



PATIENT

Snitches Kortright

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

13 Years 6 Months

WEIGHT

49.6 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Prescott

HOSPITAL NAME

Rondout Valley VA

REFERRING VET

Dr. Prescott

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DATE

8/8/22

PRESENTING CLINICAL SIGNS

History: Yearly US while here for dental cleaning. Hx of CKD and leptospirosis infection.

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 are of normal appearance, and the ureters are not visible (normal). The bladder wall at the apex has diffuse mucosal irregularities. Overall wall thickness is appropriate. No masses, calculi or mucosal irregularities are noted. The pelvic urethra is visualized to 3.0 cm and is normal.

The right kidney is hyperechoic and exhibits moderately decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The right kidney is 4.3 cm in length.

The left kidney is hyperechoic and exhibits moderately decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 5.1 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 left adrenal gland height is 6.3 mm at the cranial pole and 7.6 mm at the caudal pole. The right adrenal gland height is 8.4 mm at the cranial pole and 9.6 mm at the caudal pole. There is a 4.3 mm nodule arising from the body of the right adrenal gland.

Spleen

There are multiple hyperechoic masses within the splenic parenchyma, measuring up to 1.3 cm in size, with no visible deviation of the splenic capsule. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

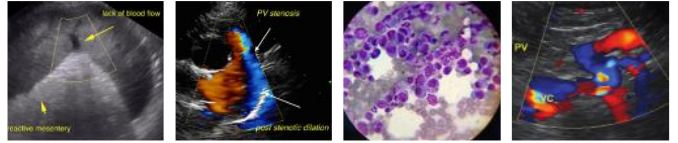
The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents and a large amount of hyperechoic non-shadowing sludge. 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 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. The duodenal wall measures 3.1 mm. The jejunal wall measures up to 4.0 mm. Intestinal motility appears normal.



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The visible portions of the colon are of normal thickness, up to 1.8 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas

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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.

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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.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Chronic renal changes

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Secondary Findings

- Right adrenal nodule
- Mild mucosal irregularity in the urinary bladder
- Gallbladder sludge
- Splenic myelolipomas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The changes in the kidneys are consistent with chronic renal disease. The changes in the urinary bladder are also suggestive of urinary tract inflammation. Recommendations include:

- ❖ 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

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The nodule on the right adrenal gland may be indicative of adrenal hyperplasia, a benign adrenal adenoma, or an early malignancy such as pheochromocytoma or adenocarcinoma. Recommendations include:

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- ❖ blood pressure measurement to screen for pheochromocytoma
- ❖ if signs of Cushing's disease are present, then adrenal function testing (either a low-dose dex-suppression test or ACTH stimulation test) is recommended
- ❖ monitoring the nodule for changes in size or appearance, via serial ultrasounds at 6-8 week intervals

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The mobile sludge in the gallbladder shows no evidence of mucocele formation at this time. Recommendations include:

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- ❖ monitoring for progression in 2-3 months time is recommended



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- ❖ treatment with ursodiol could be considered, especially if there are concurrent elevations in cholestatic enzymes

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The changes in the spleen are typical of benign myelolipomas, a common incidental finding in older dogs. No treatment is warranted.

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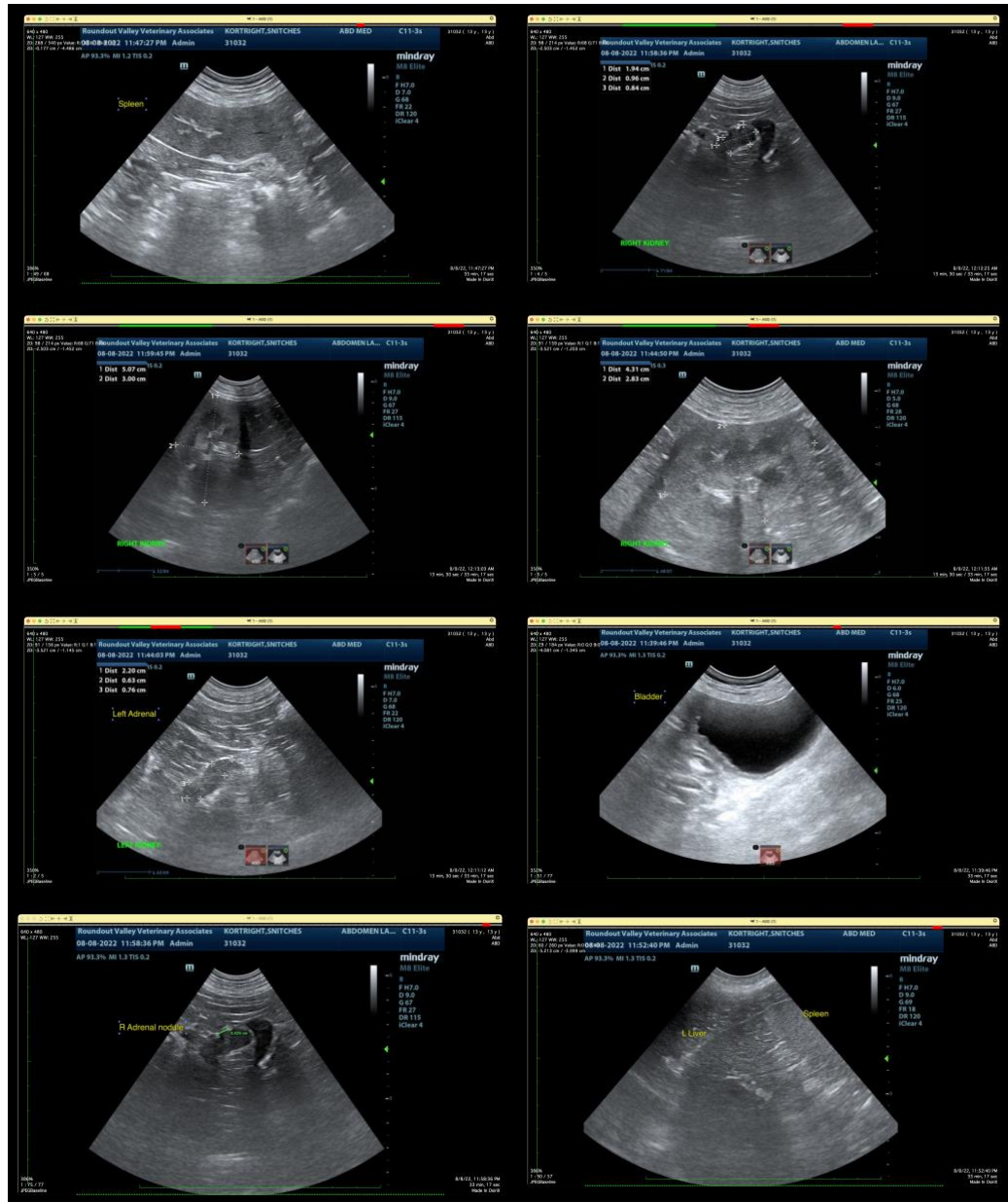
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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