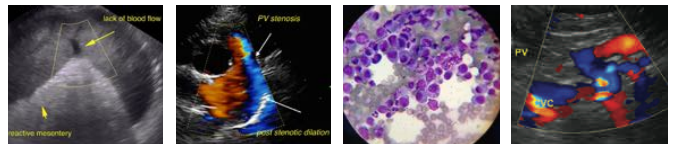




PATIENT	PRESENTING CLINICAL SIGNS
Cookie Sims	History: PU/PD/panting, moderately elevated ALP
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	The urinary bladder is adequately filled. The wall is smooth and regular. No abnormalities are present with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.
German Shorthair Pointer	The left kidney measures 7.44 cm (within normal limits). The capsule is smooth. The cortex is mildly hyperechoic and a mild loss of the normal definition of the cortico-medullary junction is present. The cortex is isoechoic to the spleen. Very small, punctate, mineralizations of the diverticulae and cortex are present without evidence of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.
SEX	
Spayed Female	The right kidney measures approximately 5.38 cm (an accurate measurement is not possible due to gas in the surrounding region). The capsule is smooth. The cortex is mildly hyperechoic and a mild loss of the normal definition of the cortico-medullary junction is present. The cortex is isoechoic to the spleen. Very small, punctate, mineralizations of the diverticulae and cortex are present without evidence of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.
AGE	
9 years	
WEIGHT	Adrenal Glands
63 lbs	The left adrenal gland measures 0.50 cm at the cranial pole, 0.52 cm at the caudal pole, and 2.33 cm in length. No abnormalities are noted with the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.
INTERPRETED BY	The right adrenal gland measures 0.61 cm at the cranial pole, 0.62 cm at the caudal pole, and 2.71 cm in length. The caudal pole of the right adrenal gland is mildly to moderately rounded. An obvious mass and abnormalities with the echogenicity or echotexture are not identified. The rounded effect may be due to the development of a benign adenoma. There are no signs of metastases or thrombi in the phrenicoabdominal veins or the surrounding vasculature.
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	
IMAGING PERFORMED BY	Spleen
Dr. Finder	Two, very small, hypoechoic nodules are present in the body of the spleen. The nodules do not disrupt the integrity of the capsule. They appear benign; the most likely differential diagnoses are nodular or lymphoid hyperplasia, however, extramedullary hematopoiesis is also possible. A very small hyperechoic nodule is also observed, which is most likely due to mineralization or nodular hyperplasia.
HOSPITAL NAME	
Craig Road AH	
REFERRING VET	One of the hypoechoic nodules was measured; e.g., 4.4 mm in diameter x 7.11 mm in length.
Dr. Finder	The hyperechoic nodule measures 3.2 mm in diameter x 3.13 mm in length.
INVOICE	Liver
98080	There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver is mildly hyperechoic and moderately heterogeneous with the presence of multiple hypoechoic nodules of
DATE	
4/5/22	



PATIENT	variable size dispersed haphazardly throughout its parenchyma. One of the largest hypoechoic nodules measures 1.05 cm in diameter x 1.6 cm in length. They appear most consistent with nodular regeneration, which is a benign, age-related change often observed in senior patients. No abnormalities are observed with the hepatic vessels.
Cookie Sims	
SPECIES	A mild amount of gravity-dependent echogenic material/debris (sludge) is present within the lumen. This is most likely clinically insignificant, however, cholestasis cannot be excluded based on Cookie's elevated ALP enzyme activity. Signs of cholecystitis are not appreciated.
Canine	
BREED	Gastrointestinal
German Shorthair Pointer	The gastric wall and pylorus are within normal limits in thickness. There is no loss of definition of the normal architecture of the wall layers. No obvious abnormalities are observed with its peristalsis.
SEX	The small intestinal wall thickness is within normal limits and the definition of the wall layers is preserved. Dilated loops of bowel are not observed.
Spayed Female	
AGE	The colonic wall is not thickened and mural detail is considered normal.
9 years	There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction.
WEIGHT	Pancreas
63 lbs	Both limbs are heterogeneous with multiple hyperechoic foci dispersed diffusely throughout. Differential diagnoses include fibrosis due to age-related changes or previous episodes of pancreatitis. Nodular regeneration is also suspected.
INTERPRETED BY	Other:
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	Lymph nodes: No abnormalities are observed.
IMAGING PERFORMED BY	Abdominal effusion is not visualized.
Dr. Finder	
HOSPITAL NAME	ULTRASONOGRAPHIC FINDINGS
Craig Road AH	<ul style="list-style-type: none"> Mild to moderate degenerative changes of both kidneys are observed. The mineralizations noted within the cortex may be due to hyperadrenocorticism. Although the hyperechoic cortex may be due to age related degeneration, glomerulonephritis associated with hyperadrenocorticism must be considered. Furthermore, pyelonephritis cannot be excluded despite the absence of sonographic signs. Nodular hyperplasia and fibrosis of the pancreas are suspected. There are no signs of active pancreatitis or neoplasia. Presence of two hypoechoic and one hyperechoic splenic nodules, which are considered benign based on their appearance. The most likely differential diagnoses include nodular and/or lymphoid hyperplasia. Extramedullary hematopoiesis may also cause hypoechoic nodules. The diffuse hyperechogenicity of the liver is highly suggestive of a vacuolar hepatopathy, which may occur due to stress (chronic illness) or hyperadrenocorticism. However, cholestasis
REFERRING VET	
Dr. Finder	
INVOICE	
98080	
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PATIENT

Cookie Sims

cannot be excluded. Hepatitis is considered unlikely. The hypochoic nodules observed are most likely due to nodular regeneration, which is a benign, age-related change. Target lesions are not visualized, i.e. there are no obvious signs of neoplasia.

SPECIES

Canine

- The rounded caudal pole of the right adrenal gland may be due to a benign adenoma or hyperplasia. There are no signs of a mass. Pituitary dependent hyperadrenocorticism must be considered the primary differential diagnosis for Cookie's clinical signs based on today's ultrasound findings.

BREED

German Shorthair Pointer

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urine culture and sensitivity is recommended as subclinical bacteriuria often occurs in Cushingoid patients. If negative, a protein: creatinine ratio is suggested.

SEX

Spayed Female

An arterial blood pressure is recommended to rule out hypertension associated with hyperadrenocorticism.

AGE

9 years

An ACTH stimulation test or low-dose dexamethasone suppression test is recommended.

WEIGHT

63 lbs

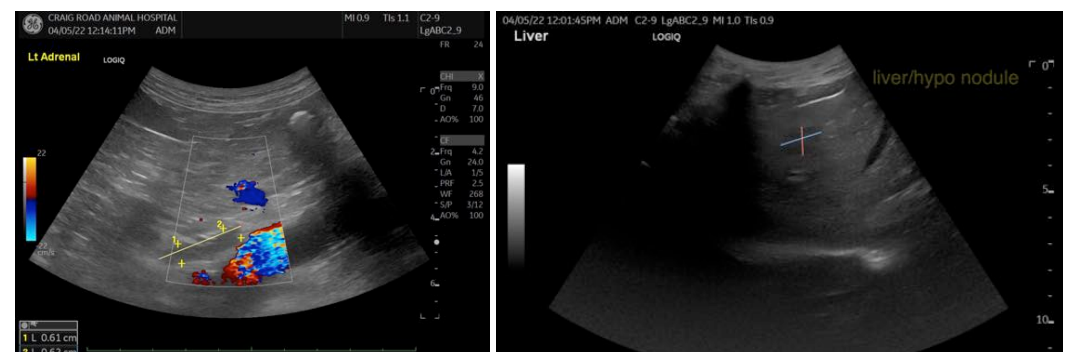


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Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY

Dr. Finder



HOSPITAL NAME

Craig Road AH

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DATE

4/5/22



PATIENT

Cookie Sims

SPECIES

Canine

BREED

German Shorthair Pointer

SEX

Spayed Female

AGE

9 years

WEIGHT

63 lbs

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

IMAGING PERFORMED BY

Dr. Finder

HOSPITAL NAME

Craig Road AH

REFERRING VET

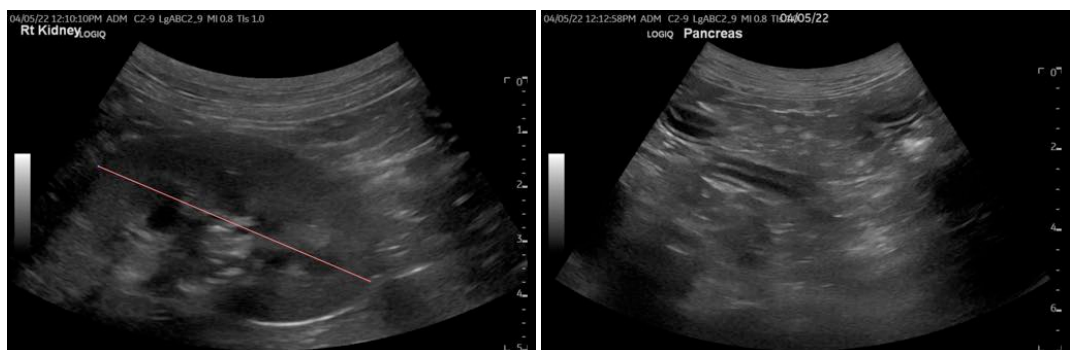
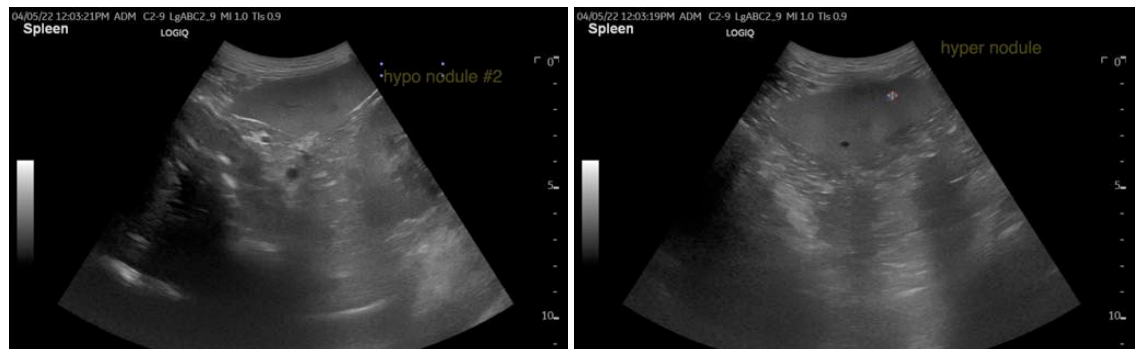
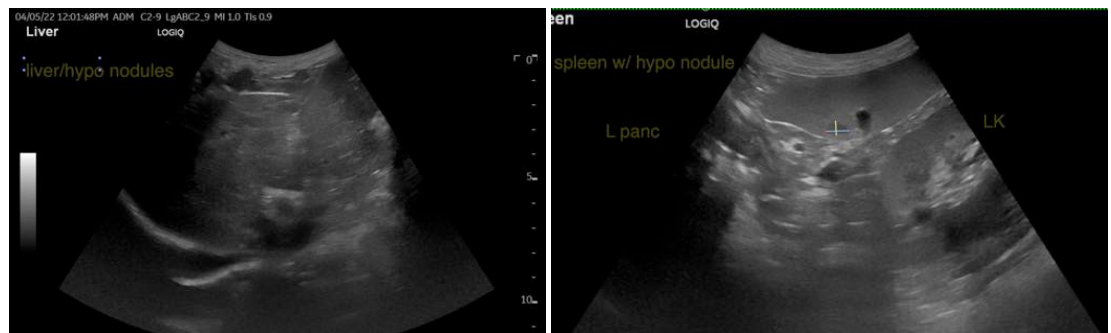
Dr. Finder

INVOICE

98080

DATE

4/5/22



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.



PATIENT

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

Cookie Sims

Lisa.Carioto@sonopath.com

SPECIES

Canine

BREED

German Shorthair
Pointer

SEX

Spayed Female

AGE

9 years

WEIGHT

63 lbs

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DVSc, Diplomate
ACVIM

**IMAGING
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Dr. Finder

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