



**PATIENT PRESENTING CLINICAL SIGNS**

Alvin Riley History: Prev splenectomy. Bilateral anal gland masses. chest rads WNL. Intermittent emesis  
Abnormal PE/Chem/CBC/UA Results: ALT; 147, Alk: 264, GGT14, Chol: 470, Triglyc: 511, USG: 1.016,  
UPCR: 2, Urine protein 2+

**SPECIES**

Canine

**BREED**

Corgi

**SEX**

Neutered Male

**AGE**

12.7 Years

**WEIGHT**

32 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

A. Rodriguez

**HOSPITAL NAME**

Foxfield VS

**REFERRING VET**

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17286

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9/12/22

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was normal in size and tone. Small dependent calculi to mineral was present in the urinary bladder lumen. The apical urinary bladder wall exhibited minor thickening with mild irregular luminal surface contour. Apical urinary bladder wall measured 0.54 cm. Concurrent minor nondependent particulate sediment was present. No evidence of neoplastic criteria. The urethra was normal to a depth of 5.0 cm. No evidence of medial iliac or sublumbal lymphadenopathy/masses in the area of the iliac trifurcation or sublumbal space.

The residual prostate was normal, measuring 1.0 cm in diameter.

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. No evidence of pelvic dilation was present. Small cortical cysts were present in both kidneys. The left kidney measured 6.3 cm in length. The right kidney measured 5.5 cm in length. Pinpoint medullary mineral was present in both kidneys.

**Adrenal Glands**

Both adrenal glands exhibited discreet nodular changes and generalized mild nonhomogeneous yet nonmineralized parenchyma. An example of right adrenal nodule measured 0.65 cm in diameter. The overall right adrenal gland measured 2.4 cm length x 0.76 cm. An example of left adrenal nodule measured 0.65 cm in diameter. The overall left adrenal gland measured 2.6 cm length x 0.96 cm in width.

**Spleen**

The spleen was not visualized owing to previous splenectomy. No overt pathology in the area of the previous spleen.

**Liver**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective moderate parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Discreet nodular parenchymal changes were noted.

The gallbladder was non distended in size with mild nondependent mild echogenic 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 contained mild nonshadowing ingesta/chyme without signs of 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.



**PATIENT** Normal visible colon wall layers were present with apparent formed feces in lumen.

Alvin Riley **Pancreas**

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

Canine **Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**BREED** **ULTRASONOGRAPHIC FINDINGS**

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- Small dependent cystic calculi/mineral with mild apical cystitis pattern
- Bilateral chronic renal changes, exhibiting pinpoint medullary mineral and intermittent cortical cysts
- Bilateral mildly nodular adrenal glands- suspect adenomas
- Nonhomogeneous discretely nodular hepatic parenchyma- vacuolar hepatopathy, inflammatory/immune mediated disease, nodular hyperplasia, hematopoiesis, fibrosis, infiltrative neoplasia (less likely), or other hepatopathy
- Mild gallbladder debris (non-mucocele)
- Mild pancreatic remodeling- suspect age-related changes
- Overt normal gastrointestinal tract with gastric ingesta

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Urine culture and sensitivity on sterile urine sample is recommended. Ultrasound guided FNA of the liver, assuming normal clotting status and using a 25-gauge needle could be considered for screening cytology and further assessment. Hepatosupportive medications, including Denamarin and Ursodiol may prove beneficial. Sonographic monitoring of the bilateral adrenal glands for evidence of progressive parenchymal/nodular changes, assessment of systemic BP for evidence of hypertension, which may allude to left or right emerging pheochromocytoma is recommended. Potential for low grade or chronic pancreatitis may be suspected, if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a spec CPL could be considered given the patients intermittent vomiting.



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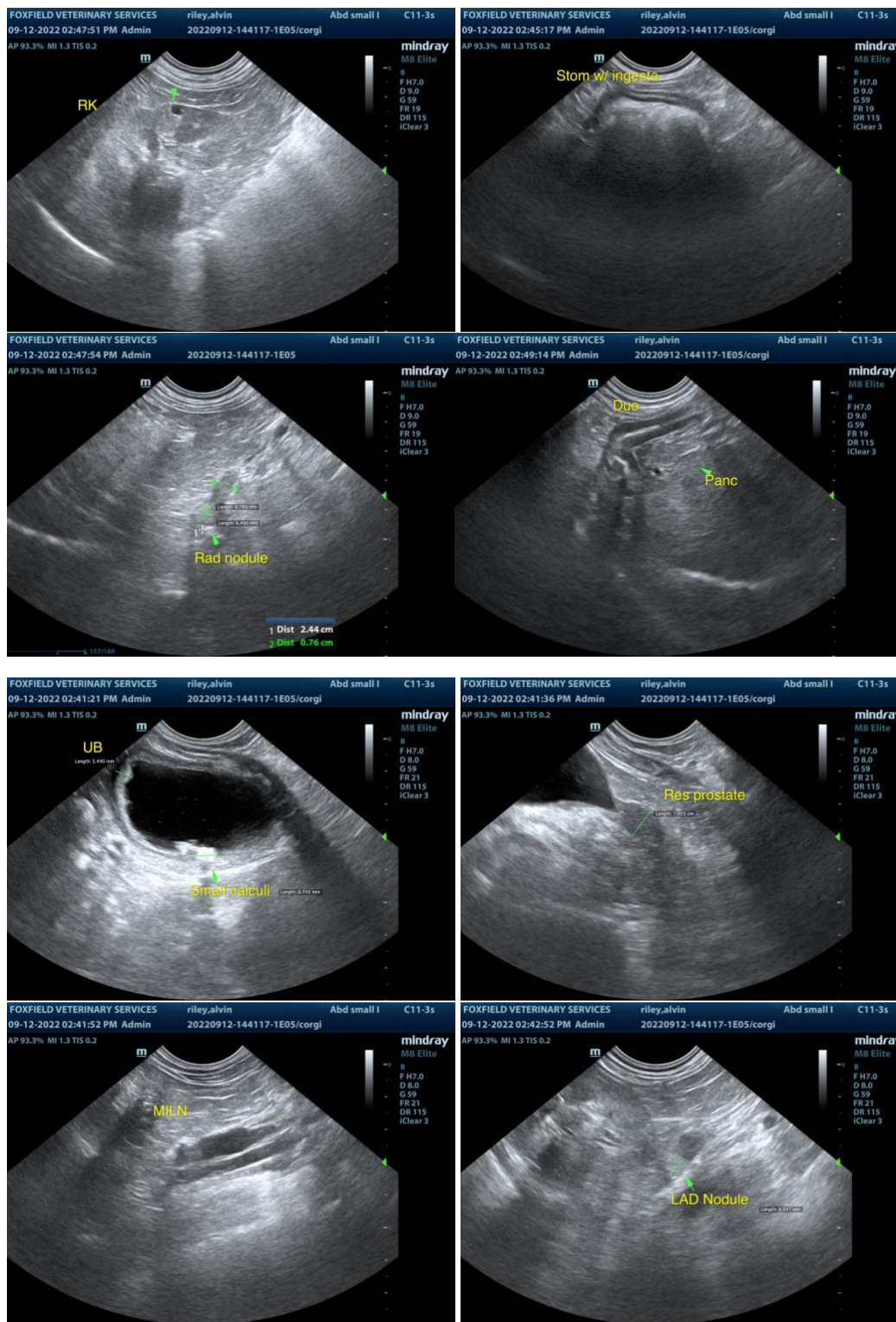
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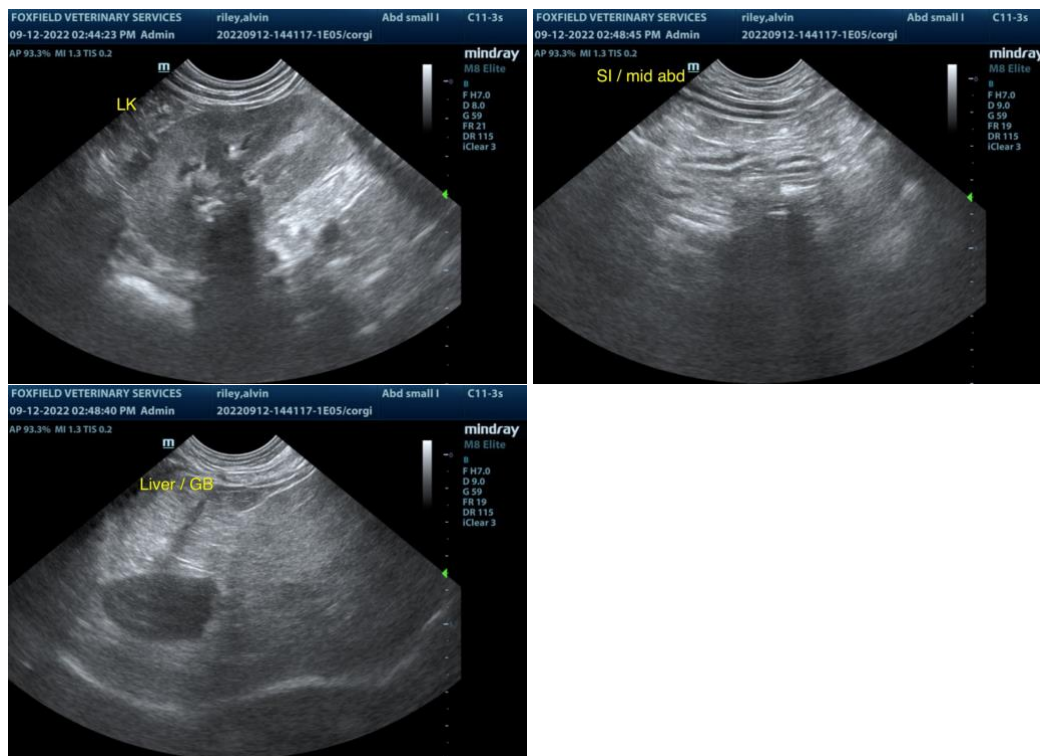
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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