

PATIENT

Izzy Coleman

PRESENTING CLINICAL SIGNS

History: drinking more recently, more hungry, slight weight loss

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: ALP 1100, Alt 190, USG 1.103, HCT 29, PLT count 80K clear chest rads

BREED

Mini Doberman
Pinscher Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is mildly distended with anechoic urine and bladder thickness is considered normal for volume of urine.

SEX

Spayed Female

The left kidney measure on the smaller side, though otherwise normal in size, shape and architecture with smooth peripheral margins (4.40 cm). There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

AGE

9 years

The right kidney measure on the smaller side, though otherwise normal in size, shape and architecture with smooth peripheral margins (4.60 cm). There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

24 lbs

Adrenal Glands

The left adrenal gland is normal in size (cranial pole 0.34 cm / caudal pole 0.64 cm). The left adrenal gland has normal in shape and is normal in appearance and echogenicity.

The right adrenal gland is enlarged (cranial pole 1.00 cm / caudal pole 0.87 cm). The appearance is generally rounded with otherwise normal echogenicity.

INTERPRETED BY

Jessica Midence, DVM,
DACVIM (SAIM)

Spleen

The splenic echotexture is homogeneous with parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis.

IMAGING PERFORMED BY

Dr. Scott

Liver

The liver is subjectively enlarged in size with normal contours, structure, with smooth and mildly rounded peripheral margins. The echogenicity appears hyperechoic with decreased portal markings. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

HOSPITAL NAME

Ho-Ho-Kus Vet

The gallbladder lumen is mildly distended. The wall is a normal thickness (0.20 cm), smooth and hyperechoic. There is a small amount of adherent debris along the margin of the wall.

REFERRING VET

Dr. Scott

Gastrointestinal Tract

The gastric lumen is empty. The stomach wall is of normal wall thickness (0.40 cm) with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed.

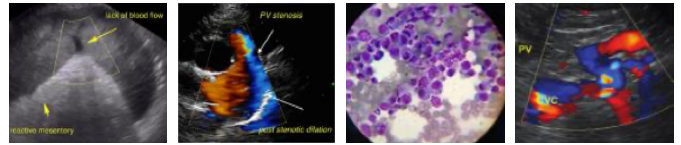
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The visualized areas of duodenum, jejunum and ileum have variable thickness. Some measure normal while others measure thick, up to 0.44 cm (normal is up to 0.41 cm). There is some hyperechoic mucosal speckling (usually associated with a post-prandial state). The small intestines are normal with

DATE

4.7.23



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normal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.

The sections of colon are visualized with formed fecal material and gas shadowing distally.

SPECIES

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Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

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Peritoneum

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Right adrenomegaly
- Hyperechoic hepatomegaly
- Cystic mucinous hyperplasia of the gall bladder

AGE

9 years

Secondary Findings

- Possible enteropathy

WEIGHT

24 lbs

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right adrenal gland is enlarged and is starting to look rounded. Given the hyperechoic hepatomegaly, adrenal gland adrenal hyperfunction is suspected. The changes to the liver would be consistent with vacuolar hepatopathy. Consider adrenal axis testing (such as UCCR, ACTH stimulation test, or a low-dose dexamethasone suppression test).

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Some loops of intestine measure thick; and there is some mucosal speckling. These changes would be consistent with a chronic enteropathy, although they could be clinically insignificant in this patient. A diet trial with a novel protein or hypoallergenic diet could be considered. Alternatively, consider a GI panel.

HOSPITAL NAME

Ho-Ho-Kus Vet

There are no abnormalities on this examination to explain the anemia and low platelet count, unless there are multiple comorbidities. Consider thyroid testing, a pathologist review to confirm thrombocytopenia, and if persistent, consider infectious disease testing.

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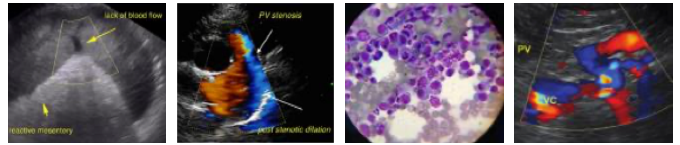
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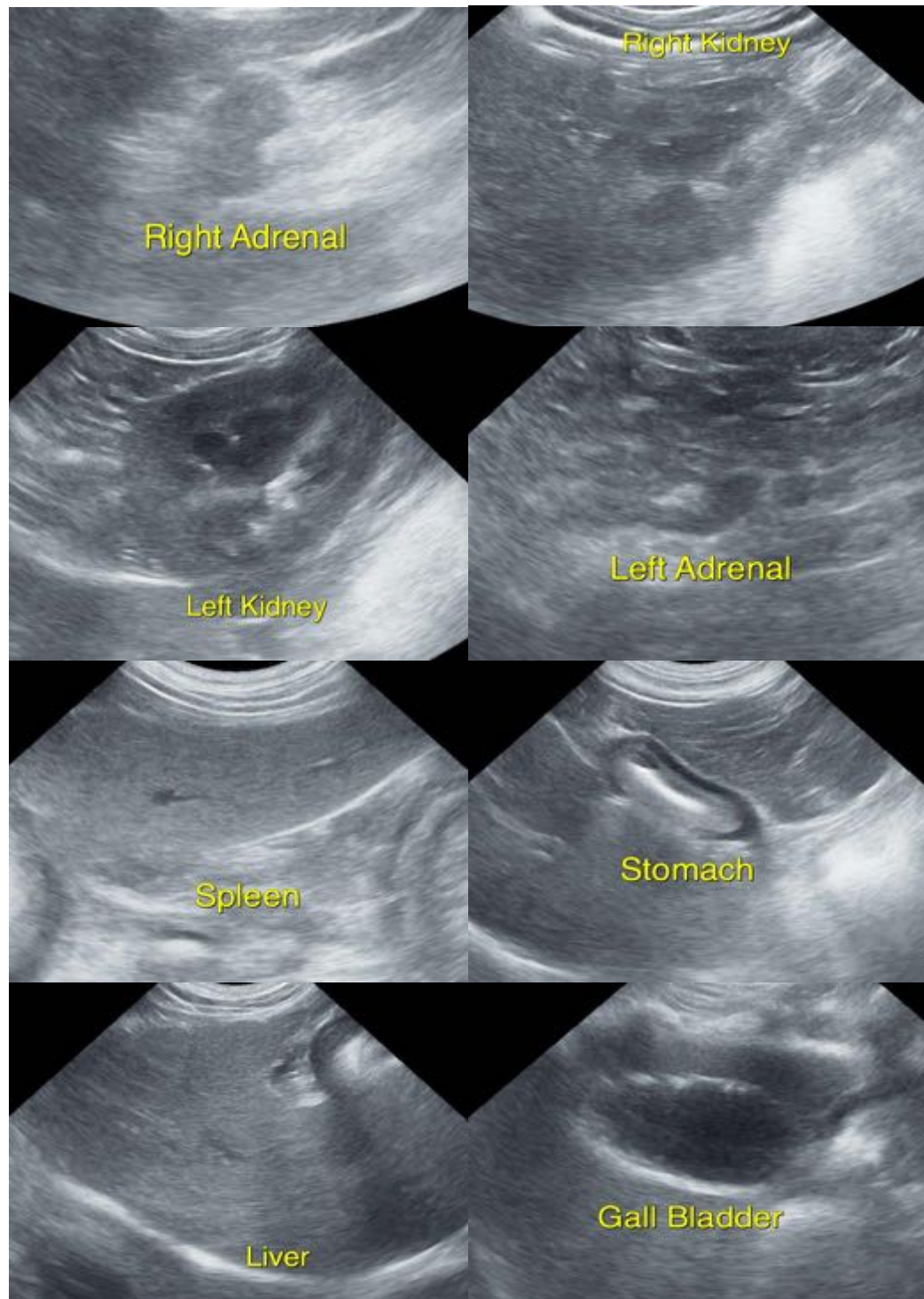
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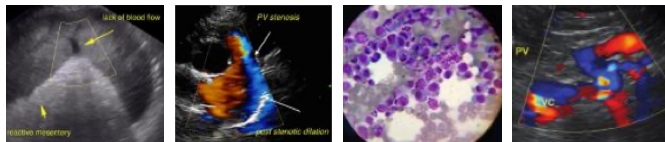
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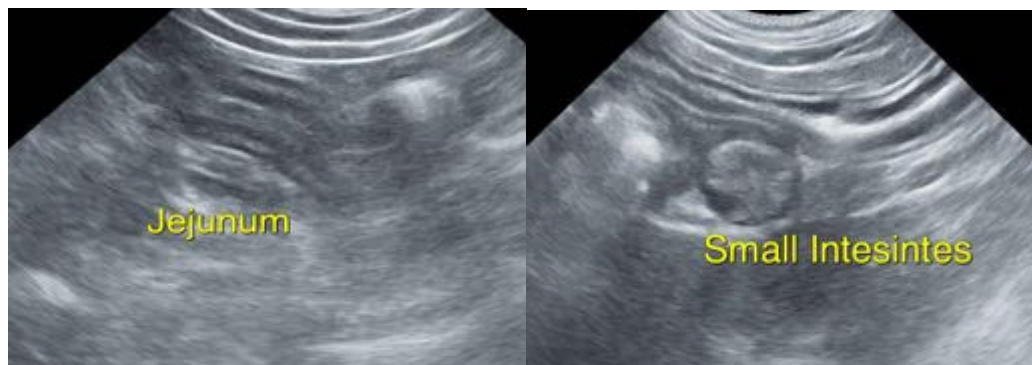
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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