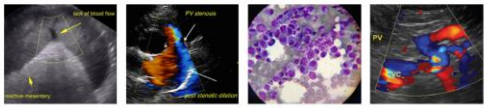
PAUS
Pet Animal Ultrasound Service



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

PATIENT
Percy Donaghy

SPECIES
Canine

BREED
Jack Russel Terrier

SEX
FS

AGE
12 y

WEIGHT
18 lbs.

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

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Wood River AH

REFERRING VET
Casey Scheulke, DVM

INVOICE
14730

DATE
8/26/22

PRESENTING CLINICAL SIGNS

Presenting for UTI (straining to urinate, PU/PD). Dog was potbellied in appearance but, otherwise, normal findings on physical exam. Chemistry - ALP 731 and Cholesterol 367. UA confirmed UTI. 9rods and WBC 30-50, RBC 20-30) SG 1021. Concern for Cushing's as underlying cause to developing UTI.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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. 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 pelvic dilation was present. The left kidney measured 4.5 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

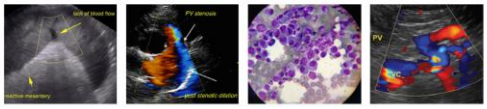
The bilateral adrenal glands were within normal limits for size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia or evidence of adrenal tumors. The left adrenal gland measured 0.39 cm width in the cranial pole and 0.43 cm width in the caudal pole. The right adrenal gland measured 0.49 cm width in the cranial pole and 0.41 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Several to multifocal, hyperechoic, nondisruptive nodules were present throughout the medial 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/ Gallbladder

The liver was subjectively mildly enlarged in size with normal structure and contour. Generalized nonuniform increased hepatic parenchyma echogenicity exhibiting moderate coarse echotexture, evidence of parenchymal remodeling, and intermittent nondisruptive mildly hypoechoic to heterogeneous Intraparenchymal nodules. An example of a nodule measured 1.8 cm diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing mild, nondependent, mildly hyperechoic gallbladder



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debris. The gallbladder was otherwise normal. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. 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.

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

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting nonuniform parenchyma hyperechogenicity with intermittent hypoechoic to nonhomogeneous intraparenchymal nodules
- Mild gallbladder debris (non-mucocele)
- Bilateral chronic renal changes
- Mild age-related adrenal changes, no adrenal tumors
- Sonographically unremarkable urinary bladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver was nonspecific with considerations including chronic vacuolar hepatopathy, areas of nodular to regenerative hyperplasia, hematopoiesis, inflammatory hepatopathy or other hepatopathy with hepatic neoplasia considered a less likely differential diagnosis.

Although no evidence of overt adrenomegaly, and without evidence of adrenal tumors, a full adrenal workup to Include LDDST is warranted to rule out underlying Cushing's Syndrome as a potential cause of UTI and PU/PD. Appropriate antibiotic therapy ideally based on C/S results is warranted. Aside from expected age-related to chronic renal changes, no evidence of upper or lower urinary tract pathology was evident as a potential nidus for underlying UTI.

Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.

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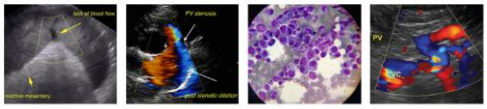

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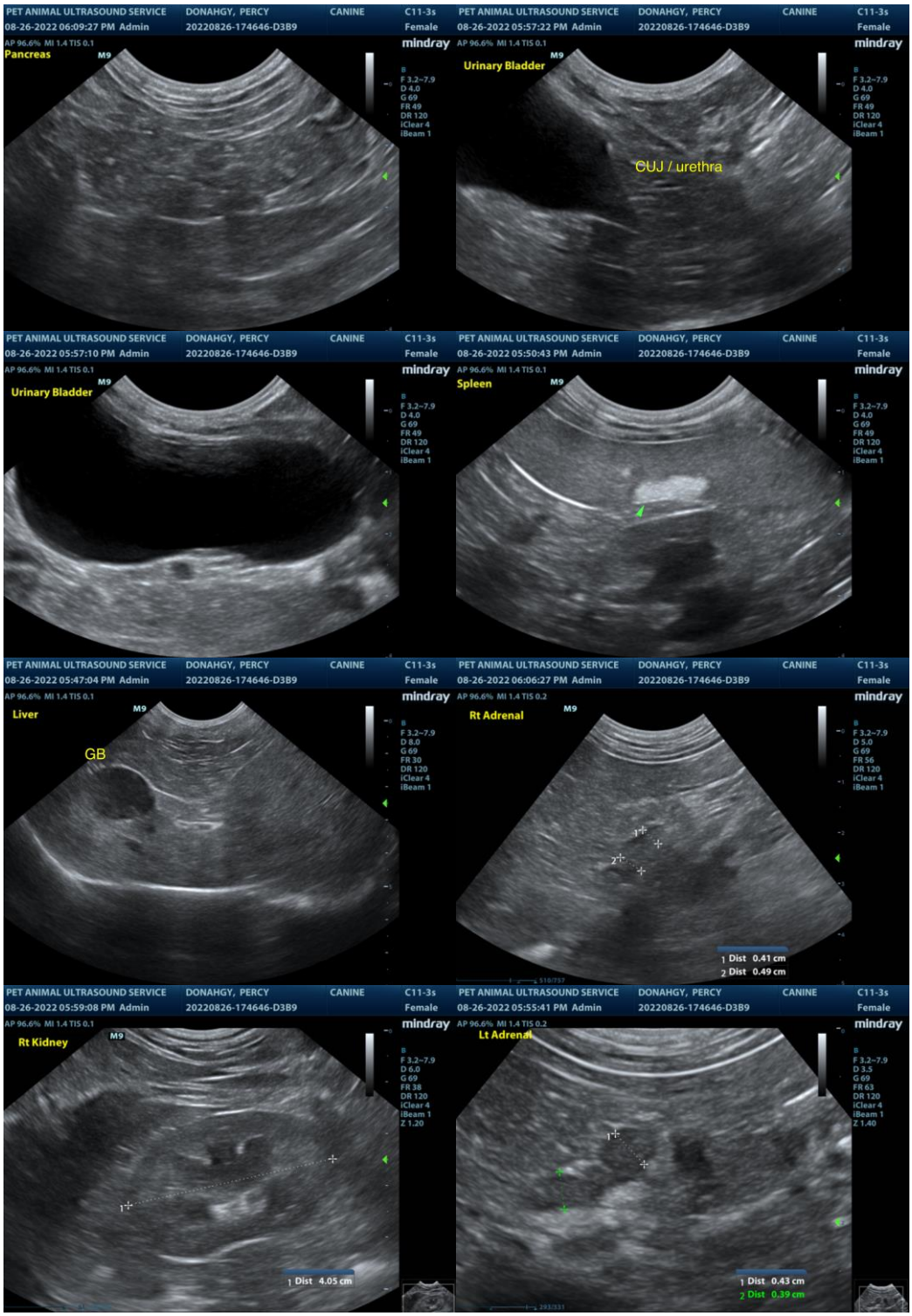

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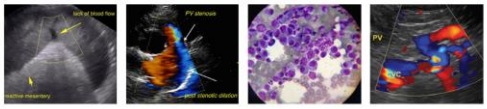

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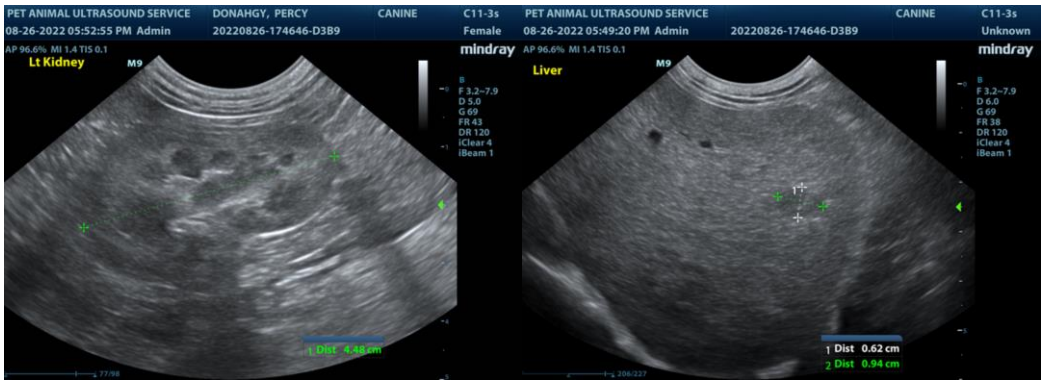

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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