



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Brody Tarantino	History: Unexplained hypertension. Noticed during anesthesia, but also present when awake.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: BP ranges 170-220mmHg during anesthesia, >240mmHg when awake. Had hypertriglyceremia this fall, which was improved with diet change (now normal). AlkP elevation around 354 in October. Otherwise, normal lab work and PE unremarkable except severe dental disease including dental fractures, periodontitis and resorption. Stage I of oral surgery done today. Next stage in 6 weeks. No murmur.
Canine	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Morkie	<b>Urinary System</b>
<b>SEX</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment was present, which may indicate cellular debris/protein, crystalline debris, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted. Aortic trifurcation was normal.
Neutered Male	
<b>AGE</b>	The residual prostate was free of pathology.
8 Years	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 pelvic dilation. The left kidney measured 3.4 cm in length. The right kidney measured 3.9 cm in length.
<b>WEIGHT</b>	<b>Adrenal Glands</b>
7.8 Pounds	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width at the caudal pole and 0.5 cm width at the cranial pole.
<b>INTERPRETED BY</b>	The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width at the caudal pole and 0.38 cm width at the cranial pole.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Spleen</b>
<b>IMAGING PERFORMED BY</b>	The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, hyperechoic nondisruptive nodules were present primarily in the medial splenic parenchyma adjacent to the medial capsule and hilus. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas. An example of splenic nodule measured 0.5 cm in diameter.
Sorbo	<b>Liver</b>
<b>HOSPITAL NAME</b>	The liver presented mildly 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.
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**PATIENT**

The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Brody Tarantino

**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

**BREED**

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.

Morkie

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

**SEX**

**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 was evident.

Neutered Male

**AGE**

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

8 Years

**WEIGHT**

**ULTRASONOGRAPHIC FINDINGS**

7.8 Pounds

- Mild vacuolar hepatopathy pattern- benign
- Mild urinary bladder sediment
- Normal bilateral kidneys/adrenal glands
- Benign splenic nodules, consistent with benign myelolipomas

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING**

Overall, no evidence of visceral pathology as an obvious cause of the patients hypertension. No evidence of renal or adrenal pathology, i.e., CRD, nephropathy, adrenomegaly or tumors, etc. Urine culture and sensitivity +/- baseline UPC is suggested if evidence of inflammatory cells or proteinuria on urinalysis. If persistent or progressive ALP elevation, hepatosupportive medications may prove beneficial. Echocardiogram may be considered if evidence of radiographic cardiomegaly is present. No evidence of cardiogenic hepatic congestion.

**PERFORMED BY**

Sorbo

**HOSPITAL NAME**

Millbrook AC- VBF

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/>.

**REFERRING VET**

Sorbo

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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**PATIENT**

Brody Tarantino

**SPECIES**

Canine

**BREED**

Morkie

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

7.8 Pounds

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**REFERRING VET**

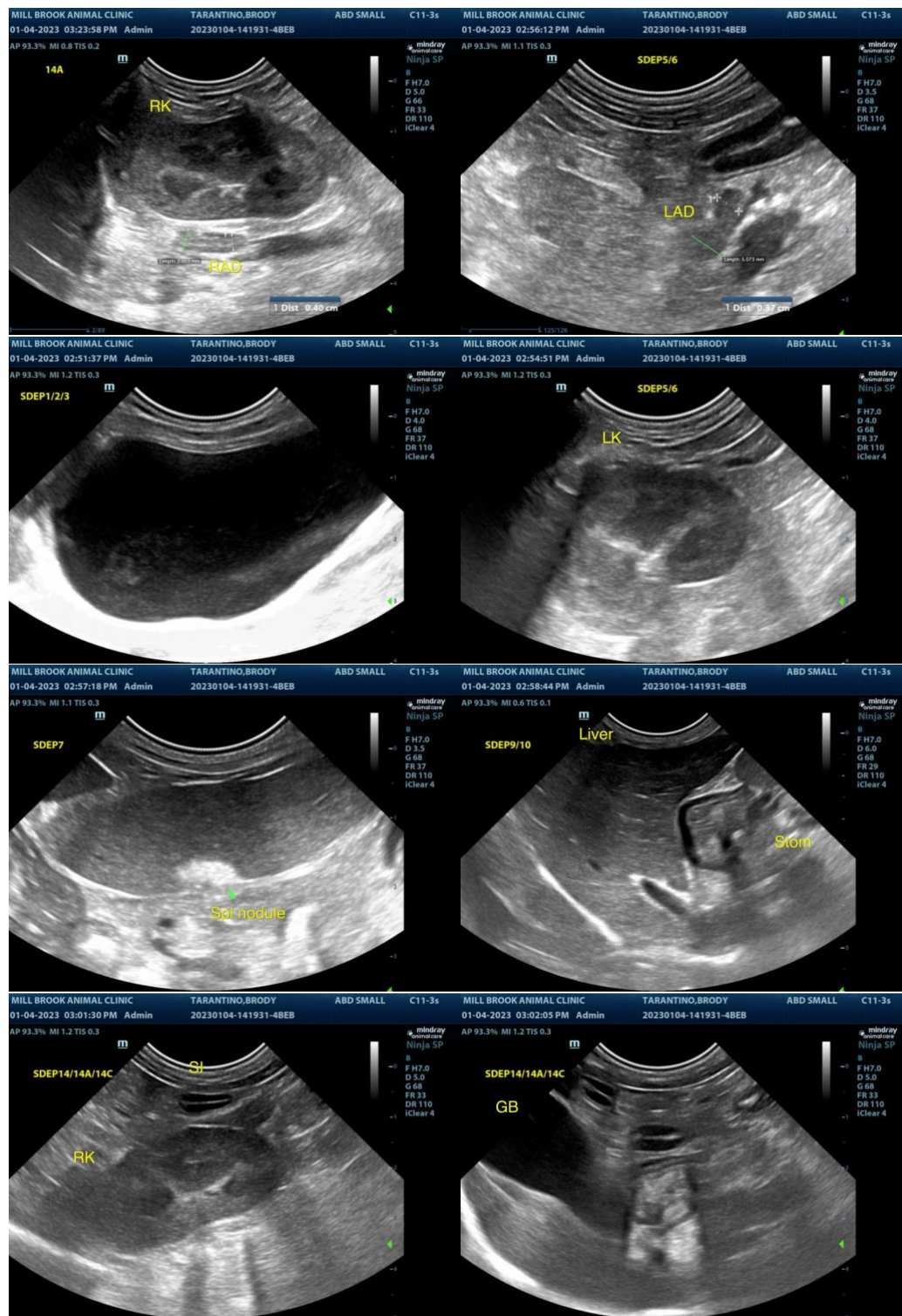
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



**PATIENT**

can be of any further assistance please contact me.

Brody Tarantino

**SPECIES**

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

Canine

**BREED**

Morkie

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

7.8 Pounds

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