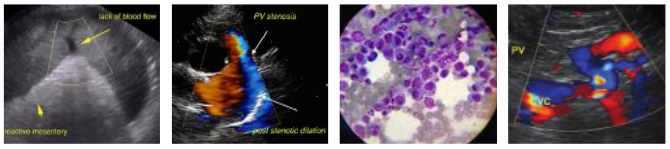
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Deja Lustig

SPECIES

Canine

BREED

Lab Mix

SEX

FS

AGE

9 years

WEIGHT

112

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Michelle Bartus

HOSPITAL NAME

Valley Veterinary Service, Inc

REFERRING VET

Dr. Michelle Bartus

INVOICE

14933

DATE

9-21-22

PRESENTING CLINICAL SIGNS

Urine leakage going on for an unknown length of time. Original owner died.
Abnormal PE/Chem/CBC/UA Results: ALKP 1969 (23-212); Urine Sp. Gr. 1.014 (Culture pending)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distention. Full evaluation of the urinary bladder walls was limited owing to lack of urine distention potentially secondary to incontinence. Subtle nonhomogeneous urinary bladder walls exhibiting minor asymmetrical luminal surface contour was noted. Dorsal urinary bladder wall width measured 0.86 cm. Minimal anechoic urine was present with no sediment or calculi. No overt masses were noted. No overt proximal urethral pathology was noted to a depth of 1.0 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 7.9 cm in length. The right kidney measured 7.8 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly prominent in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.2 cm width in the cranial pole and 0.72 cm width in the caudal pole. The right adrenal gland measured 1.0 cm width in the cranial pole and 1.4 cm width in the caudal pole. No evidence of adrenal tumors was noted.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent, small, non-disruptive, hyperechoic nodules were present primarily in the medial parenchyma. The nodules are consistent with benign myelolipomas, nodular hyperplasia, or potential emerging mineralization. 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.

Liver/ Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma exhibited a moderate coarse echotexture with evidence of minor parenchymal remodeling. 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. The cystic and common bile ducts were normal.

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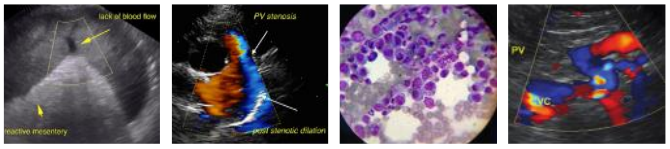

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Gastrointestinal

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 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

Primary Findings

- Subnormal urinary bladder, possible cystitis
- Mild age-related renal changes - no evidence of pyelectasia
- Mildly prominent to nonhomogeneous bilateral adrenal glands
- Hepatopathy exhibiting mild parenchymal remodeling - subjectively benign, sonographically suggestive of vacuolar hepatopathy

Secondary Findings

- Small benign splenic nodules

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pending urine culture and sensitivity warranted to assess for or rule out underlying infection. Full adrenal workup with LDDST is suggested if strong clinical suspicion of Cushing's syndrome, i.e., PU/PD, Polyphagia, etc. Hepatosupportive medications including Denamarin may prove beneficial.

If no evidence of underlying urinary infection and assuming normal blood pressure, Phenylpropanolamine and/or Incurin trial may prove beneficial.

Although urinary bladder or proximal urethra neoplastic criteria is considered less likely, screening BRAF Assay could be considered.

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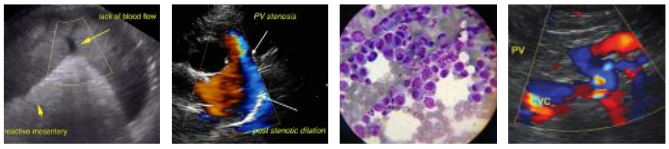

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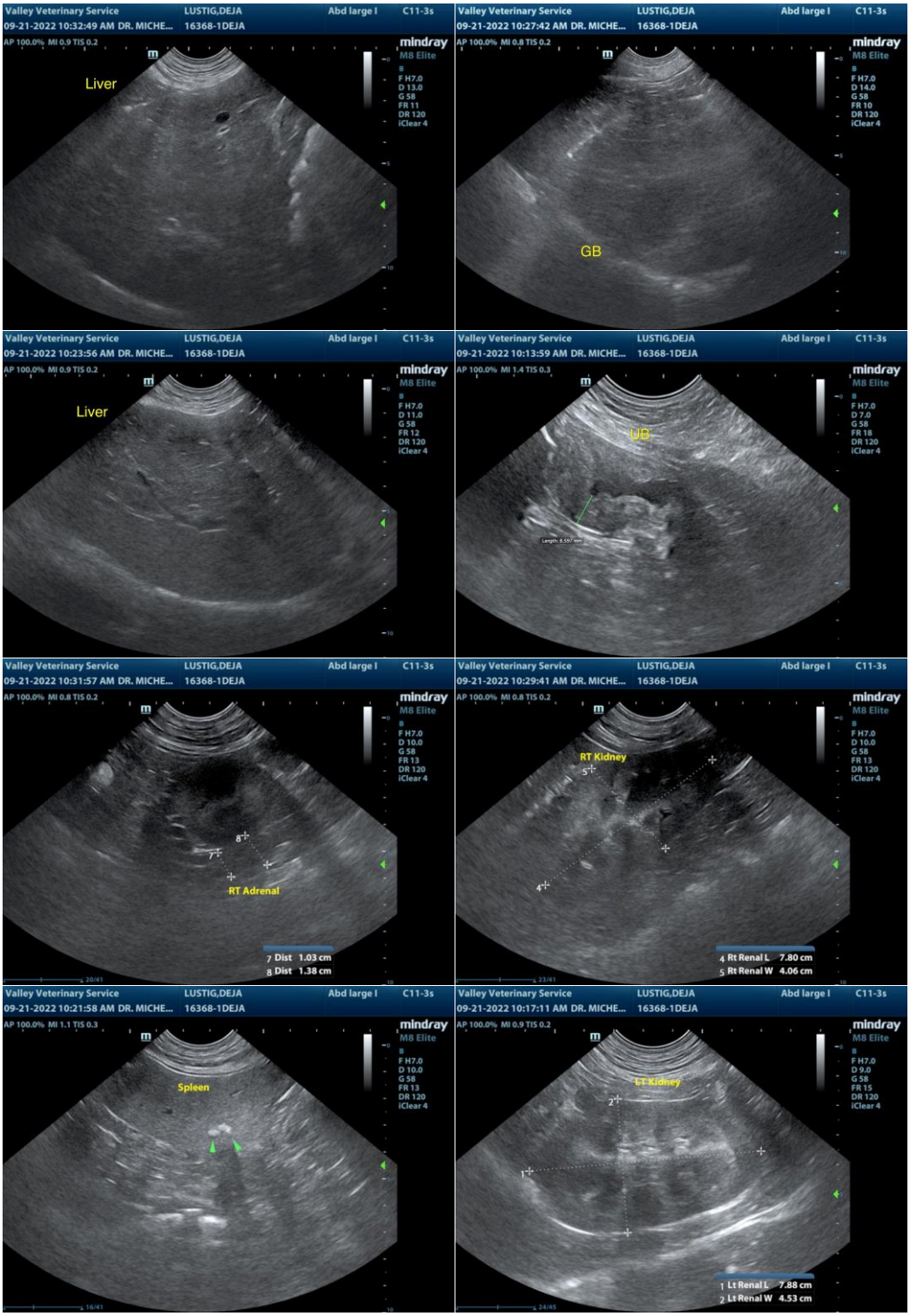

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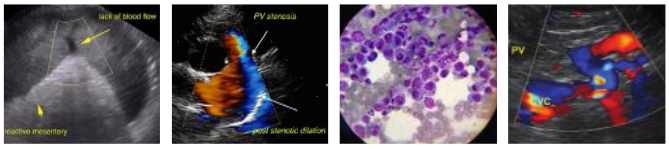

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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