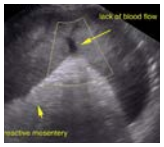
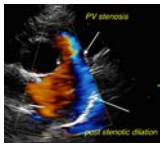
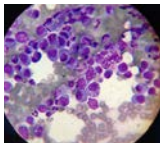
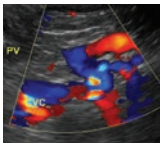
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Peanut Passarelli

SPECIES

Canine

BREED

Chiweenie X

SEX

Neutered Male

AGE

11 Years

WEIGHT

15.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Prescott

HOSPITAL NAME

Rondout Valley Vet Associates

REFERRING VET

Dr. Prescott

INVOICE

39641

DATE

7/18/22

PRESENTING CLINICAL SIGNS

Clinically normal; elevated LE and Calcium on routine physical exam
Abnormal PE/Chem/CBC/UA Results: ALP 285 ALT 404 Ca 11.6 PSL 564

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The apex wall is diffusely thickened with mucosal irregularities, measuring up to 4.4 mm. Wall layering is preserved. 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 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 left kidney is hyperechoic, and exhibits moderately decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measures 3.8 cm in length. There is very slight pyelectasia present.

The right kidney is hyperechoic, and exhibits poor cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The right kidney measures 5.0 cm in length.

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 right adrenal gland measures 6.9 mm at the caudal pole and 4.5 mm at the cranial pole.

The left adrenal gland has a nodular appearance at the cranial pole and is subjectively enlarged for the size of the patient. It measures 7.8 mm at the caudal pole and 5.6 mm at the cranial pole. It is identified in its normal location near the left renal artery. There is appropriate parenchymal echogenicity and normal phrenic vasculature.

Spleen

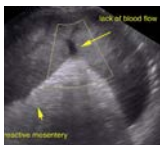
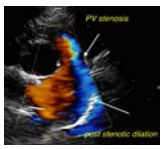
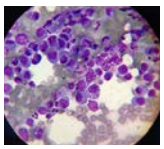
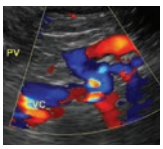
The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is diffusely hyperechoic and enlarged with rounded and irregular margins. The portal hepatic vasculature are normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is distended with largely anechoic contents. A small amount of echogenic sludge is noted. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

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

PATIENT

Peanut Passarelli

SPECIES

Canine

BREED

Chiweenie X

SEX

Neutered Male

AGE

11 Years

WEIGHT

15.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Prescott

HOSPITAL NAME

Rondout Valley Vet Associates

REFERRING VET

Dr. Prescott

INVOICE

39641

DATE

7/18/22

The stomach is empty. The gastric wall presents overall normal wall thickness (4.4 mm). However, the muscularis layer is thickened relative to the thickness of the mucosa layer, and the submucosa is diffusely thickened as well. 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. Intestinal motility appears normal. Jejunum wall measures up to 2.7 mm.

The visible portions of the colon are of normal thickness 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

PRIMARY FINDINGS:

- Enlarged, rounded, hyperechoic liver

SECONDARY FINDINGS:

- Chronic renal changes
- Rounded caudal pole of the left adrenal gland
- Thickened muscularis and submucosal layers in the stomach

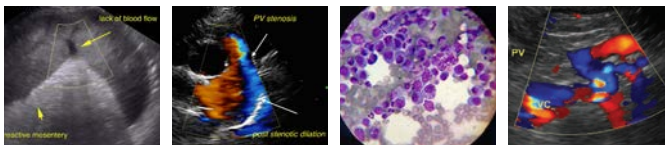
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the liver are non-specific and could be attributed to endocrine disease, other vacuolar hepatopathies, storage hepatopathy, chronic infectious or inflammatory diseases, and hepatic neoplasia. Ultrasound guided or laparoscopic biopsies are recommended for definitive diagnosis. Additional recommendations include:

- Screening for diabetes mellitus and hyperlipidemia if not already performed.
- Testing for Cushing's disease is recommend if clinical signs support the diagnosis, especially given the mildly enlarged caudal pole of the left kidney.
- Bile acid testing is recommended to further assess severity of hepatic disease.
- If empiric treatment is desired, then initiation of liver support therapy such as SAM-e, Vitamin E, and Ursodiol, along with serial monitoring of liver enzyme levels every 2-3 months could be initiated.

The changes in the left adrenal gland may be consistent with chronic stress, Cushing's disease, a benign adenoma, functional adenoma, or less likely emerging neoplasia. Monitoring of the adrenal gland via ultrasound in 1-2 months is recommended.

The changes in the kidneys are consistent with chronic renal disease. Recommendations include:



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

PATIENT

Peanut Passarelli

SPECIES

Canine

BREED

Chiweenie X

SEX

Neutered Male

AGE

11 Years

WEIGHT

15.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Prescott

HOSPITAL NAME

Rondout Valley Vet Associates

REFERRING VET

Dr. Prescott

INVOICE

39641

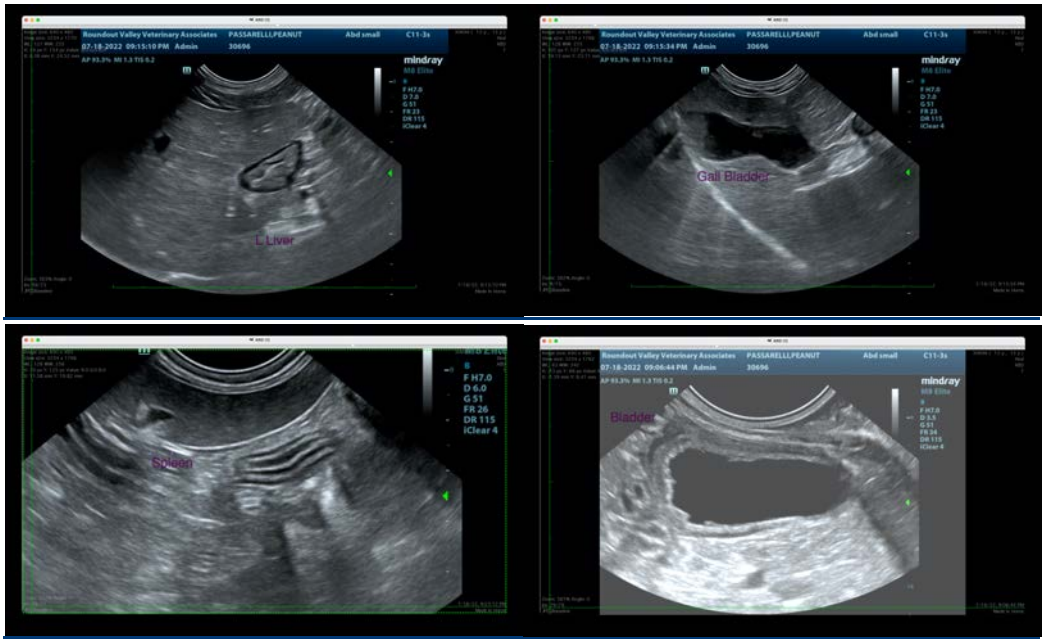
DATE

7/18/22

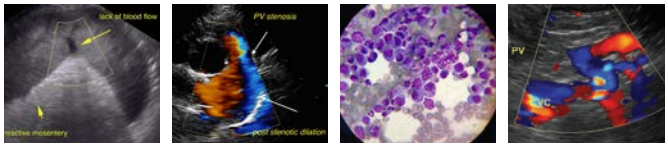
- a CBC, chemistry panel, urinalysis, urine protein creatinine ratio and blood pressure measurement are recommended
- urine culture should also be considered, particularly if urine sediment is active
- dietary and supportive care recommendations can be made, based on the staging of the disease as outlined in the IRIS guidelines

The changes in the stomach are typical of chronic gastritis, though no GI signs are reported. Treatment with gastroprotectants could be considered if clinically indicated.

No apparent cause for the hypercalcemia could be found. As the elevation is mild, assessment of an ionized calcium is recommended, and if this is also elevated then a rectal exam and 3-view chest radiographs are indicated.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Peanut Passarelli

SPECIES

Canine

BREED

Chiweenie X

SEX

Neutered Male

AGE

11 Years

WEIGHT

15.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Prescott

HOSPITAL NAME

Rondout Valley Vet Associates

REFERRING VET

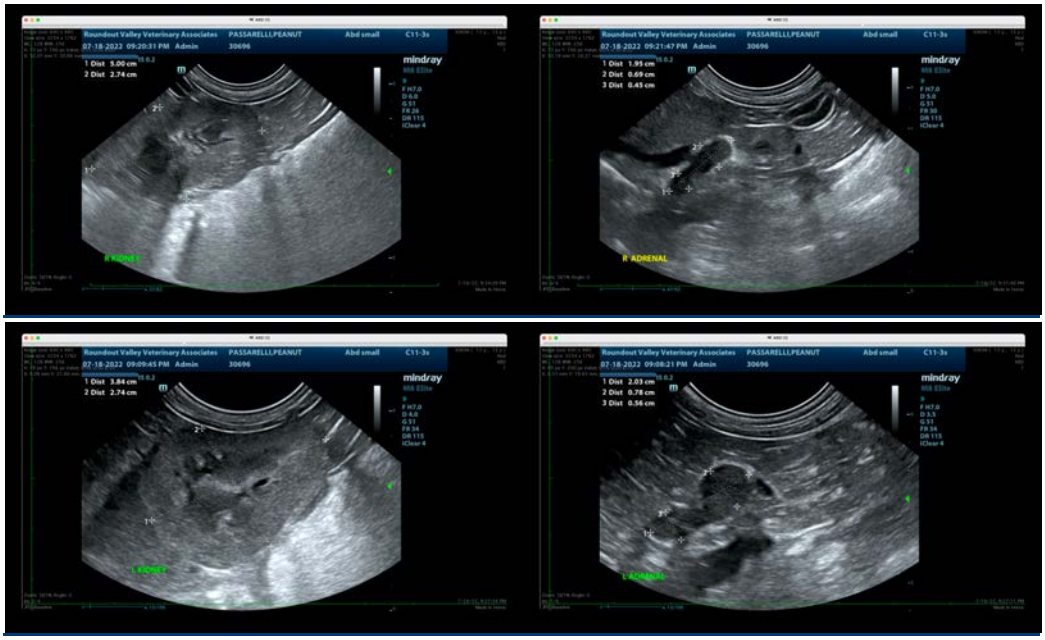
Dr. Prescott

INVOICE

39641

DATE

7/18/22



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)

info@SonoPath.com