



**PATIENT**

Maggie Fattizzi

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

FS

**AGE**

9 years

**WEIGHT**

13.4 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Matthew Olcha

**HOSPITAL NAME**

East Meadow VC

**REFERRING VET**

Dr. Michael Ferber

**INVOICE**

15993

**DATE**

1/27/23

**PRESENTING CLINICAL SIGNS**

History of PU/PD for several months

Abnormal PE/Chem/CBC/UA Results: >UCCR. LDDST consistent with HAC.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

The area of the aortic trifurcation was free of pathology.

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 5.8 cm in length. The right kidney measured 6.2 cm in length.

**Adrenal Glands**

Bilateral symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.83 cm width at the caudal pole and 0.64 cm width at the cranial pole. The right adrenal gland measured 0.75 cm width at the caudal pole and 0.93 cm width at the cranial pole.

**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.

**Liver/ Gallbladder**

The liver presented enlarged in size. 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 containing primarily anechoic content with moderate, non-dependent, nonorganized, echogenic gallbladder debris. No evidence of gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

**Gastrointestinal**



<b>PATIENT</b>	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained progressively shadowing ingesta. The stomach was otherwise normal.
Maggie Fattizzi	
<b>SPECIES</b>	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.
<b>BREED</b>	<b><i>Pancreas</i></b>
Beagle	The parenchyma of the pancreas base and right pancreatic limb was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.
<b>SEX</b>	
FS	
<b>AGE</b>	<b><i>Free Abdomen</i></b>
9 years	No overt lymphadenopathy or peritoneal effusion was present.
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
13.4 kg	<ul style="list-style-type: none"> <li>• Benign hepatomegaly</li> <li>• Gallbladder debris (non-mucocele)</li> <li>• Bilateral mild adrenomegaly - consistent with pituitary-dependent hyperadrenocorticism</li> <li>• Mild chronic renal changes</li> <li>• Chronic pancreatitis / pancreatic fibrosis pattern</li> </ul>
<b>INTERPRETED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The bilateral adrenal and hepatic presentations are consistent with pituitary dependent hyperadrenocorticism. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. Baseline renal staging to include C/S and baseline UPC, if evidence of proteinuria, is suggested. A spec cPL could be considered if previous or current clinical signs suggestive of chronic pancreatitis are noted.
<b>IMAGING PERFORMED BY</b>	For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <a href="http://spa.sonopath.com/">http://spa.sonopath.com/</a> .
Matthew Olcha	
<b>HOSPITAL NAME</b>	
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<b>INVOICE</b>	One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <a href="https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services">https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services</a>
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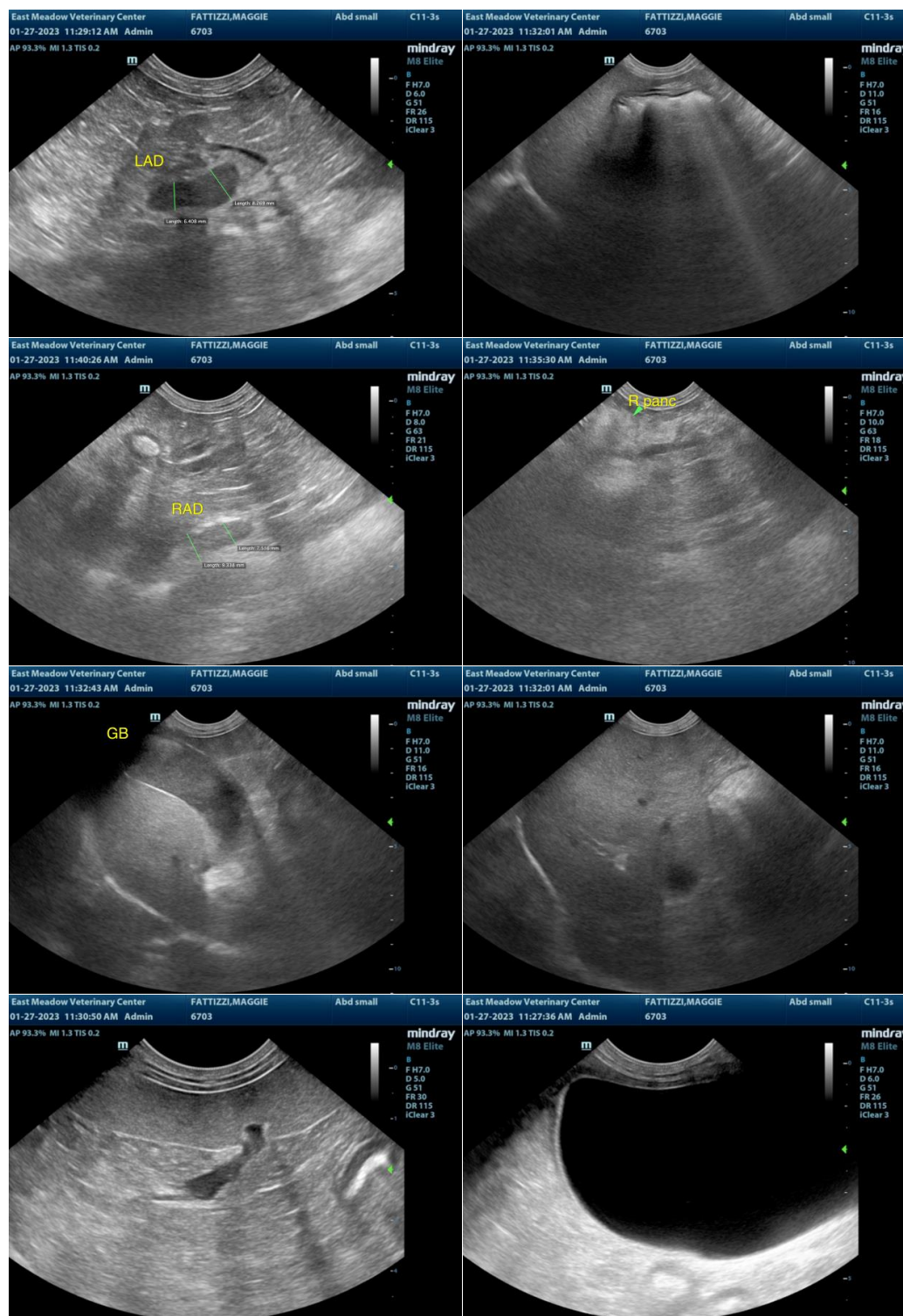
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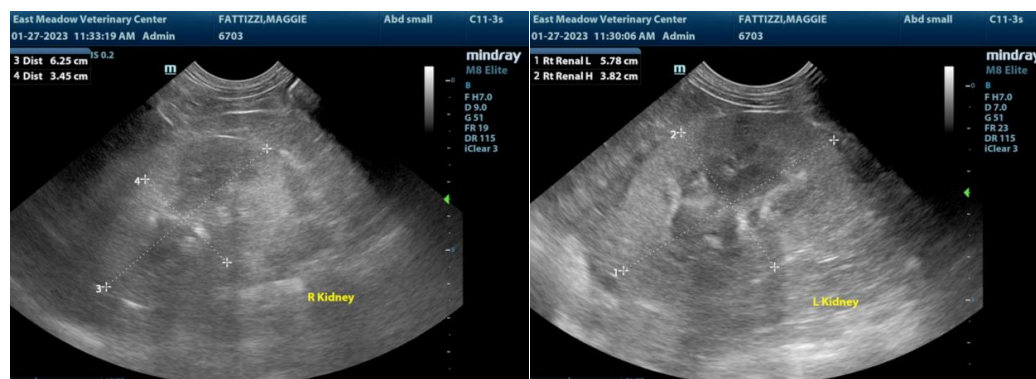
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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