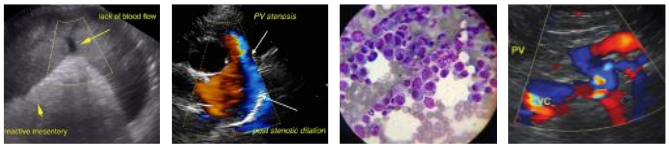
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Wilson Martin

SPECIES

Canine

BREED

Boxer Mmix

SEX

MN

AGE

13 yrs

WEIGHT

92.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy

HOSPITAL NAME

Long Valley Animal Hospital

REFERRING VET

Dr. Stephanie Welch

INVOICE

14956

DATE

9-22-22

PRESENTING CLINICAL SIGNS

Acute onset glaucoma and blindness and lens luxation Ophthalmologist rec full systemic workup
Abnormal PE/Chem/CBC/UA Results: Pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone containing primarily anechoic urine with mild dependent mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the residual prostate was free of over pathology.

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. Pinpoint area of medullary mineral was noted with no evidence of significant medullary renolithiasis. No evidence of pyelectasia was present. The left kidney measured 6.7 cm in length. The right kidney measured 6.8 cm in length.

Adrenal Glands

No overt evidence of pathology in the area of the left adrenal gland. The right adrenal gland was indistinctly visualized with subjective normal size, position and shape. The right adrenal gland measured 0.81 cm width at the caudal pole.

Spleen

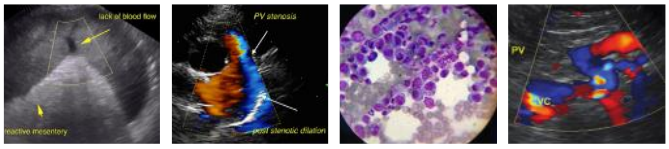
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with very minor luminal hyperechoic debris. 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 contained mild to moderate nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. No evidence of mechanical pyloric outflow obstruction was noted.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental intestinal ingesta / chyme was present.

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 omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

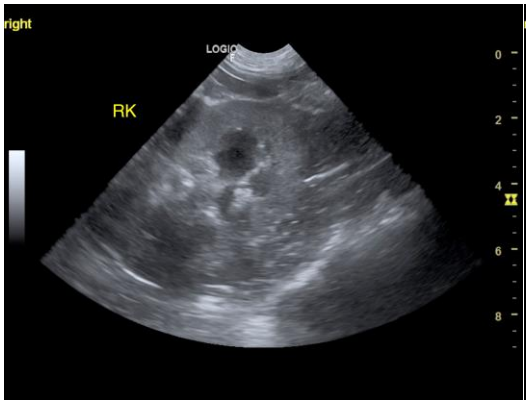
ULTRASONOGRAPHIC FINDINGS

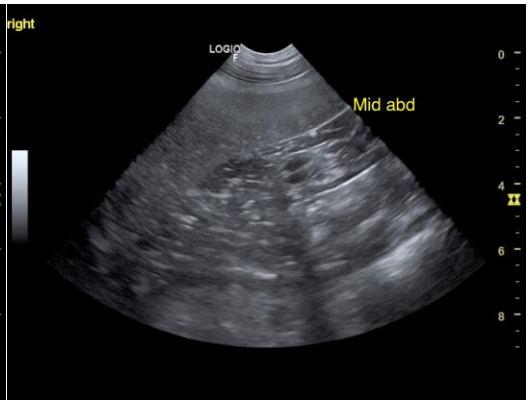
- Mild urinary bladder mineral
- Bilateral mild chronic renal changes with pinpoint medullary mineral
- Gastric ingesta - probable post prandial presentation / recent meal ingestion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, mild geriatric abdomen without evidence of significant visceral pathology.

Urine C/S is suggested to rule out underlying infection as an underlying cause of the urinary bladder mineral. Potentially, this patient may be passing minor amounts of mineral from the kidneys into the urinary bladder. No obvious evidence of adrenal pathology, i.e., tumors or pheochromocytoma. Correlation with pending bloodwork and assessment / monitoring of systemic BP is recommended.





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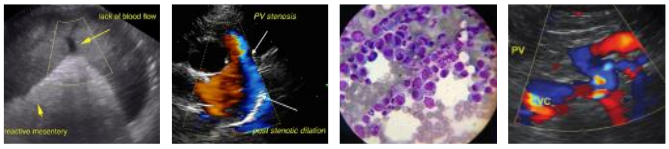

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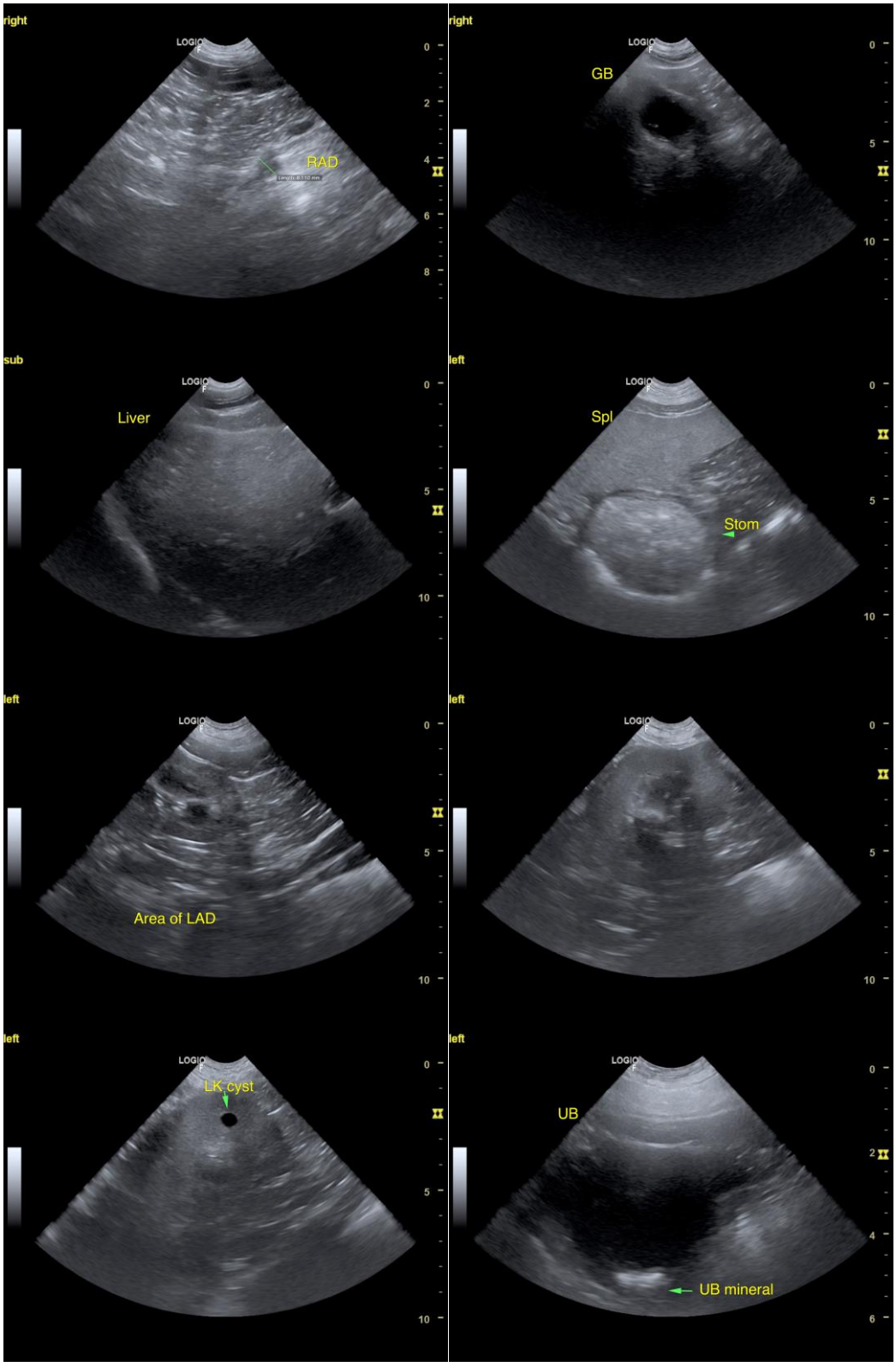

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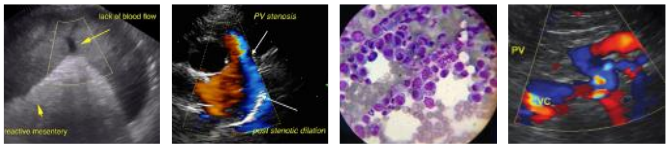

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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