



PATIENT	PRESENTING CLINICAL SIGNS
Chicken Muck	Grand Mal seizure a week ago. Nothing since then. May have polydypsia Current Medications Omega 3 fatty acids and Dasequin Primary Question/Differential to Be Answered in This Exam Evidence of Cushing's? Cause for seizures?
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: ALT elevated at 482 Alkp elevated at 242 USG- 1.009
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Pit Bull	Urinary System
SEX	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 sediment or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
MN	
AGE	The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.0 cm in diameter.
12 y	
WEIGHT	No evidence of medial Iliac or sublumbar lymphadenopathy.
66 lbs.	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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.2 cm in length. The right kidney measured 6.5 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 3.5 cm length x 0.70 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.8 cm length x 0.86 cm width at the caudal pole. No evidence of adrenomegaly or tumors.
IMAGING PERFORMED BY	Spleen
Jenna Walsh, CVT	The spleen was subjectively normal size with a primarily maintained symmetrical capsule exhibiting generalized parenchyma heterogeneity with multifocal, nondisruptive, variably hyperechoic nodules which did not distort the splenic capsule. An example of a splenic nodule measured 1.3 cm diameter. Normal splenic vascularity was noted with no splenic masses.
HOSPITAL NAME	Liver/ Gallbladder
Edgewood AC	The liver exhibited borderline to mild enlargement. 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
REFERRING VET	
Dr. Kimball	
INVOICE	
15837	
DATE	
1/13/23	



PATIENT

Gastrointestinal

Chicken Muck

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.

SPECIES

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

Pit Bull

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

SEX

MN

Pancreas

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 were evident.

AGE

12 y

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

WEIGHT

66 lbs.

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic renal changes
- Sonographically normal bilateral adrenal glands
- Nonspecific yet subjective benign hepatopathy - metabolic / vacuolar hepatopathy, inflammatory / immune-mediated disease, hyperplasia, hematopoiesis, minor fibrosis, or other hepatopathy with infiltrative neoplasia considered less likely
- Multiple yet benign splenic nodules - nodules likely consistent with variable myelolipomas, emerging mineralization, previous infarction, fibrosis, or similar

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, largely geriatric abdomen without evidence of significant visceral pathology.

HOSPITAL NAME

Edgewood AC

Further assessment of the liver may include screening FNA cytology +/- Leptospirosis titers / PCR if potential exposure. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

REFERRING VET

Dr. Kimball

No overt suspicion of Cushing's Syndrome unless clinical signs i.e., significant or consistent PU/PD, polyphagia, etc., are present.

INVOICE

15837

Hepatic functionality is assumed to be adequate if normal BUN, glucose, albumin, and cholesterol levels are present. Hepatosupportive medications may prove beneficial.

DATE

1/13/23



PATIENT

Chicken Muck

SPECIES

Canine

BREED

Pit Bull

SEX

MN

AGE

12 y

WEIGHT

66 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Edgewood AC

REFERRING VET

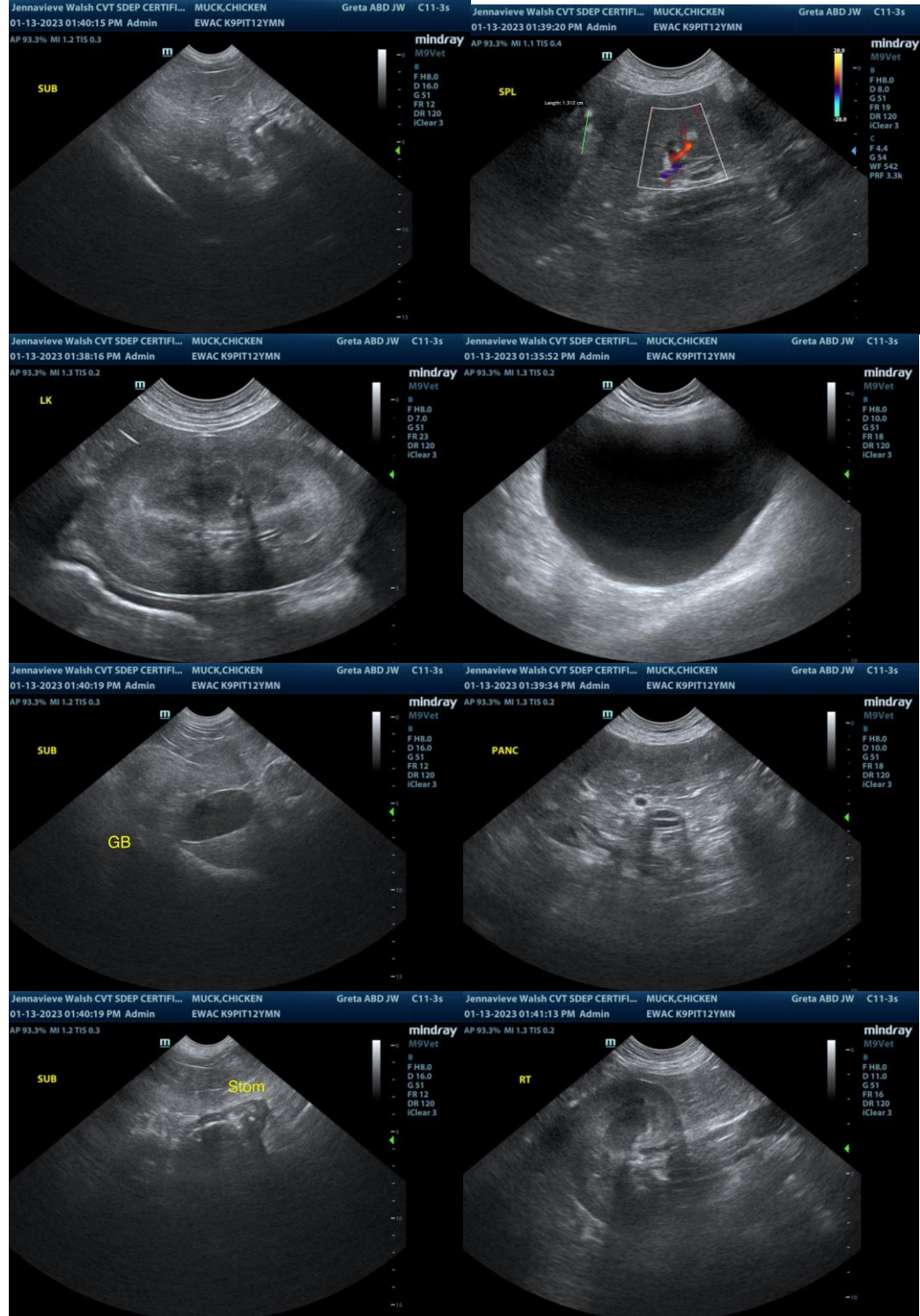
Dr. Kimball

INVOICE

15837

DATE

1/13/23





PATIENT

Chicken Muck

SPECIES

Canine

BREED

Pit Bull

SEX

MN

AGE

12 y

WEIGHT

66 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Edgewood AC

REFERRING VET

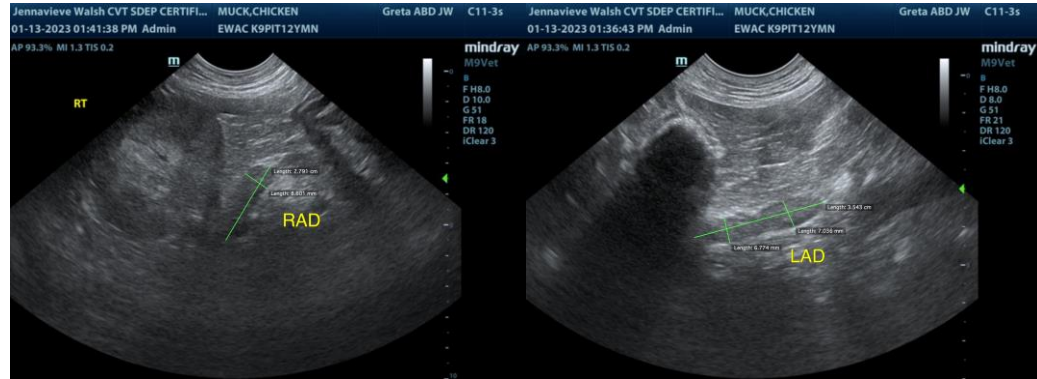
Dr. Kimball

INVOICE

15837

DATE

1/13/23



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.

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