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Clinical Sonography & Telecytology
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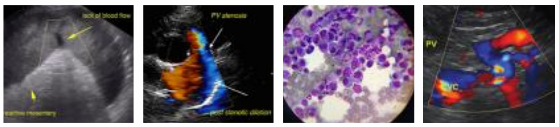


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Angel Dickey

SPECIES

Canine

BREED

Greyhound

SEX

SF

AGE

9 yrs

WEIGHT

79.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Edgewood AC

REFERRING VET

Dr. Kimball

INVOICE

14750

DATE

8/26/22

PRESENTING CLINICAL SIGNS

Angel urinated in house. This has happened once before and she was found to have a UTI.
Abnormal PE/Chem/CBC/UA Results: BUN- 31, Creatinine- 1.8, UPC- 1.8, negative urine culture

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder was mildly distended in size yet normal tone containing anechoic urine with minor nondependent, sediment. No evidence of inflammatory or neoplastic urinary bladder changes. The urethra exhibited overtly normal structure and tone to a depth of 3.0 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present. The left kidney measured 5.9 cm in length. The right kidney measured 7.2 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.2 cm length x 0.74 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.3 cm length x 0.61 cm width at the caudal pole.

Spleen

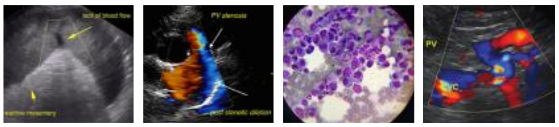
The spleen exhibited subjective borderline to mild enlargement with areas of mild capsule asymmetry and generalized mild splenic parenchyma heterogeneity with mid-splenic regional parenchymal expansion resulting in subtle distortion of the lateral and medial capsule contour. The area of the spleen exhibited isoechoic parenchyma compared to adjacent splenic parenchyma, measuring approximately 6.0 cm length x 3.7 cm width. Normal splenic vascularity was present.

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 with thin walls and primarily anechoic luminal content. 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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable urinary bladder with minor nondependent sediment
- Bilateral nonspecific mild chronic renal changes
- Borderline to mild splenomegaly exhibiting nonhomogeneous parenchyma including mid splenic parenchymal expansion to isoechoic macronodule / small mass

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the UPC level in the face of mild azotemia, assessment of systemic BP and potential ACE inhibitor therapy for mild protein-losing nephropathy may be indicated. Assessment of systemic blood pressure and conservative therapy CRD would be appropriate. Serial monitoring of renal parameters and UPC level are recommended.

Multiple etiologies are possible for the splenic presentation including age-related variant, incidental to benign hyperplasia, hematopoiesis, or splenitis, while the possibility of emerging splenic neoplastic criteria cannot be excluded. Assuming normal clotting status and using a 25-gauge needle, screening splenic FNA for cytology, specifically in the area of mild regional mid splenic parenchymal expansion, could be considered. Sonographic monitoring of the spleen with initial recheck in 1 months would be a more conservative approach.

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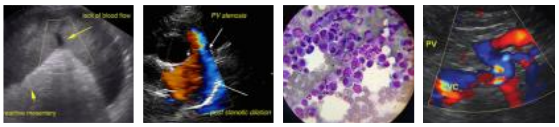

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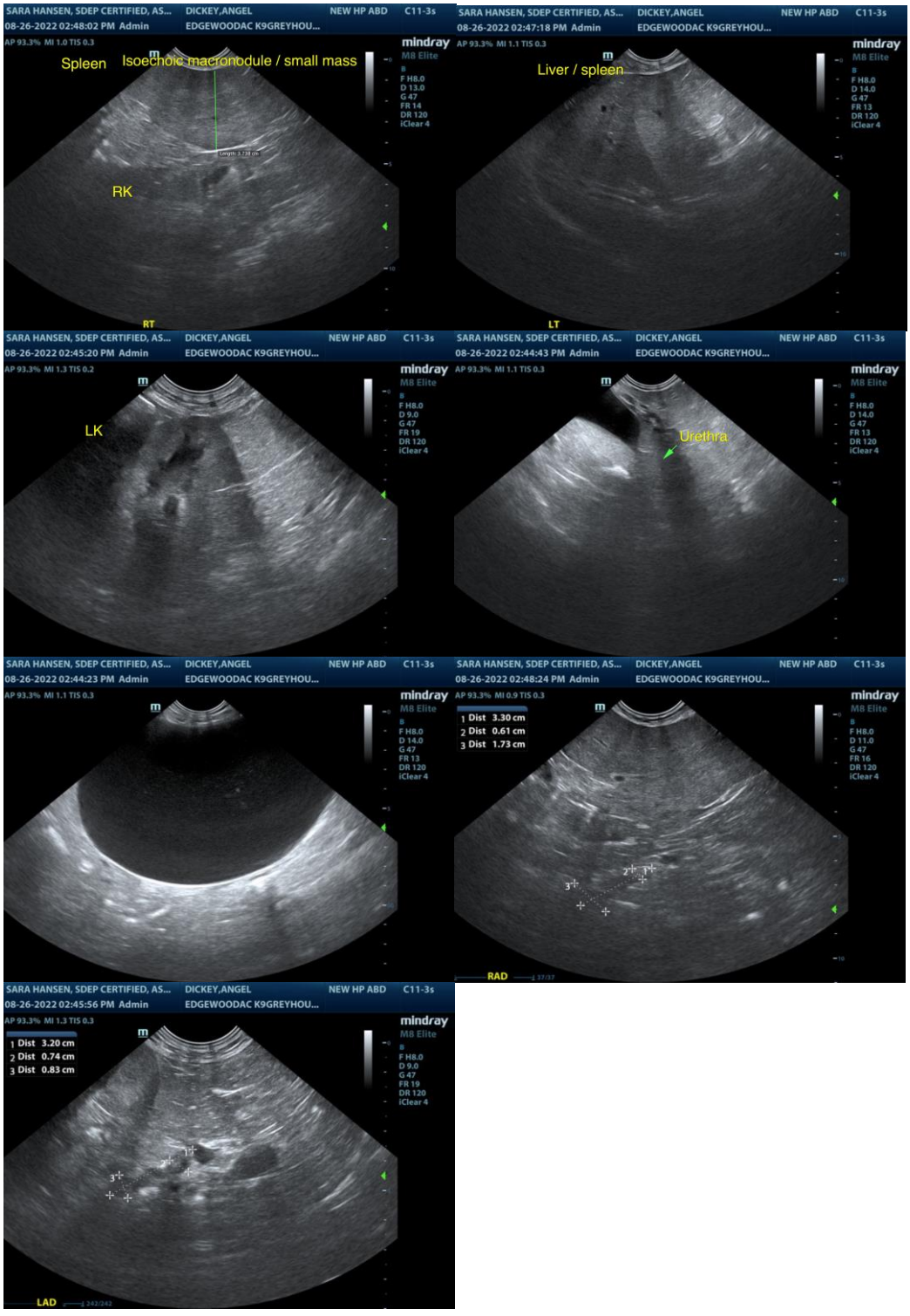

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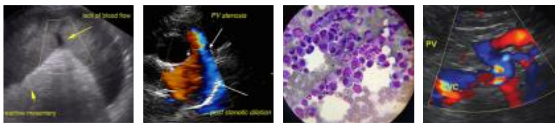

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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