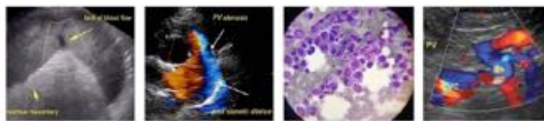


PATIENT
Ted Luesink

SPECIES
Canine

BREED
Chihuahua

SEX
Neutered male

AGE
12 years

WEIGHT
4.8 kg

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

IMAGING PERFORMED BY
Kelly Reshny, RVT

HOSPITAL NAME
Yates VH

REFERRING VET
Dr. Krizmanich

INVOICE
94300

DATE
12/6/21

PRESENTING CLINICAL SIGNS

History: - PU/PD for a few weeks - still BAR - leaking urine/dribbling - eating well - no v/d/c/s - no meds
Abnormal PE/Chem/CBC/UA Results: - mild elevation in ALP 191 (5 - 160 U/L), otherwise normal - UA revealed USG 1.006 and no evidence of infection or protein. did have rare squamous epithelial cells.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

The residual prostate was normal and measured 0.8 cm in diameter.

The aortic trifurcation is normal.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured – cm in length. A moderately sized cyst was noted and occupied the majority of the mid to caudal right kidney. The cyst measured 2.3 cm in diameter and the cyst contained anechoic fluid with potential for minor cellular component. The right kidney measured – cm in length.

Adrenal Glands

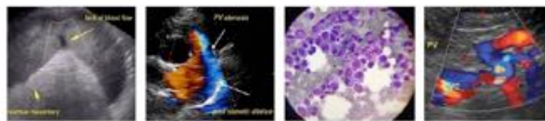
The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. There is no evidence of adrenal hyperplasia or neoplasia. The left adrenal gland measured 1.3 cm in length x 0.56 cm at the caudal pole. The right adrenal gland measured 1.7 cm in length x 0.52 cm width in the cranial 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

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 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 mild, echogenic, non-mineralized



PATIENT

Ted Luesink

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered male

AGE

12 years

WEIGHT

4.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Yates VH

REFERRING VET

Dr. Krizmanich

INVOICE

94300

DATE

12/6/21

biliary sludge. This was primarily noted around the interluminal wall and mildly congealed in the mid gallbladder, yet non-organized. The common bile was normal.

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 pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

ULTRASONOGRAPHIC FINDINGS

Bilateral chronic renal changes with right renal cyst.

Sonographically unremarkable urinary bladder and residual prostate.

Mild to moderate gallbladder debris-non mucocele.

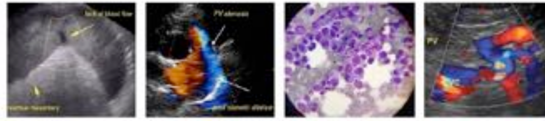
Benign, mild hepatopathy with mild parenchymal remodeling.

Suspect, chronic pancreatitis or pancreatic fibrosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The PU/PD in this patient may be owing to chronic renal changes and early renal insufficiency given the decreased specific gravity. There was no evidence of lower urinary tract pathology as an obvious cause of the leaking or dribbling urine. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Empirical therapy for incontinence may be considered with assessment of clinical response. Although there was no evidence of neoplasia screening BRAF assay may be considered.

The bilateral adrenal glands in the presentation of the liver are not overtly suggestive of underlying adrenal disease; however, if clinical signs which suggest hyperadrenocorticism are present then full adrenal work-up with LDDST can be considered.



PATIENT

Ted Luesink

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered male

AGE

12 years

WEIGHT

4.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Yates VH

REFERRING VET

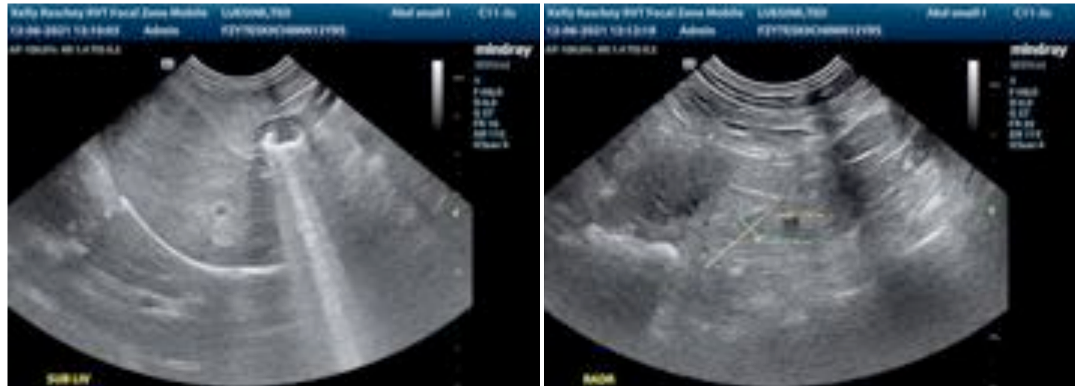
Dr. Krizmanich

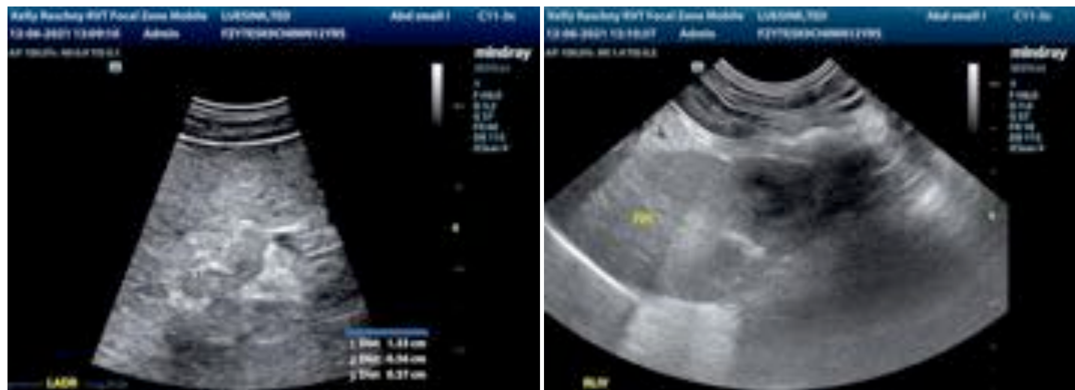
INVOICE

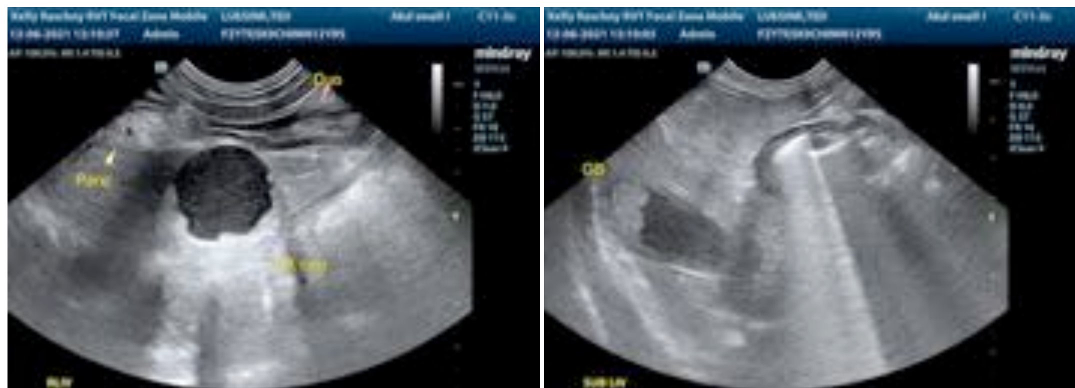
94300

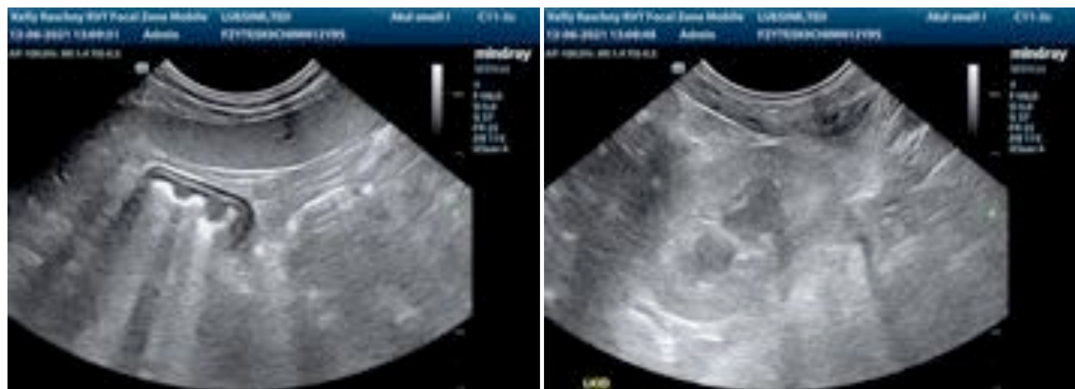
DATE

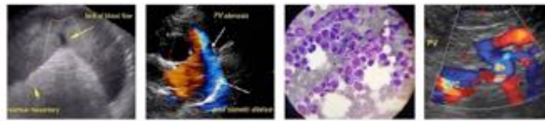
12/6/21











PATIENT

Ted Luesink

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered male

AGE

12 years

WEIGHT

4.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Yates VH

REFERRING VET

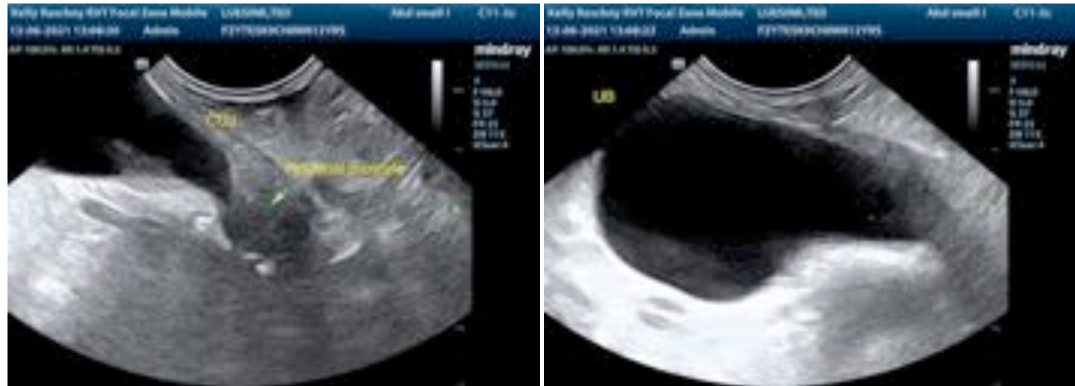
Dr. Krizmanich

INVOICE

94300

DATE

12/6/21



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