



PATIENT

Bruno Dineen

SPECIES

Canine

BREED

Maltese

SEX

Neutered male

AGE

12 years

WEIGHT

8.7 lbs

INTERPRETED BY

Karen Ebersole, DVM,
DABVP (Canine and
Feline practice)

**IMAGING
PERFORMED BY**

Dr. Smatt

HOSPITAL NAME

The Pets I Love

REFERRING VET

Dr. Szpicek

INVOICE

42403

DATE

12/27/22

PRESENTING CLINICAL SIGNS

History: patient was in for a dental and had pre-op blood work. The blood work revealed elevated liver values, patient went course of denamarin and recheck values and no improvement, patient in for Low dose dex suppression test and abdominal ultrasound today

Abnormal PE/Chem/CBC/UA Results: 12/1/2021 alt / alk phos elevated 129/ 541 11/2/2022 alt / alk phos elevated 223/ 1910 12/2/2022 alt / alk phos / ggt elevated 174/ 2,962/ 35

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** was moderately full of anechoic urine with no visible sediment or stones. Mild apical wall may represent chronic cystitis. The trigone and visible pelvic urethra were normal in thickness and tone. The residual prostate was normal in size, shape and echogenicity.

The **left kidney** was normal in size and shape, measuring 4.5 cm in length. There is a mildly thickened cortex with pinpoint to patchy mineralization. There are several focal, defined areas of wedge-like fibrotic changes in the cranial and caudal cortex, likely representing previous infarct. No evidence of renoliths or pyelectasia.

The **right kidney** was normal in size with a mildly irregular contour, measuring 4.5cm in length. There is cortical thickening with moderate pinpoint mineralization. There are with several small cortical cysts.

Adrenal Glands

The **left adrenal gland** was uniformly enlarged for the size and breed, with normal visible layering of the cortex and medulla. No evidence of a discrete mass or vascular invasion. The cranial pole measured 7 mm by 2.3 cm and the caudal pole measured 7 mm.

The **right adrenal gland** was uniformly enlarged for the size and breed, with normal layering of the cortex and medulla. No evidence of a discrete mass or vascular invasion. The cranial pole measured 11 mm by 2.4cm, and the caudal pole measured 7 mm.

Spleen

The **spleen** exhibited finely textured parenchyma with diffuse mild pinpoint mineralization. There was a smooth capsule and no evidence of masses. The spleen was folded on itself caudally, which is not pathological.

Liver

The **liver** was excessive in size with rounded edges and diffusely hyperechoic parenchyma. Normal vascular pattern with no deviation of the diaphragm. No obvious masses visualized. The **gallbladder** was normal in size, with a mildly irregular mucosal surface and a minor amount of mobile bile.

Gastrointestinal

The **stomach** wall contained a small amount of ingesta and exhibited a mildly thickened muscularis layer with preserved layering. The **duodenum** was normal in appearance. The **small intestine** exhibited



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normal, curvilinear patterns in respect to wall layering and thickness. No obvious masses or obstruction noted. The **colon** wall was normal thickness and layering.

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Pancreas

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The **pancreas** was isoechoic to the surrounding fat and maintained normal curvilinear pattern in regards to the capsule and pancreatic duct. There were no obvious masses or inflammation present.

Canine

BREED

ULTRASONOGRAPHIC FINDINGS

Maltese

- Bilateral adrenal gland hypertrophy
- Hepatic enlargement and changes consistent with steroid induced hepatopathy.
- GB minor sludge and mucosal thickening; non-mucocele.
- Chronic renal changes, moderate.

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Neutered male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

The bilateral adrenal hypertrophy and liver changes are consistent with PDH, though not solely diagnostic. The results of currently pending LDDST should confirm the diagnosis. Blood pressure measurements are indicated. Urinalysis +/- culture and sensitivity is recommended. Ursodiol may be considered as preventative measure for the minor gall bladder changes.

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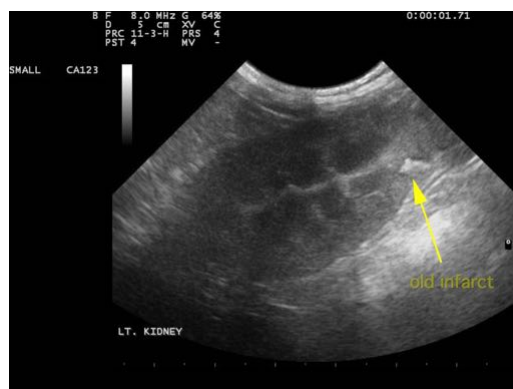
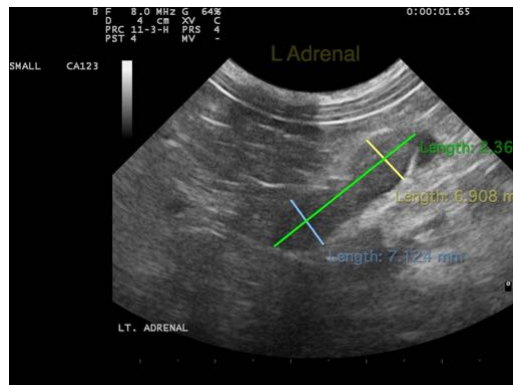
Dr. Szpicek

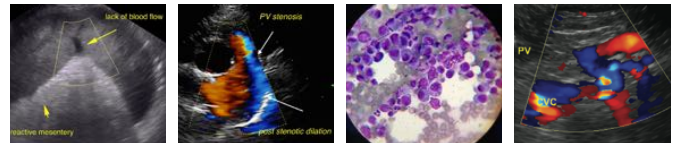
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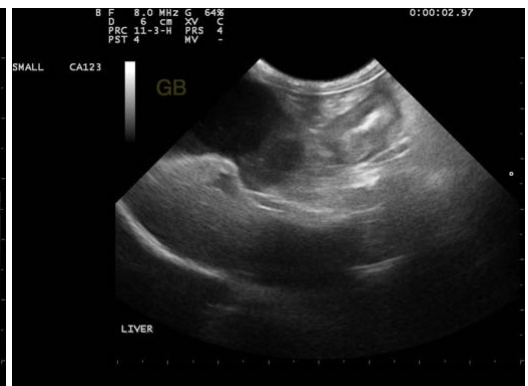
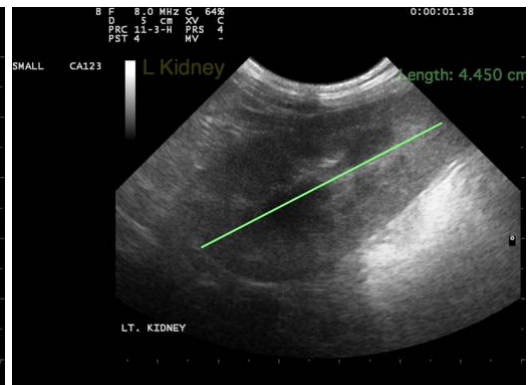
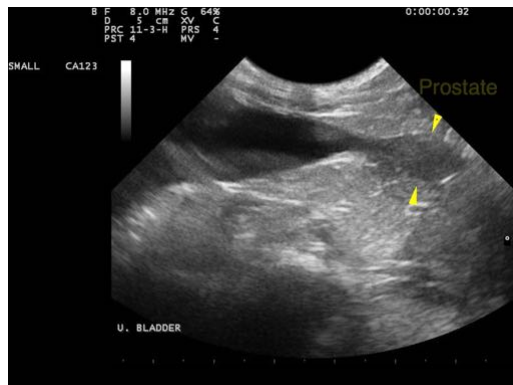
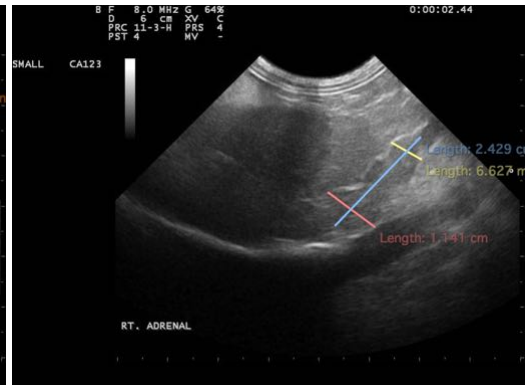
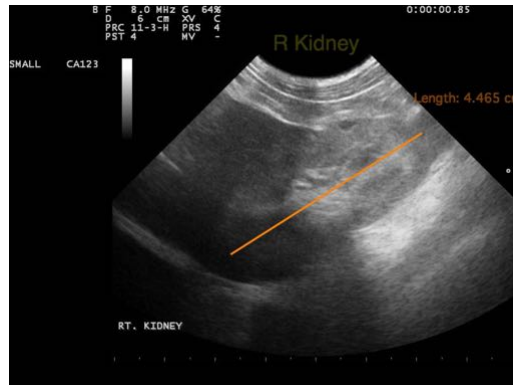
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)
info@SonoPath.com