



PATIENT PRESENTING CLINICAL SIGNS

Otis Kissell

History: PU/PD since Oct. Apoquel 16mg orally SID for atopy.

SPECIES

Abnormal PE/Chem/CBC/UA Results: PE WNL. Urine sp. gravity =1.004. Urine colony count is neg. for growth after 48 hrs. Rest of urine is WNL. Lepto MAT test for six serovars are all less than 1:100, Neg. Electrolytes are normal. BUN=8, Alk phos=627, rest is WNL. ACTH test to DCPAH at Michigan shows baseline cortisol at 126nmol/L (15-110) and post cortisol is 745nmol/L (220-550).

Canine

Endocrinologist supports hyperadrenocorticism is light of clinical signs. Test with 10mg desmopressin BID produced mild to moderate improvement in drinking but not in attitude.

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Pit Bull

Urinary System

SEX

Neutered Male

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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. Aortic trifurcation was normal.

AGE

8 Years

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.0 cm in diameter.

WEIGHT

68 Lbs.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pyelectasia. Pinpoint areas of medullary mineral present in both kidneys. The left kidney measured 7.9 cm in length. The right kidney measured 7.3 cm in length.

INTERPRETED BY

Adrenal Glands

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.69 cm width at the caudal pole and 0.61 cm width at the cranial pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.80 cm width at the caudal pole and 0.58 cm width at the cranial pole.

IMAGING PERFORMED BY

Spleen

Sarah Pender, CVT

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

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REFERRING VET

Liver

Dr. Neumiester

The liver exhibited potential for mild generalized enlargement yet without evidence of significant hepatomegaly. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

INVOICE

13389

DATE

The gallbladder was non distended in size with mild nonmineralized nonorganized gallbladder debris, primarily in the cranial lumen. The gallbladder was otherwise normal without evidence of inflammatory

1/12/22



PATIENT

changes. No evidence of peripheral gallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

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Gastrointestinal

SPECIES

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

Canine

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.

BREED

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Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

SEX

Neutered Male

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.

AGE

Free Abdomen

8 Years

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

68 Lbs.

- Vacuolar hepatopathy pattern
- Mild gallbladder debris (non-mucocele)- likely incidental
- Normal bilateral kidneys- no evidence of pyelonephritis
- Overtly normal bilateral adrenal glands- no evidence of adrenal neoplastic criteria

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING

PERFORMED BY

Sarah Pender, CVT

Given the presence of PU/PD in this patient without evidence of underlying UTI or infectious disease and in the face of ACTH stimulation test results, this patient may have underlying hyperadrenocorticism as a certain percentage of patients may exhibit overall normal adrenal gland presentation with hyperadrenocorticism. Correlation with preferred LDDST could be considered.

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Hepatosupportive medications, including Denamarin +/- Ursodiol may of benefit. No evidence of significant hepatic disease as a potential cause of PU/PD.

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Dr. Neumiester

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/>.

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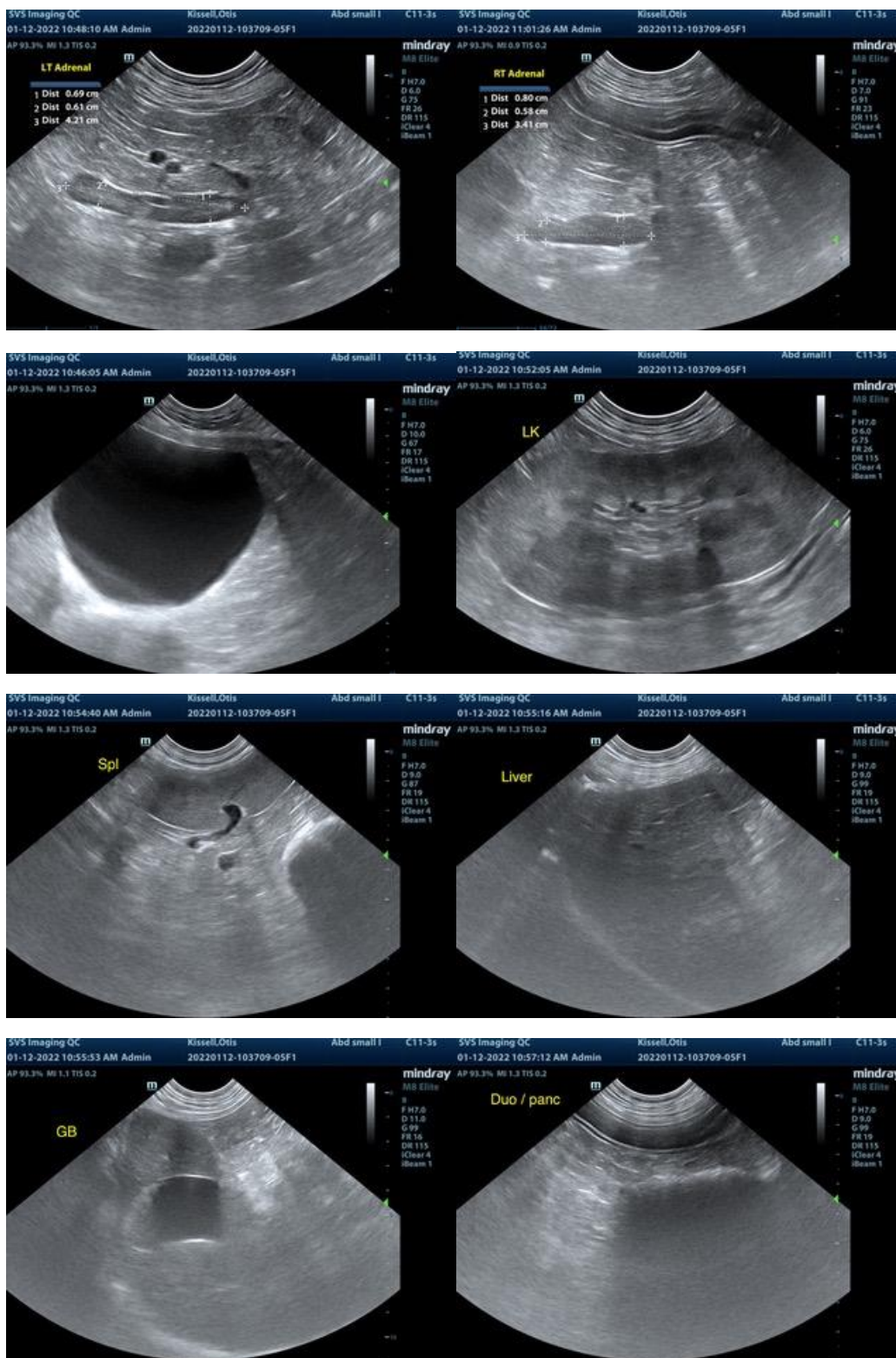
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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