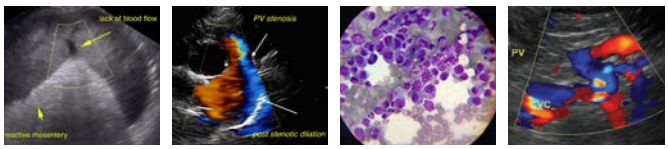
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Rufus Babriaz

SPECIES
Canine

BREED
Hound X

SEX
Neutered Male

AGE
15 Years

WEIGHT
89 Pounds

INTERPRETED BY
Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY
Dr. Tam Mengine

HOSPITAL NAME
Stoney Creek VH

REFERRING VET
Dr. Mandy Becker

INVOICE
44210

DATE
1/12/23

PRESENTING CLINICAL SIGNS

Recent onset of PU/PD. CBC / Chem unremarkable (ALP 206). U/A - SpGr 1.010, rare rods (free catch) - culture of cysto sample pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visible to 3.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins).

The kidneys are hyperechoic and exhibit moderately decreased cortico-medullary differentiation. There is mild dilation of the left renal pelvis, and trace dilation of the right renal pelvis with anechoic contents. There is no evidence of nephrolithiasis, mineralization, or hydronephrosis. The proximal ureters are not visible (normal). The left kidney measures 8.2 cm. The right kidney measures 7.5 cm.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland measures 7.0 mm cranially and 9.2 mm caudally. The right adrenal gland measures 1.2 mm cranially and 6.3 mm caudally.

Spleen

There are several inhomogeneous nodules within the splenic parenchyma, the largest of which measures 1.8 cm x 1.3 cm. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver diffusely hyperechoic and subjectively enlarged. There is a 5.6 mm hypoechoic cyst present in the left caudal lobe. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is moderately distended with normal ingesta The gastric wall is 4.1 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Duodenum measures 5.0 mm. Jejunum measures 4.1 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.3 mm) with intact wall layering. The ileocecal junction is visualized and normal.

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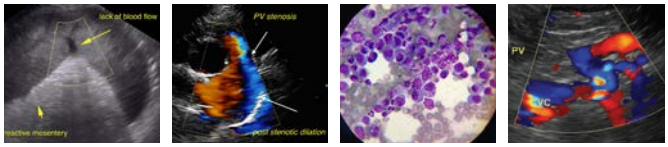

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Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Bilateral chronic renal changes with pyelectasia
- Multiple inhomogeneous splenic nodules

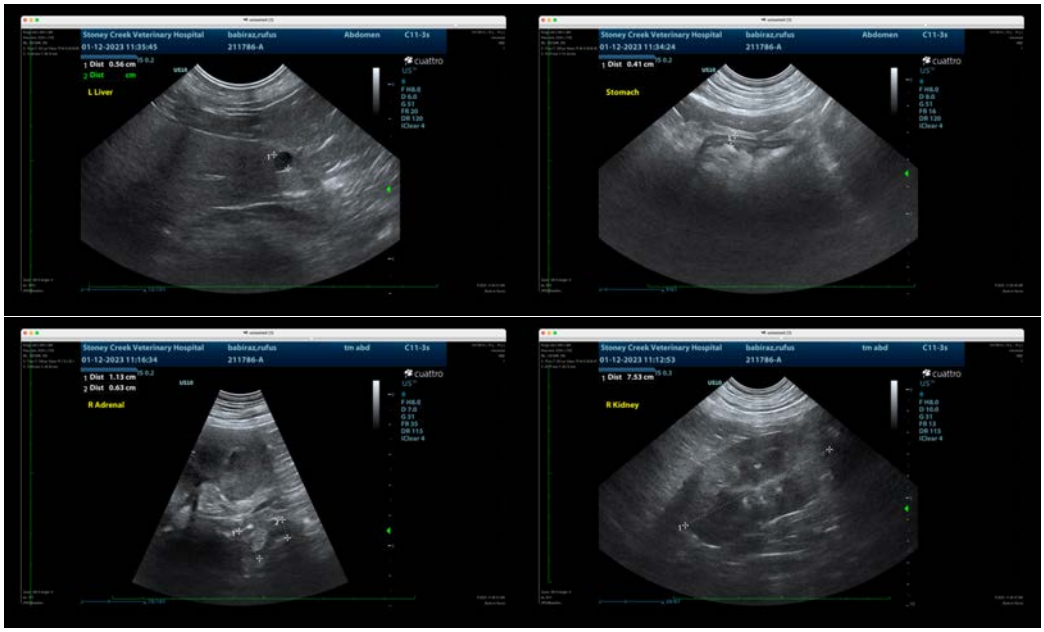
SECONDARY FINDINGS

- Reactive hepatopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the kidneys may be the cause of the noted polyuria and polydipsia. The dilation of the renal pelvises may be due to chronic scarring, but can also indicate infection, so urine culture is recommended. Blood pressure measurement is also recommended.

The changes in the spleen may be benign but could also indicate neoplastic disease. Aspirate of the splenic lesions and potentially the liver as well would be recommended to definitively rule out neoplastic disease.



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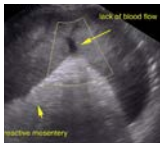
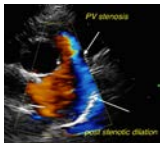
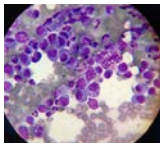
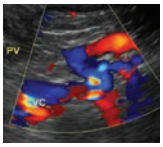

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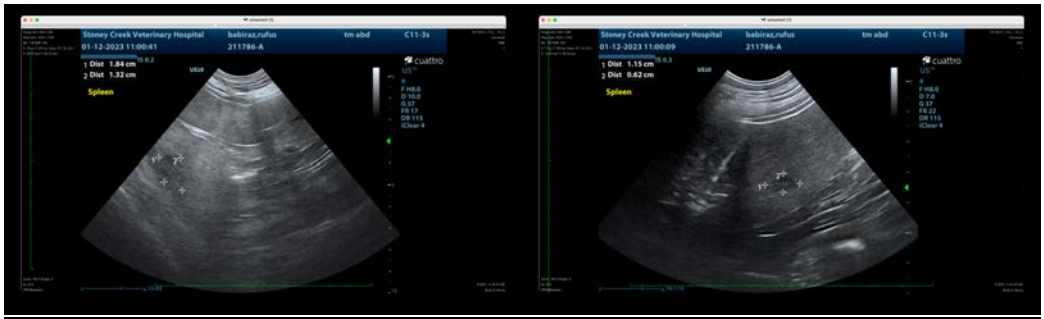

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

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