



PATIENT PRESENTING CLINICAL SIGNS

Reggie Cook normal PE; recently had dental cleaning and did well with anesthesia Current Medications urosodiol, telmisartan Primary Question/Differential to Be Answered in This Exam cause of proteinuria

SPECIES Abnormal PE/Chem/CBC/UA Results: elevated liver values, UPC 3

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Keeshound The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

SEX

FS

AGE

13yr

WEIGHT

35lb

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Pinpoint medullary mineral was present. No pyelectasia. The left kidney measured 5.4 cm in length. The right kidney measured 5.7 cm in length.

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was variably enlarged with mild capsule asymmetry and maintained capsule integrity. Pinpoint discreet non-homogenous hyperechoic parenchyma to possible foci was present. Overt evidence of vascular invasion was not obvious yet the potential for early phrenic vein invasion possible. The left adrenal gland measured 1.44 cm width at the caudal pole and 2.8 cm length.

IMAGING PERFORMED BY

Jenna Walsh CVT

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 cm width at the caudal pole and 2.1 cm length.

HOSPITAL NAME

VCA Vitality Animal
Hospital

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical 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, neoplastic, or benign parenchyma changes were not noted.

REFERRING VET

Dr Vande Burgt

Liver/Gallbladder

The liver presented mildly 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. The gallbladder was non-distended in size with primarily anechoic luminal content and mild echogenic non-mineralized debris. The cystic and common bile ducts were normal.

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Gastrointestinal



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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 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Non-specific chronic renal changes.
- Left adrenal mass.
- Mild hepatomegaly-subjectively benign.
- Gallbladder debris (non-mucocele).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left adrenal mass is likely neoplastic with considerations including carcinoma, pheochromocytoma, functional vs non-functional adenomatous change or other with mixed pathology possible. The left adrenal mass may be a primary contributing factor to the proteinuria although concurrent renal component given non-specific chronic renal change is possible.

Empirical therapy for protein losing nephropathy is warranted. A screening BP is advised to assess for evidence of hypertension which may allude to left adrenal neoplastic criteria i.e., pheochromocytoma. Urine catecholamine level is recommended even if there is no evidence of hypertension.

Ideally abdominal CT for further assessment of the left adrenal mass and potential surgical planning is recommended if possible assuming no evidence of pathology on three view chest radiographs.

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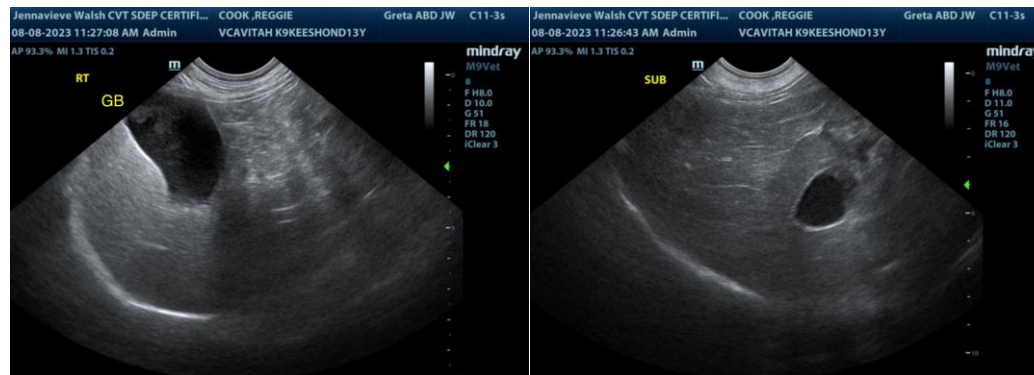
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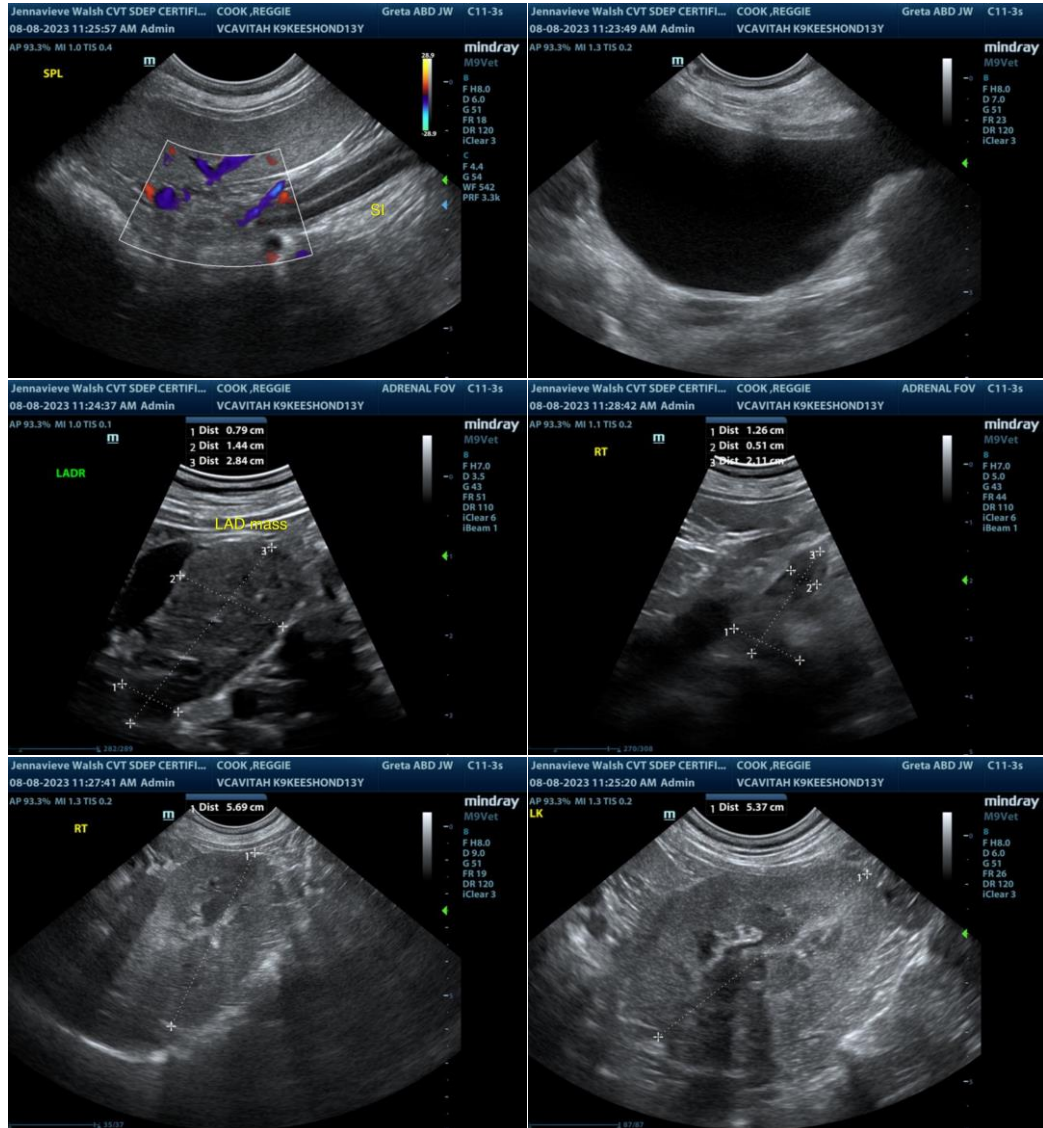
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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