



PATIENT

Milli McCole

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

15 Years

WEIGHT

66 Lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

**IMAGING
PERFORMED BY**

Shari Reffi, CVT

HOSPITAL NAME

North Warren AH

REFERRING VET

Dr. Corrado

INVOICE

13367

DATE

1/10/22

PRESENTING CLINICAL SIGNS

History: HL weakness, distended abd., decreased appetite. Hx of Cushings. Current meds: Trilostane, Pred 5mg, Sucralfate, Famotidine 20mg
Abnormal PE/Chem/CBC/UA Results: Cortisol 4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint hyperechoic foci, suggestive of pinpoint areas of dystrophic mineralization were present in both kidneys. The left kidney measured 6.5 cm in length. The right kidney measured 7.4 cm in length. A solitary cyst was noted in the right kidney.

Adrenal Glands

The bilateral adrenal glands were mildly prominent in size with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 3.4 cm length x 1.1 cm width at the caudal pole. The right adrenal gland measured 3.2 cm in length x 0.88 cm width at the caudal pole.

Spleen

The spleen was overall normal in size and contour. Mild medial folding of the caudal spleen was present. Generalized splenic parenchyma heterogeneity with solitary non-homogeneous non-expansive intraparenchymal nodule noted in the cranial lateral spleen, measuring 0.70 cm in diameter.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with minor echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation. The gallbladder was otherwise normal.

Gastrointestinal

The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained mild to moderate non-shadowing retained ingesta and chyme without overt evidence of obstruction to pyloric outflow. The pylorus wall measured 0.71 cm.



PATIENT	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall measured 0.38 cm.
Milli McCole	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Canine	Pancreas
BREED	The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.
Lab Mix	Free Abdomen
SEX	No omental masses, lymphadenopathy or effusion was present.
Spayed Female	Focal area of hyperechoic mesentery suggestive of age-related omental changes, minor steatitis or potential emerging nodular fat necrosis possible. This is considered incidental.
AGE	ULTRASONOGRAPHIC FINDINGS
15 Years	<ul style="list-style-type: none"> • Bilateral chronic renal changes with right kidney cyst • Heterogeneous spleen with solitary nonspecific nodule • Hepatic parenchymal remodeling • Sonographically unremarkable gastrointestinal tract with mild gastric ingesta • Bilateral prominent adrenal glands with suspect pinpoint dystrophic mineral
WEIGHT	
66 Lbs.	
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The splenic changes are likely consistent with focal to generalized age-related splenic changes, hematopoiesis or similar with suspected lipogranuloma. Potential for splenic neoplasia cannot be definitively excluded yet thought less likely. Ultrasound guided FNA of the spleen, specifically the nonspecific nodule for screening cytology and using a 25-gauge needle could be considered, primarily to ensure only benign changes are present. Sonographic monitoring of the splenic nodule would be a more conservative approach.
IMAGING PERFORMED BY	
Shari Reffi, CVT	
HOSPITAL NAME	Gastric ingesta is likely indicative of postprandial presentation. Correlation with most recent meal ingestion recommended.
North Warren AH	
REFERRING VET	The presentation of the bilateral adrenal glands consistent with previous history of PDH. No overt evidence of adrenal neoplastic criteria. Continued gastrointestinal supportive care recommended.
Dr. Corrado	
INVOICE	For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at http://spa.sonopath.com/ .
13367	One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services
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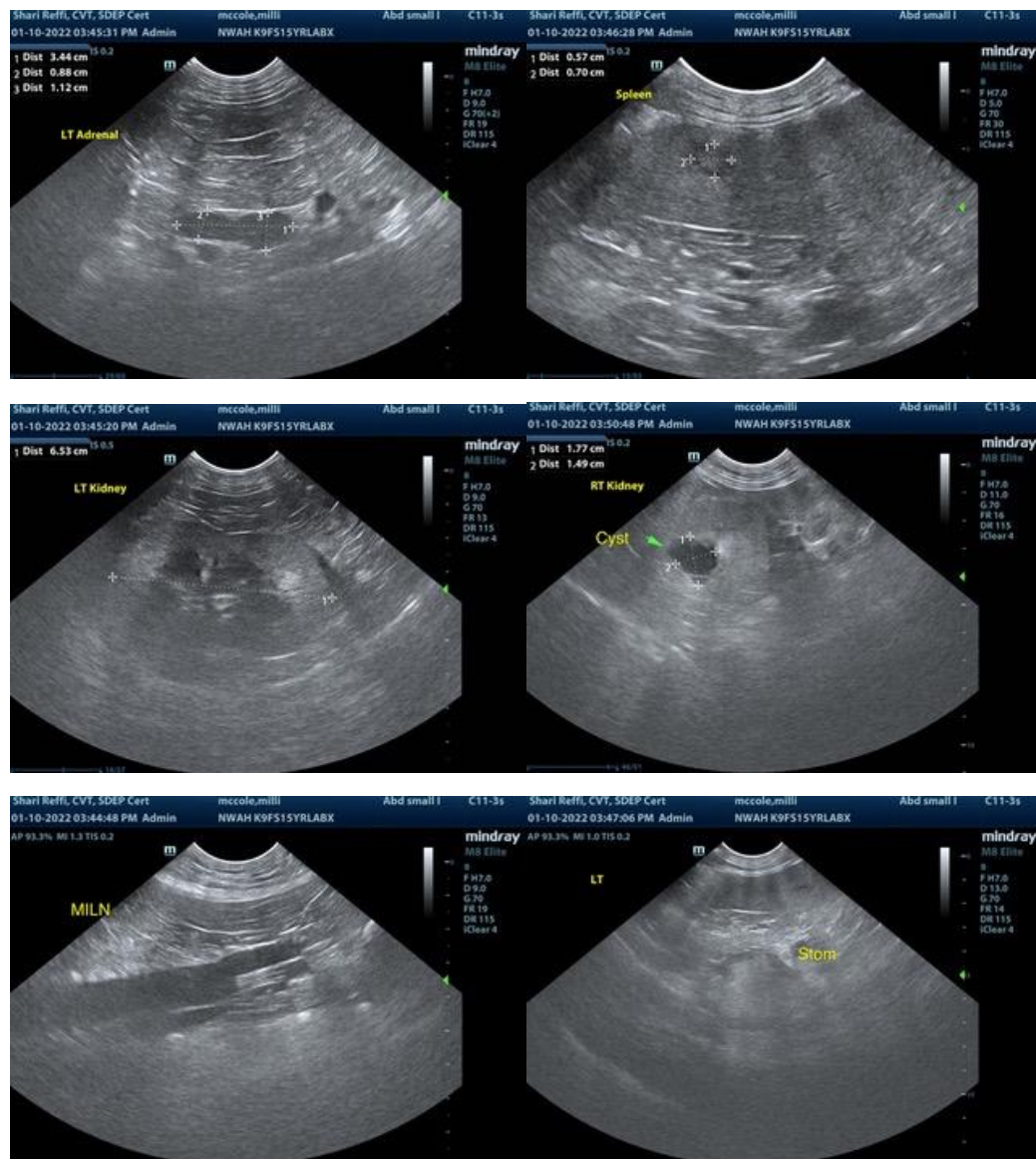
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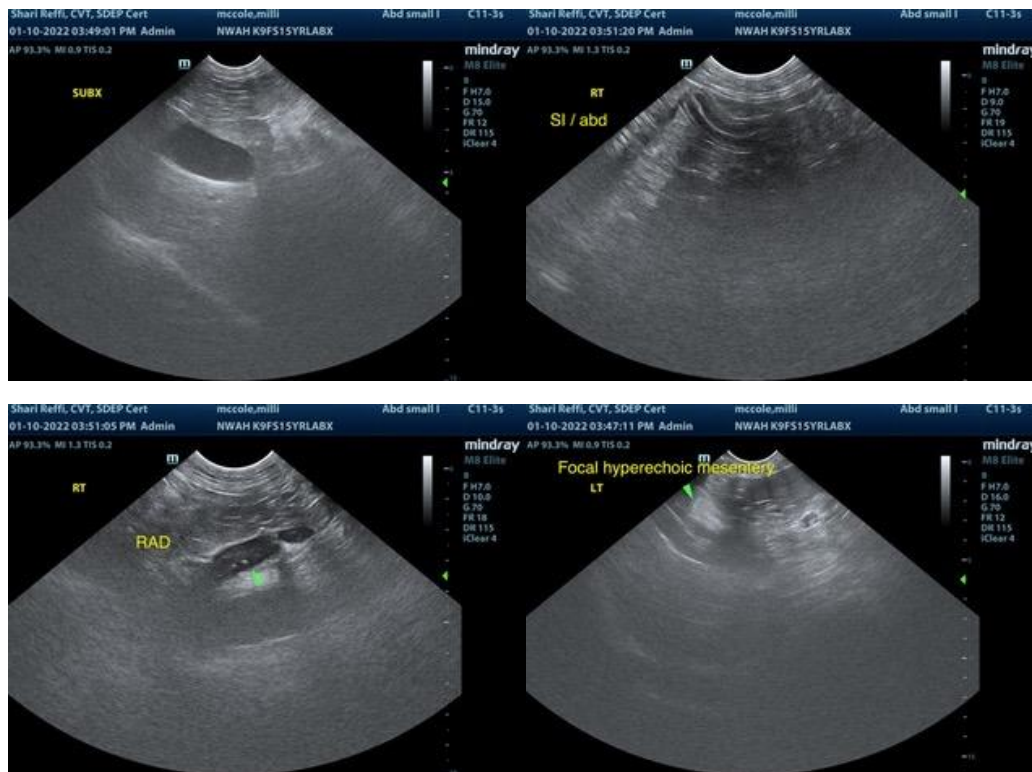
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com