

PATIENT

Bailey MacKenzie

SPECIES

Canine

BREED

Miniature Poodle

SEX

Neutered male

AGE

14 ½ years

WEIGHT

11.4 lbs

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

**IMAGING
PERFORMED BY**

Kelly Reshny, RVT

HOSPITAL NAME

Mountain AH

REFERRING VET

Dr. MacKenzie

INVOICE

99948

DATE

4/26/22

PRESENTING CLINICAL SIGNS

Ongoing GI upset and elevated liver enzymes. Is currently on Gabapentin and Hepatosyl.
Abnormal PE/Chem/CBC/UA Results: Ongoing elevated liver enzymes.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is well distended with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

Kidneys

The **left** kidney measures 3.49 cm. The capsule is smooth. The cortex is mildly hyperechoic and a mild loss of the normal definition of the cortico-medullary junction is present. Mineralizations and nephroliths of the diverticulae and pelvis are present, without evidence of pyelectasia. The surrounding mesentery is not hyperechoic.

The **right** kidney measures 4.12 cm. Findings are similar to the left kidney.

Aortic bifurcation/trifurcation

No abnormalities observed.

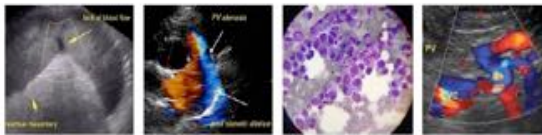
Adrenal Glands

The **left** adrenal gland measures 0.71 cm at the cranial pole (enlarged), 0.61 cm at the caudal pole (high normal) and 1.70 cm in length. The cranial pole is round and plump, however, a mass is not evident. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

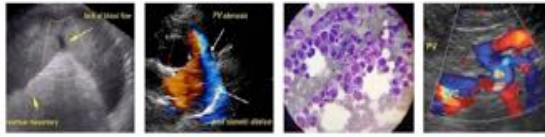
The **right** adrenal gland measures 0.64 cm at the cranial pole, 0.67 cm at the caudal pole and 1.53 cm in length. Both poles are mildly enlarged for a dog of Bailey's stature). No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

Spleen

The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified. A small hyperechoic nodule is observed mid body.



PATIENT	Liver
Bailey MacKenzie	Mild to moderate hepatomegaly is present. Liver borders are smooth and sharp. The liver is homogeneous and is mildly hyperechoic. Two ill-defined hypoechoic regions are noted. No abnormalities are observed with the hepatic vessels visualized.
SPECIES	Gastrointestinal
Canine	Ingesta and gas are present in the lumen of the stomach. The gastric wall is within normal limits in thickness and the wall layers are well defined. No obvious abnormalities are observed with its peristalsis.
BREED	Pancreas
Miniature Poodle	An in-depth evaluation is not possible due to gas in the surrounding GI tract.
SEX	Other
Neutered male	Lymph nodes
AGE	No abnormalities are observed
14 ½ years	Abdominal effusion is not visualized.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
11.4 lbs	<ul style="list-style-type: none"> • Bilateral adrenomegaly is suggestive of adrenal hyperplasia secondary to pituitary dependent hyperadrenocorticism (HAC), however, stress secondary to chronic illness, cannot be excluded. • The mild hepatomegaly and diffuse hyperechogenicity of the liver are suggestive of a vacuolar hepatopathy, which may occur due to HAC or stress (chronic illness). Cholestasis, cholangitis/cholangiohepatitis and cholecystitis cannot be excluded, however, other differential diagnoses, such as immune mediated hepatitis, hepatitis due to infectious causes, toxin exposure, medications, supplements etc., are considered less likely. The ill-defined
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PATIENT	hypochoic regions may be due to nodular regeneration. There are no obvious signs of neoplasia.
Bailey MacKenzie	
SPECIES	<ul style="list-style-type: none"> A moderate to marked amount of sludge is present in the gallbladder. Although its presence may not be clinically significant, some dogs may show clinical signs of gastroesophageal reflux disease (GERD), therefore, obtaining a history regarding signs of GERD from the client is suggested. Treatment with ursodeoxycholic acid may be required depending on the patient's history.
Canine	
BREED	<ul style="list-style-type: none"> Underlying inflammatory bowel disease cannot be excluded based on the mild fogging of the mucosa, in addition to Bailey's GI signs.
Miniature Poodle	
SEX	<ul style="list-style-type: none"> Mild degenerative changes of both kidneys are present, which are suggestive of age related degeneration.
Neutered male	<ul style="list-style-type: none"> The very small hyperechoic splenic nodule may be due to fat, mineralization and/or fibrosis. It is not considered clinically significant.

AGE

14 ½ years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Obtaining a history regarding signs of GERD from the client is suggested as Bailey's GI upset may be due to the presence of gallbladder sludge, secondary signs of GERD and esophagitis.

WEIGHT

11.4 lbs

Obvious signs of pancreatitis are not visualized on today's abdominal ultrasound, however, subtle changes may have been overlooked due to gas in the surrounding GI tract. Therefore, further diagnostics, such as performing a spec cPL, cobalamin and folate, may be performed to evaluate for pancreatitis, malabsorption and dysbiosis.

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Analgesia for visceral pain, such as buprenorphine, may be administered for 10-14 days.

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A low fat, easily digestible diet that is mildly to moderately restricted in fibre may be fed. The latter is to help decrease gas and bloating. Small, frequent meals are suggested.

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A 10 to 14 day trial with famotidine or omeprazole may be tried. The latter can cause vomiting, diarrhea and cramps in some individuals.

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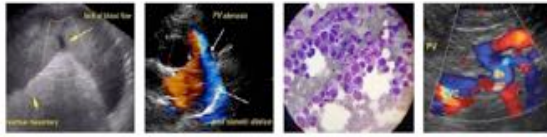
Further diagnostics, such as a low-dose dexamethasone suppression test or an ACTH stimulation test is *not* recommended at the moment due to Bailey's concurrent disease, however, a urine protein: creatinine (UPC) ratio and an arterial blood pressure are recommended. If proteinuria or hypertension is present, further work up for hyperadrenocorticism is warranted. If they are absent, Bailey should be monitored for signs of hyperadrenocorticism and a re-evaluation of the UPC ratio and arterial blood pressure is recommended every 2-4 months.

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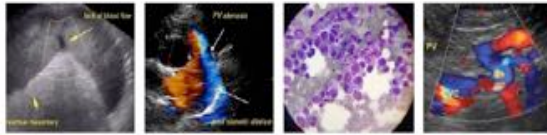
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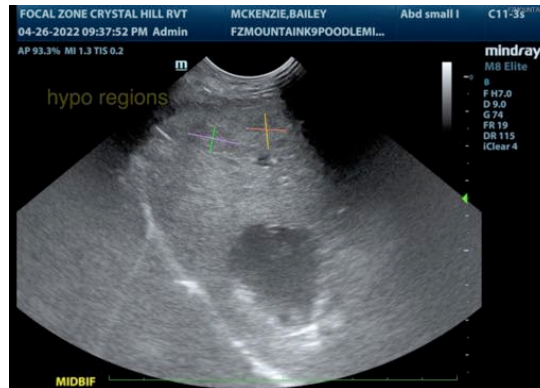
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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