



**PATIENT PRESENTING CLINICAL SIGNS**

Cooper House Recently diagnosed grade 2-3 /6 cardiac murmur on exam. Holosystolic, PMI left MV heart murmur. Reg/Reg, No adventitial lung sounds

**SPECIES**

Canine

**BREED**

KC Cav Span

**SEX**

Neutered Male

**AGE**

7 Years 2 Months

**WEIGHT**

17.35 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Brian Barnes

**HOSPITAL NAME**

Westview Vet Hospital

**REFERRING VET**

Dr. Brian Barnes

**INVOICE**

43187

**DATE**

6/14/23

Abnormal PE/Chem/CBC/UA Results: CBC wnl besides mild anemia rbc 5.3 (5.4-8.7) mcv 83 (59-76) mch 28 (21-26) \*\* note from pathology- changes may be related to hemolysis CHEM wnl besides hyperphosphatemia 2.5 (0.8-2.0) hyperkalemia 5.6 (4-5.4) na:k ratio 26 (28-37) hypochloridemia 103 (108-119) ALP 1066 (5-160) lipase 347 (0-250) CK 393 (10-200) Probnp normal UA ran in house free catch cloudy urine usg 1.020 ph 9, leu neg, pro 100mg/dl glu,ket,ubg,bil,bld neg wbc/rbc <1/hpf, no bact, epi, casts <1/hpf struvite crystals

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

The right kidney is normal in size (7.64 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (6.35 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

**Adrenal Glands**

The right adrenal gland is normal in size (2.08 cm long x 0.55 cm at the cranial pole and 0.57 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is mildly plump, measuring 2.73 cm long x 0.99 cm at the cranial pole and 1.06 cm at the caudal pole. Normal shape and contour are maintained without evidence of capsular invasion. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**Spleen**

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

**Liver**

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.



**PATIENT**

***Gastrointestinal***

Cooper House

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

**SPECIES**

Canine

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

**BREED**

KC Cav Span

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

**SEX**

Neutered Male

***Pancreas***

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

**AGE**

7 Years 2 Months

***Free Abdomen***

**WEIGHT**

17.35 kg

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**ULTRASONOGRAPHIC FINDINGS**

- **Mildly plump left adrenal gland** – could be consistent with adrenal hyperplasia secondary to pituitary dependent hyperadrenocorticism vs stress or normal variant. Interpret in combination with clinical signs of hyperadrenocorticism.
- Otherwise, this is a relatively unremarkable/normal abdomen.

**IMAGING PERFORMED BY**

Dr. Brian Barnes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommendations for this patient's reported mild laboratory changes as well as the mild adrenomegaly are primarily dependent on patient's clinical signs. Having said that, given the reported proteinuria, if the sediment is otherwise quiet, quantification via a urine protein to creatinine ratio should be evaluated to help determine treatment, and if not recently evaluate da blood pressure should be investigated. Emerging hyperadrenocorticism may be present in this patient and contributing to the high ALP, proteinuria, etc. However, further evaluation of hyperadrenocorticism typically isn't warranted unless clinical signs of hyperadrenocorticism are present. Therefore, further investigation should be pursued when/if clinical signs occur.

**HOSPITAL NAME**

Westview Vet Hospital

**REFERRING VET**

Dr. Brian Barnes

**INVOICE**

43187

**DATE**

6/14/23



**PATIENT**

Cooper House

**SPECIES**

Canine

**BREED**

KC Cav Span

**SEX**

Neutered Male

**AGE**

7 Years 2 Months

**WEIGHT**

17.35 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Brian Barnes

**HOSPITAL NAME**

Westview Vet Hospital

**REFERRING VET**

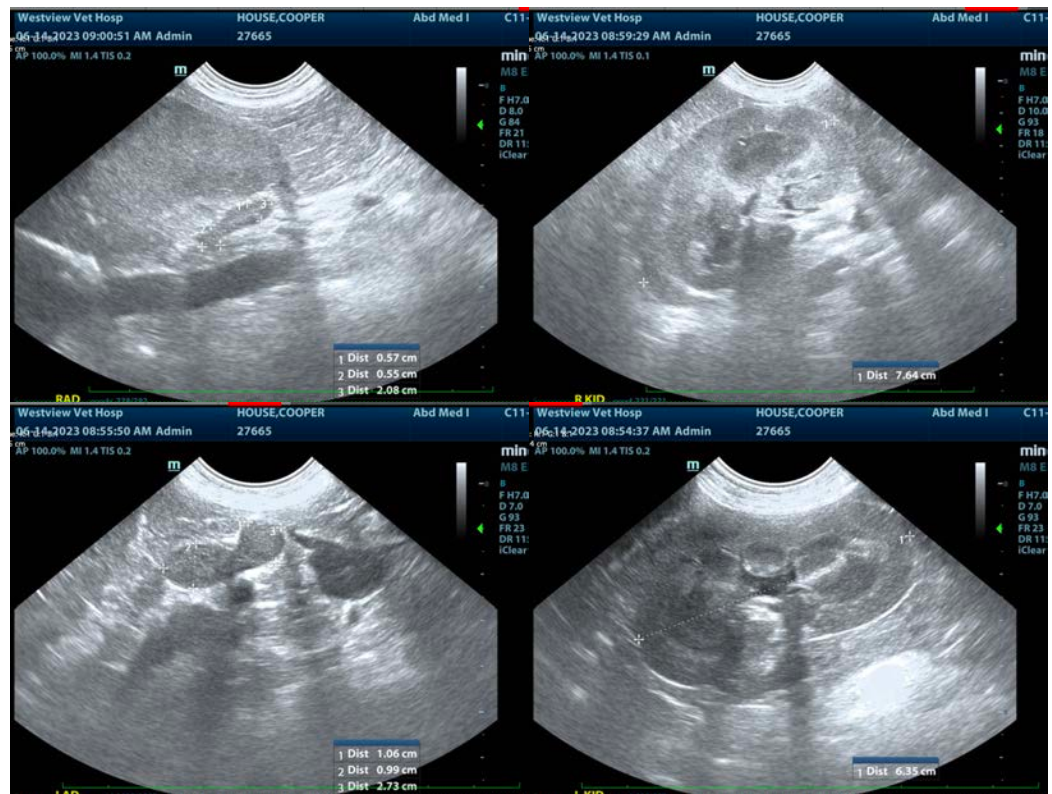
Dr. Brian Barnes

**INVOICE**

43187

**DATE**

6/14/23



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.

**Beth Johnson, DVM, DACVIM**  
info@sonopath.com