



**PATIENT**

Bailey Locke

**PRESENTING CLINICAL SIGNS**

History: Cushings, syncope, PU/PD, weight gain, panting

ALP 1520, ALT 147, Cholesterol 384, Lipase 1020, LDDST: Pre- 2.5, 4/hr- 1.6, 8/hr-1.5 - inconclusive

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Boxer Mix

**Urinary System**

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 was noted.

**SEX**

FS

The area of the aortic trifurcation was free of pathology.

**AGE**

10 years

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 pyelectasia was present. The left kidney measured 7.2 cm in length. The right kidney measured 7.2 cm in length.

**WEIGHT**

87 Pounds

**Adrenal Glands**

The left adrenal gland exhibited potential for mild symmetrical caudal pole enlargement, yet not consistent with neoplastic criteria. The left adrenal gland measured 1.0 cm width at the caudal pole and 0.73 cm width at the cranial pole. The right adrenal gland was indistinctly visualized, yet was without overt pathology, subjectively measuring 0.65 cm width at the caudal pole and 0.75 cm width at the cranial pole.

**INTERPRETED BY**

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

**Spleen**

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.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

Carlisle Small Animal  
VC

**Liver/ Gallbladder**

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**REFERRING VET**

Dr. Plumpton

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1.14.2022



**PATIENT**

***Gastrointestinal***

Bailey Locke

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**

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.

Canine

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

**BREED**

***Pancreas***

Boxer Mix

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.

**SEX**

***Free Abdomen***

FS

No overt lymphadenopathy or peritoneal effusion was present.

**AGE**

**ULTRASONOGRAPHIC FINDINGS**

10 years

***Primary Findings***

**WEIGHT**

- Mild age-related kidneys
- Potential for mild caudal left adrenomegaly
- Benign hepatopathy with parenchymal remodeling, sonographically unremarkable gallbladder

87 Pounds

**INTERPRETED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

The potential for mild caudal left adrenomegaly is nonspecific yet not overtly consistent with neoplastic criteria. However, sonographic monitoring of the left adrenal gland for evidence of progressive enlargement with initial recheck in 4-6 weeks is recommended.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

Given the patient's clinical signs in combination with previous LDDST, recheck LDDST could be considered in 4-6 weeks, especially if strong clinical concern for hyperadrenocorticism. Screening blood pressure is recommended, given syncopal episode.

**HOSPITAL NAME**

Carlisle Small Animal  
 VC

Likewise, in light of the patient breed, ECG assessment is recommended to rule out underlying arrhythmogenic disease.

**REFERRING VET**

Dr. Plumpton

Further workup of the PU/PD could include, if not done, urine culture and sensitivity on a sterile urine sample, Leptospirosis titers/ PCR if potential exposure, +/- fasting and post prandial bile acids to assess hepatic functionality.

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**SPECIES**

Canine

**BREED**

Boxer Mix

**SEX**

FS

**AGE**

10 years

**WEIGHT**

87 Pounds

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**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

Carlisle Small Animal  
VC

**REFERRING VET**

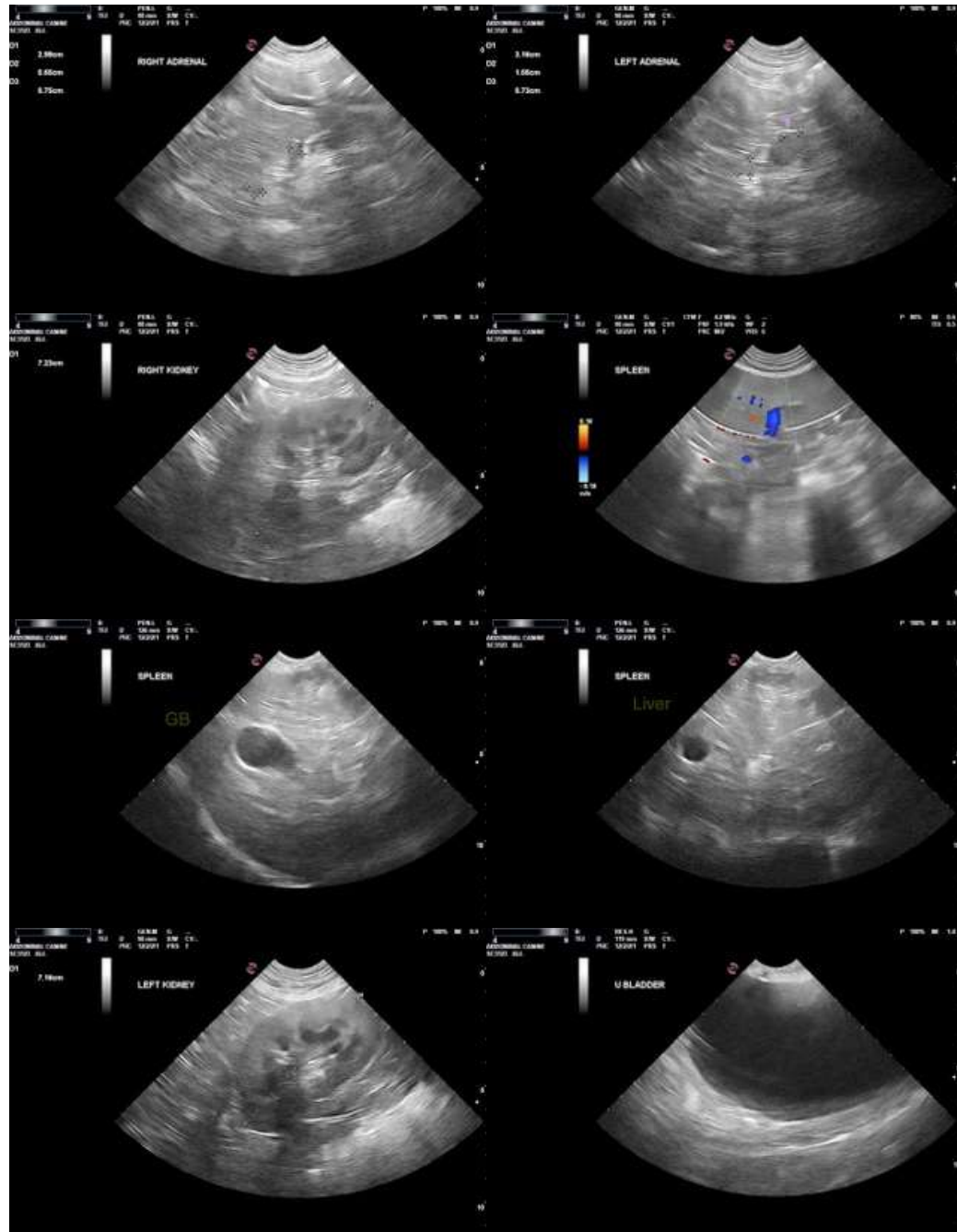
Dr. Plumpton

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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)**  
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