.38 cm width at the caudal pole.

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/ Gallbladder

The liver exhibited moderate to potential marked generalized enlargement including areas of mid to caudal liver lobar swelling exhibiting nonhomogeneous potentially pinpoint mineralized regional



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parenchyma. Moderate nondependent yet nonorganized mildly hyperechoic subjectively mobile gallbladder debris was present. Suspect focal nonobstructive biliary tree mineral was noted.

The gallbladder walls were mildly prominent to hyperechoic in appearance. No evidence of peripheral gallbladder inflammation was noted.

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 stomach was potentially displaced somewhat caudally owing to the hepatomegaly.

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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Associated mildly prominent to hypoechoic, mildly swollen hepatic lymphadenopathy was present. An example of a hepatic lymph node measured 3.9 cm x 1.4 cm.

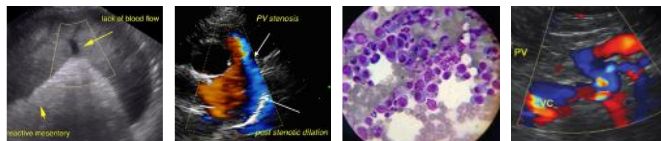
ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting regional nonhomogeneous to potential mineralized parenchyma, lobar swelling to potential indistinct caudal mass
- Associated hepatic lymphadenopathy
- Moderate gallbladder debris, potential for mild chronic cholecystitis (non-mucocele)
- Mild chronic renal changes with nonobstructive medullary mineral / small renoliths
- Urinary bladder calculus, potential for associated mild cystitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity on a sterile urine sample is recommended. Continued monitoring of UPC for persistent elevation +/- ACE inhibitor therapy is recommended. Correlation with the hepatic presentation with pending cytology is recommended. Full adrenal work up could be considered In this case if clinical suspicion for Cushing's Syndrome. Hepatosupportive medications including Denamarin and Ursodiol, given the lack of post hepatic obstructive criteria, may prove beneficial.

A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.



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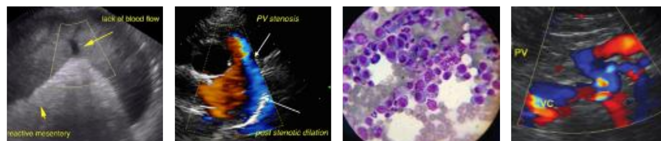

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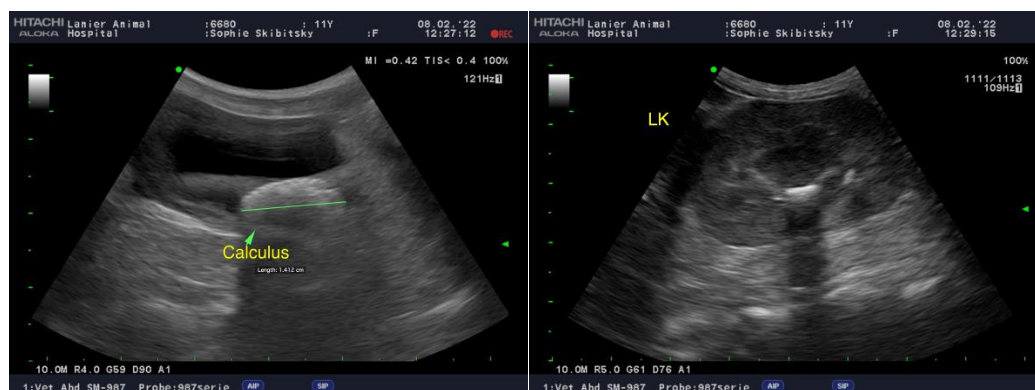

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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