



**PATIENT PRESENTING CLINICAL SIGNS**

Stella Butler

History: seen 12/12/22 for PE -multiple small masses found on body -on abd palpation, palpable cystolith, cystic calculi, radiographs confirmed -pelvic limb lameness, choppy gait, stifle laxity due to MPL, crepitus bilateral stifles, luxation bilateral, mild limited ROM -heart murmur grade3/6 L sided systolic, high pitched, new finding for patient -mild cough improved in last year Blood Pressure measurements 150, 180, 176 Current Medications denosyl, may have sedation on board

**SPECIES**

Canine

**BREED**

Shih Tzu Mix

Abnormal PE/Chem/CBC/UA Results: ALT- 286 H ALK Phos- 1040 H GGT- 15 H MAG- 1.4 L Chol- 354H TRIG-790H Precision PSL - 200 H PLT 839 H T4- 4.1 H U/A- PH 7.5 Protein 3+ Giardia - positive

**SEX**

Spayed Female

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**AGE**

9 Years

The urinary bladder was normal in size and tone. A solitary mildly irregular cystic calculus was noted, measuring approximately 1.0 cm in diameter. A solitary sessile based polypoid-like lesion in the ventroapical urinary bladder without evidence of mural mineralization was noted, measuring 0.7 cm in diameter. The urethra was normal to a depth of 2.0 cm. Aortic trifurcation was normal.

**WEIGHT**

11.6 Pounds

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Moderate loss of corticomedullary symmetry and definition was noted, expected for the age of the patient. Subjective mild bilateral cortical hypertrophy was noted, exhibiting pinpoint corticomedullary hyperechoic foci, which may indicate pinpoint areas of corticomedullary fibrosis, microinfarction or mineralization. No pyelectasia was present. The left kidney measured 4.5 cm in length. The right kidney measured 4.6 cm in length.

**INTERPRETED BY**

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

**Adrenal Glands**

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

The bilateral adrenal glands exhibited mild parenchyma heterogeneity and mild capsule asymmetry without suspicion for overt neoplasia. The left adrenal gland was normal in size, measuring 0.51 cm width in the cranial pole and 0.54 cm width in the caudal pole. The right adrenal gland exhibited borderline to mild prominent size based on caudal pole width measurement in light of body weight, measuring 0.71 cm width in the cranial pole and 0.62 cm width in the caudal pole.

**HOSPITAL NAME**

VCA Westmoreland AH

**Spleen**

**REFERRING VET**

Dr. Sullivan

The spleen was normal in size and contour with mild parenchyma heterogeneity. Pinpoint hyperechoic splenic parenchyma foci were noted, which may indicate pinpoint areas of splenic microinfarction, fibrosis or mineralization. No splenic masses were noted.

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**Liver**

**DATE**

1/4/23

The liver exhibited generalized enlargement with maintained symmetrical capsule contour. Heterogenous to variably echogenic parenchyma was noted, exhibiting multifocal to possible coalescing hyperechoic intraparenchymal nodules.

The gallbladder was non-distended in size with mild to moderate nondependent nonorganized mildly hyperechoic debris with suspect concurrent hypoechoic peripheral mucus. No evidence of peripheral gallbladder inflammation. The cystic and common bile ducts were normal.



**PATIENT** *Gastrointestinal*

Stella Butler 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**

Shih Tzu Mix

*Pancreas*

**SEX**

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Spayed Female

*Free Abdomen*

**AGE**

9 Years

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

11.6 Pounds

- Solitary irregular cystic calculus with suspect ventroapical polypoid cystitis
- Nonspecific chronic renal changes
- Hepatopathy, exhibiting generalized heterogenous, mildly irregular to hyperechoically nodular parenchyma- nonspecific, vacuolar hepatopathy, chronic inflammatory/immune mediated disease, diffuse to coalescing nodular hyperplasia, hematopoiesis, fibrosis or other hepatopathy with infiltrative neoplasia thought less likely
- Potential early gallbladder mucocele
- Mild pancreatic remodeling- potentially secondary to previous inflammatory episodes/possible chronic pancreatitis
- Pinpoint hyperechoic splenic parenchyma foci- benign
- Borderline prominent right adrenal gland- no adrenal tumors

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**HOSPITAL NAME**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

Dr. Sullivan

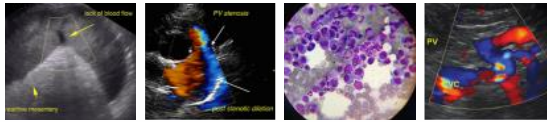
Urine culture and sensitivity on sterile urine sample is suggested. Full adrenal work up, given the hepatic presentation and thrombocytosis may be considered if clinical signs consistent with Cushings syndrome are present. Screening FNA hepatic cytology, assuming normal clotting status, could be considered, primarily to assess for evidence of inflammatory cells. Pending echocardiographic assessment, cystotomy with urinary bladder and hepatic parenchymal biopsies with gross inspection of the gallbladder could be considered. Empirically, continued hepatosupportive medications, including Ursodiol, would be reasonable.

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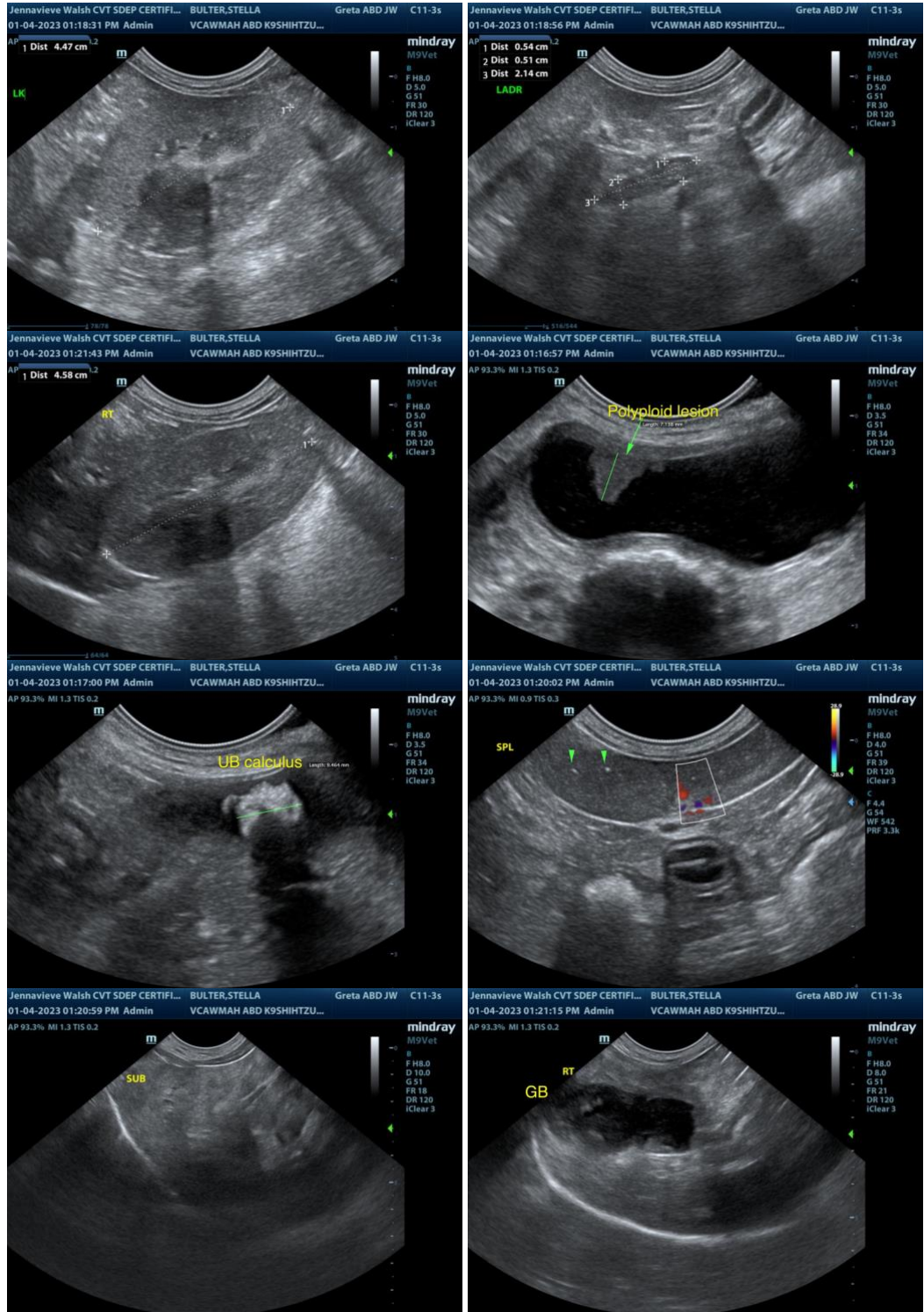
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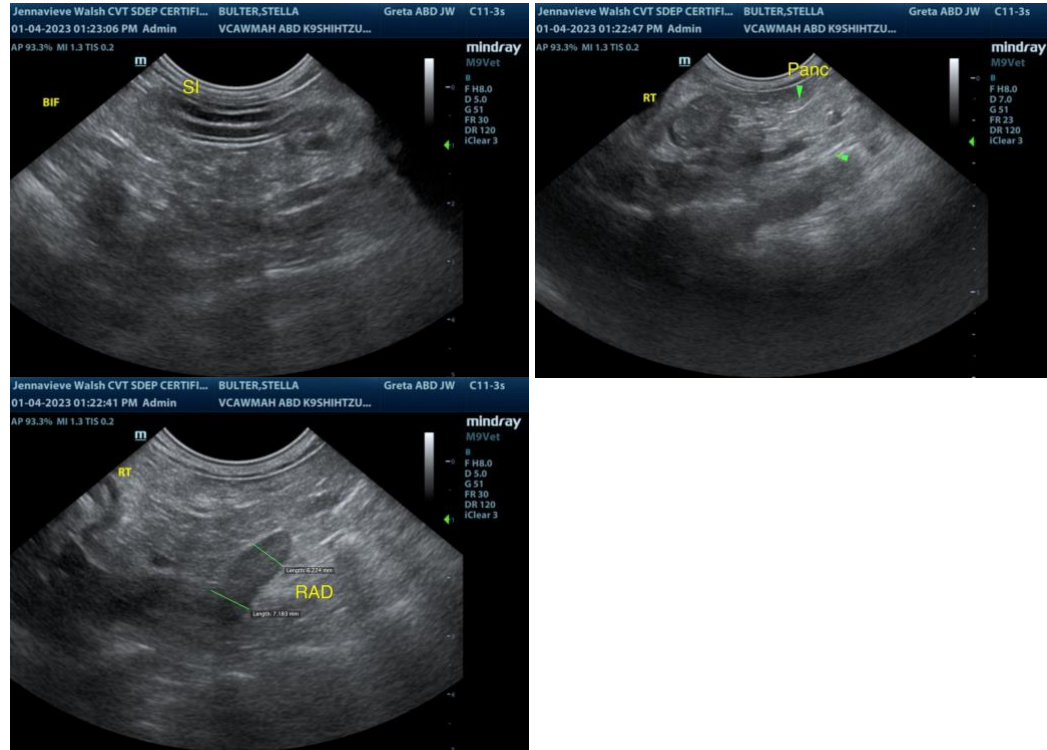
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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