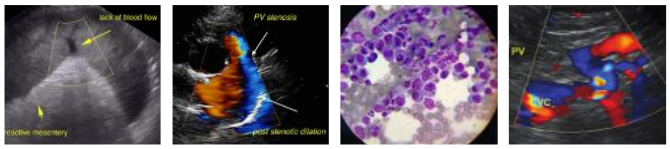
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Norman Hutter

SPECIES

Canine

BREED

Welch Corgi

SEX

Neutered Male

AGE

14 Years

WEIGHT

21

INTERPRETED BY

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

IMAGING PERFORMED BY

Jill Rumachik

HOSPITAL NAME

Clarity Imaging LLC

REFERRING VET

John Dally

INVOICE

17973

DATE

11/4/22

PRESENTING CLINICAL SIGNS

History: Hx of urinary concerns - hematuria in spite of negative cultures. Slightly elevated UPUC.

Abnormal PE/Chem/CBC/UA Results: 11/4/22 - ALB: 1.9; ALP 372, ALT 161; AMY 1294, GLOB 5.7

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and luminal sediment is present. The bladder wall is focally thickened and there are irregularities to the mucosal surface. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses or calculi are noted. The pelvic urethra and prostate are not visualized.

The left kidney is hyperechoic with poor corticomedullary differentiation. There are multiple cortical cysts all measuring <1.0 cm in diameter. There are also several small nonobstructive nephroliths. There is no evidence of pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measures 4.8 cm in length.

The right kidney is hyperechoic and exhibits poor corticomedullary differentiation. The cranial pole is effaced by a large cortical cyst, measuring 3.9 cm in diameter. There is no evidence of pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The right kidney measures 5.2 cm in length.

Adrenal Glands

The left adrenal gland is identified in its normal location. It is normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 5.0 mm at the cranial pole and 5.9 mm at the caudal pole.

The right adrenal gland is not distinctly visualized.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. There is an 8.3 cm x 4.0 cm hyperechoic mass located in the region of the caudate lobe. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis. It should be noted, that while a hepatic origin is suspected for the mass, a right adrenal origin cannot be ruled out, since the gland was not able to be visualized.

The gallbladder is moderately distended with anechoic contents. There is a large amount of echogenic sludge and several small choleliths present within the gallbladder lumen. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is empty. The gastric wall is 3.8 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

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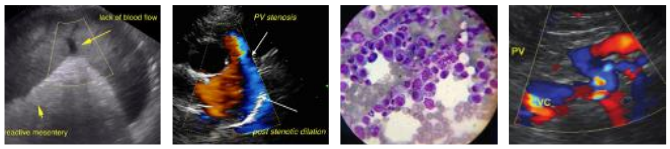

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The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures 4.4 mm. The jejunal wall measures up to 2.9 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.3 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

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.

ULTRASONOGRAPHIC FINDINGS Secondary Findings

Primary Findings

- Significant degenerative renal disease with nephrolithiasis
- A large mass in the cranial abdomen, most likely of hepatic origin or possible of right adrenal origin

Secondary Findings

- Mildly thickened and irregular urinary bladder wall

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of nephroliths in the kidneys may explain the reported hematuria in the absence of urinary tract infection. The passage of nephroliths may also contribute to the mild appearance of inflammation in the bladder wall. Additional recommendations include blood pressure measurement and dietary and supportive care as indicated by laboratory findings and patient symptoms. A dissolution diet, such as Hills C/D or Royal Canin SO may be of benefit.

The mass in the region of the caudate lobe of the liver is unlikely to be related to the noted clinical signs. A CT scan could provide additional information as to its origin. Fine needle aspirate could be considered if coagulation parameters are normal. Three view chest radiographs are also recommended.

The laboratory findings reported include a significantly low albumin. If the urine protein to creatinine ratio is not high enough to explain the presence of hypoalbuminemia, then a bile acid level should be considered to rule out the possibility of significant hepatic disease. If both hepatic and renal causes for hypoalbuminemia have been ruled out, then the possibility of a protein losing enteropathy could be considered. There are no changes noted on the ultrasound to suggest the presence of intestinal disease, however.

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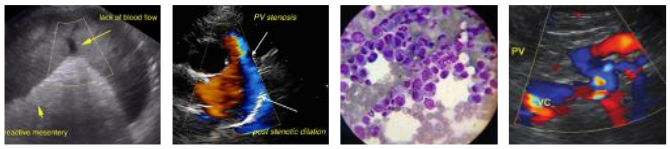

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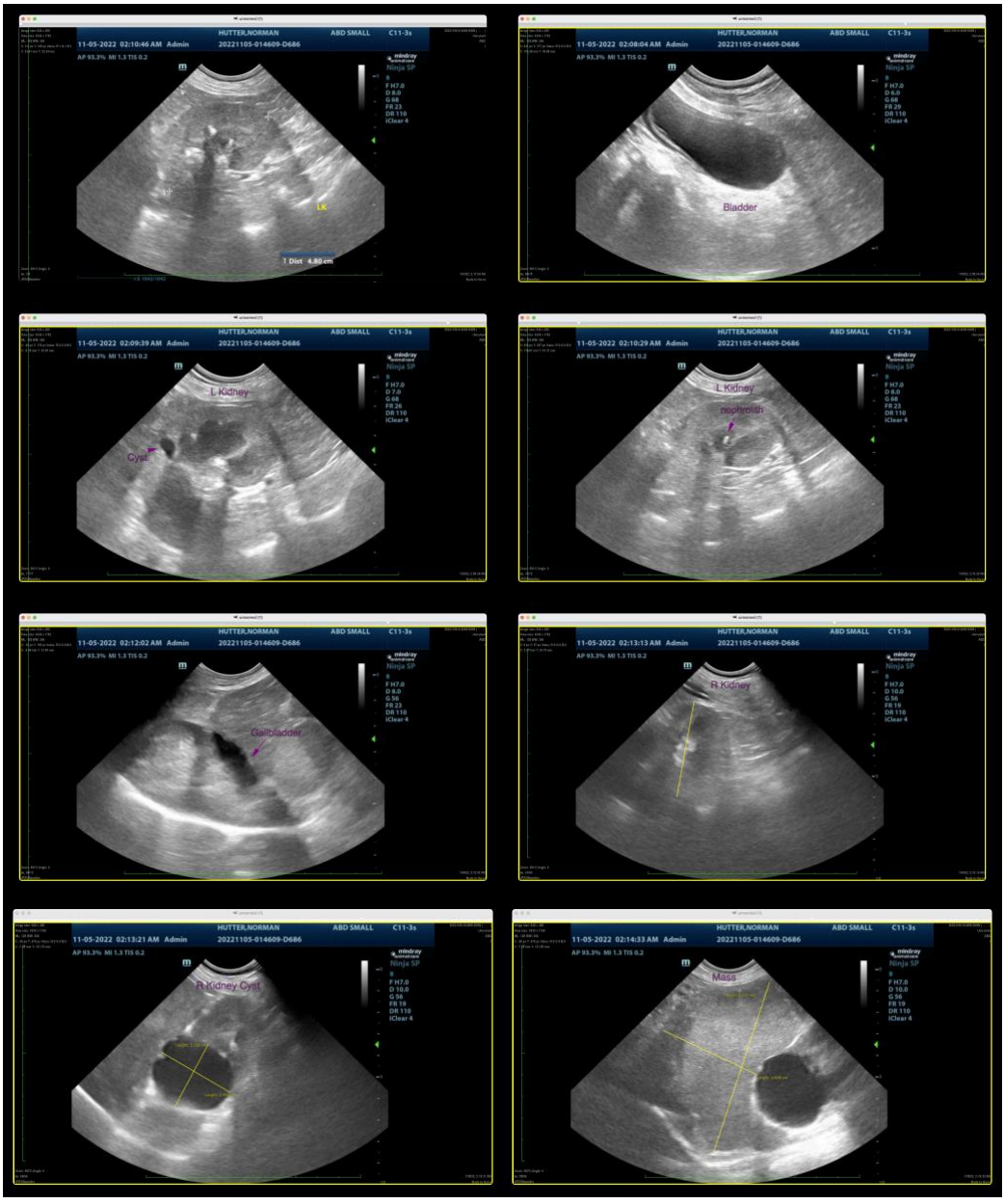

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice) info@SonoPath.com