



PATIENT

Blaire Rollett

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

9 years

WEIGHT

86.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan,
RDMS

HOSPITAL NAME

VCA Palmer AH

REFERRING VET

Michelle Haroules,
DVM

INVOICE

12347

DATE

10/11/21

PRESENTING CLINICAL SIGNS

-PU/PD; chronic diarrhea. Diagnosed with Cushing's - unable to tell with BW if PDH or adrenal.
Abnormal PE/Chem/CBC/UA Results: ALP 297; Urine: trace trotein; MA 10.7; Urine cortisol/creat ratio 128; LDDS positive for Cushing's. Sedated with gabapentin/trazadone

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 to moderate loss of corticomodullary symmetry and definition expected for the age of the patient. Mild pyelectasia was noted in the left kidney. The left kidney measured 8.6 cm in length. The right kidney measured 7.5 cm in length.

Adrenal Glands

Bilateral symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.87 cm width at the caudal pole and 0.79 cm width at the cranial pole. The right adrenal gland measured 0.79 cm width at the caudal pole and 0.77 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 exhibited generalized enlargement with generalized mild uniform increased parenchyma echogenicity. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio with mild to moderate echogenic progressively shadowing ingesta. The gastric body wall width measured 0.46 cm.



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Canine	Pancreas
BREED	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.
Labrador Retriever	
SEX	Free Abdomen
Spayed Female	No overt lymphadenopathy or peritoneal effusion was present.
AGE	ULTRASONOGRAPHIC FINDINGS
9 years	Primary Findings
WEIGHT	<ul style="list-style-type: none"> • Bilateral chronic renal changes with minor left kidney pyelectasia • Plump adrenal glands • Hepatomegaly with generalized uniform mild increased parenchyma echogenicity - subjectively benign • Mild gallbladder debris (non-mucocele) • Gastric ingesta - probable post prandial presentation • Sonographically unremarkable small bowel and colon with semi-formed to soft
86.5 lbs.	
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R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
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HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
VCA Palmer AH	The pyelectasia in the left kidney may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein:creatinine ratio on sterile urine sample is recommended.
REFERRING VET	Given the patient's history, the appearance of the bilateral adrenal glands are consistent with pituitary-dependent hyperadrenocorticism, without evidence of neoplastic criteria. Concurrently, the appearance of the liver is suggestive of vacuolar or steroid hepatopathy while inflammatory hepatic parenchymal or hepatobiliary disease is also possible.
Michelle Haroules, DVM	
INVOICE	The presence of gallbladder debris may suggest concurrent nonclinical cholestasis. Fresh fecal analysis to rule out parasitic ova / giardia +/- a GI Panel to assess cobalamin and folate levels, given the chronic diarrhea, may be considered.
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DATE	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/ .
10/11/21	



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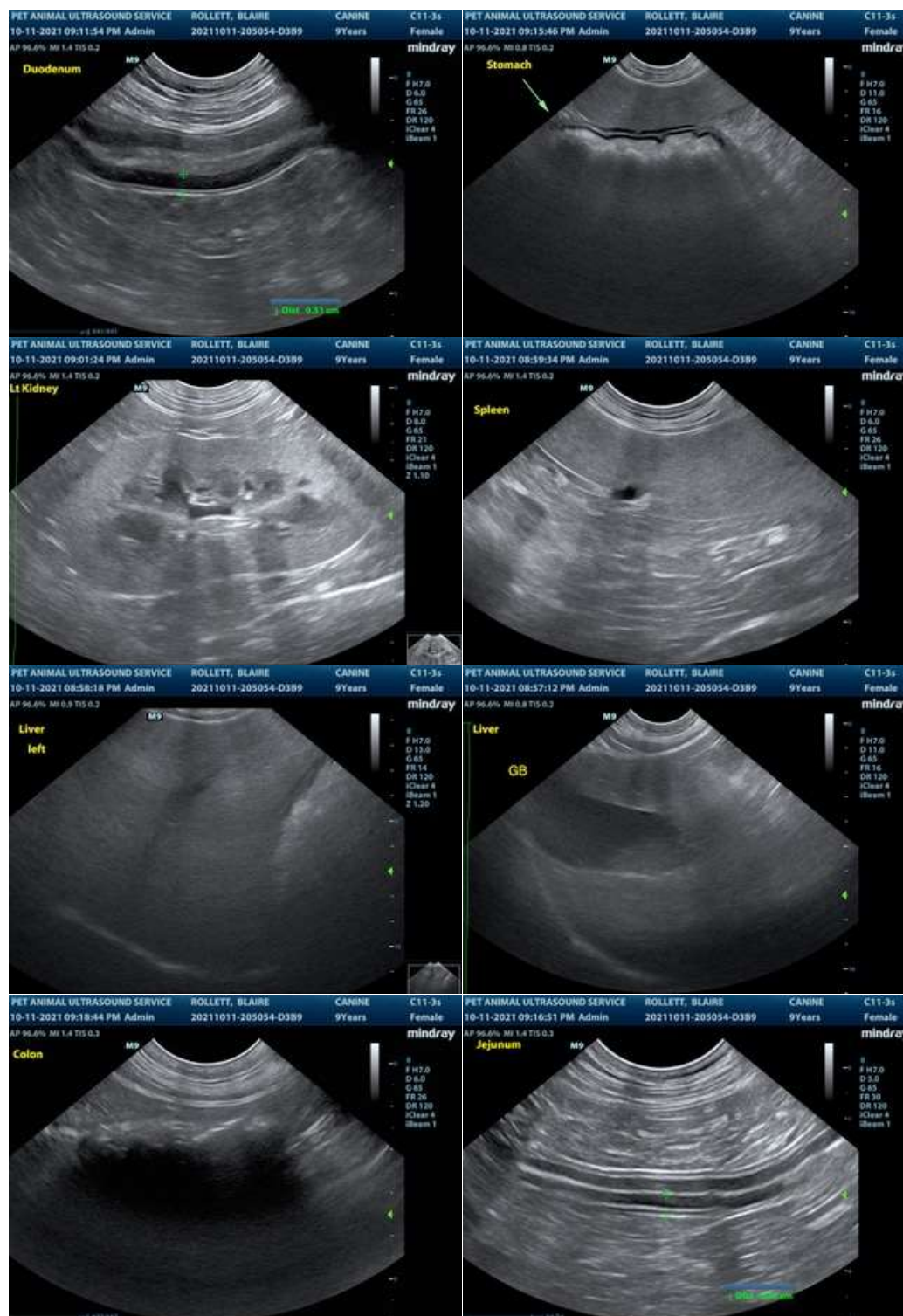
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com