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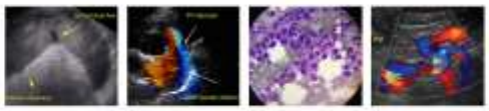

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Rose Gambale

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

FS

AGE

9 Years

WEIGHT

12 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

East Boston Animal Hospital

REFERRING VET

Raman Chopra, DVM

INVOICE

47179

DATE

8-29-21

PRESENTING CLINICAL SIGNS

Persistently high ALP (769). Doing well clinically.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Mild dependent mineralized sand was present. Focal areas of mineralized sand were also noted in the proximal urethral lumen to a depth of 2.0 cm without evidence of urethral obstruction. Anechoic urine was present in the lumen. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination was 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint areas of left and right kidney mineralization along with small right kidney nonobstructive pelvic renolith measuring 0.43 cm. Both kidneys exhibited minor pyelectasia. The left kidney measured 4.0 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 cm width at the caudal pole and 0.40 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 cm width at the caudal pole and 0.34 cm width at the cranial pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Echogenic to coalescing nodules were present throughout the cranial to caudal parenchyma. An example of a splenic nodule measured 0.63 cm diameter. 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

The liver exhibited potential for minor enlargement. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with moderate nondependent nonorganized echogenic gallbladder debris. 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 was empty with no signs of ileus, obstruction or foreign material.

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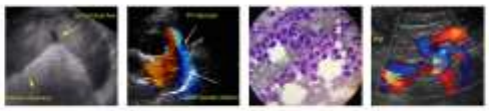

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall measured 0.45 cm width and the jejunum wall measured 0.26 cm width.

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

Primary

- Hepatopathy with minor parenchyma remodeling - subjectively benign.
- Moderate gallbladder debris (nonmucocele).
- Bilateral chronic renal changes with nonobstructive medullary mineralization / right kidney renolith and minor pyelectasia.
- Heterogeneous pancreas - likely age related changes, considered incidental.

Secondary

- Mild urinary bladder and nonobstructive proximal urethral sand.
- Benign splenic nodules - consistent with benign potentially coalescing myelolipomas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not currently instituted, hepatosupportive medications including denamarin and ursodiol recommended.

The potential for underlying adrenal disease is considered unlikely given the lack of reported clinical signs and sonographically unremarkable bilateral adrenal glands.

This patient may be passing mineral from the kidneys into the urinary bladder. Correlation with a full urinalysis +/- urine culture and sensitivity is suggested.

Recheck sonogram +/- hepatic sampling may be considered if persistent or increasing hepatic enzymes are noted despite hepatosupportive medications.

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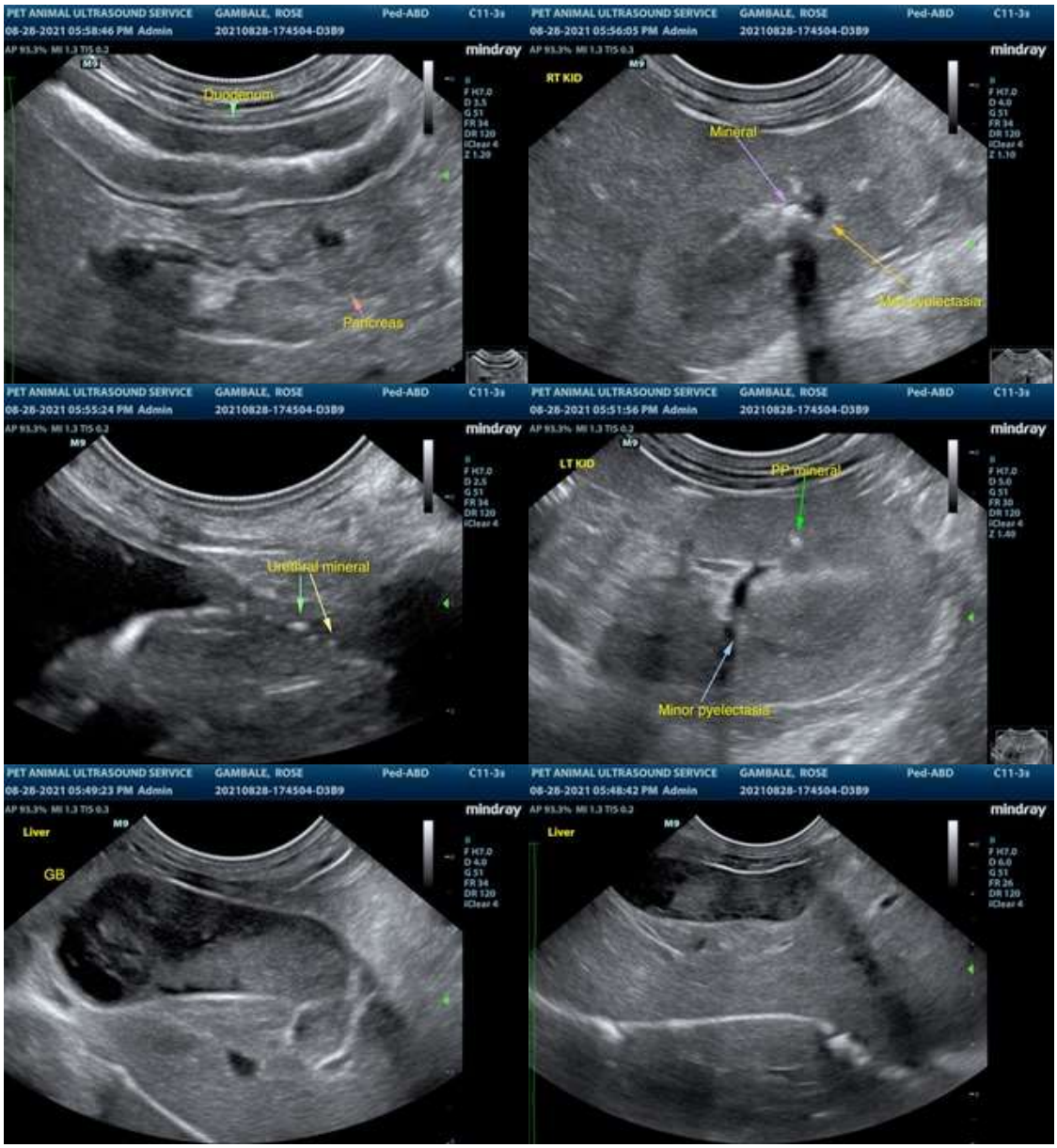

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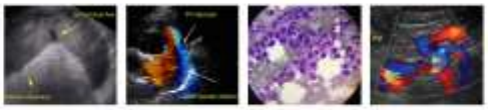

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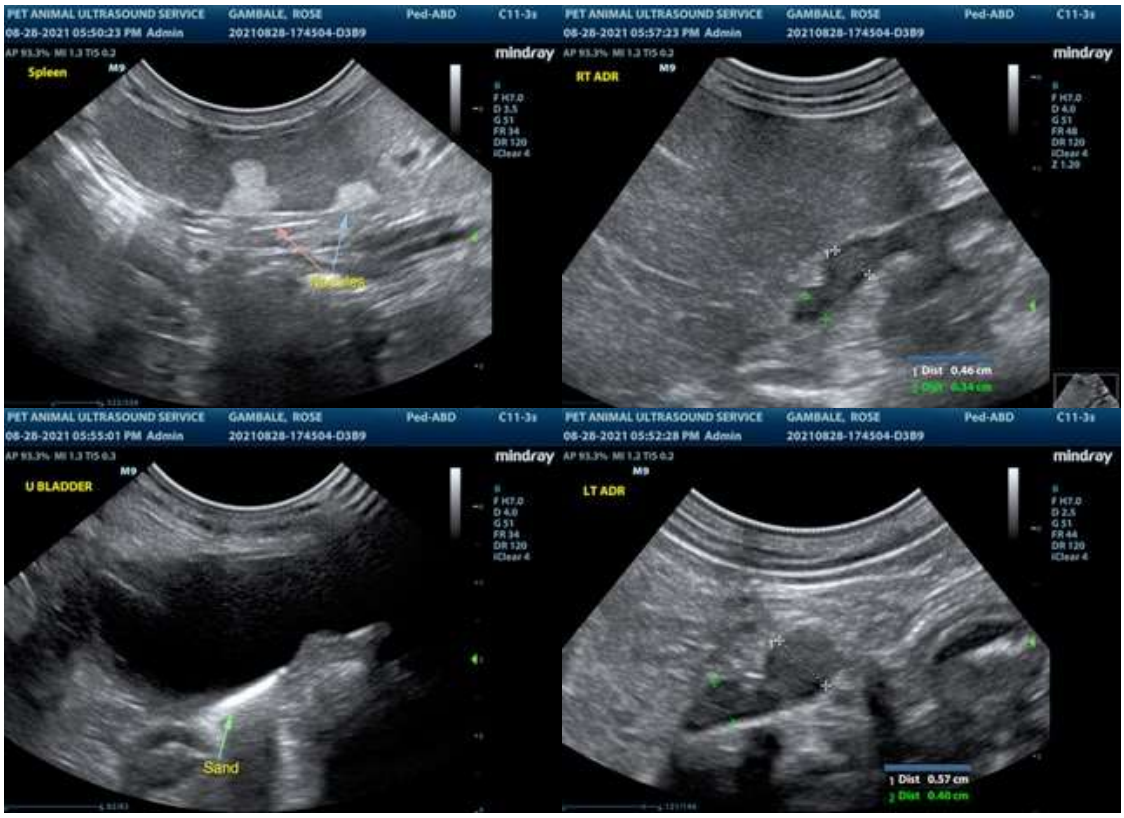

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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