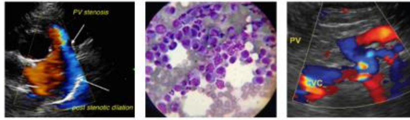
IMAGING PERFORMED BY
svsimaging.net 309-737-3070



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Reilly Terry

SPECIES
Canine

BREED
Shih Tzu

SEX
MN

AGE
14yr

WEIGHT
17.6lb

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

IMAGING PERFORMED BY
Sarah Pender CVT

HOSPITAL NAME
SVS Imaging QC

REFERRING VET
Dr. Hartmann

INVOICE
11790ag

DATE
10/03/2022

PRESENTING CLINICAL SIGNS

Diarrhea over the weekend. Treated with metronidazole and proviable. Diarrhea is improved. Owner also report that Reilly is acting "off." He seems uncomfortable and restless. Generally still food motivated (did not eat food well this weekend but will eat treats and ate I/D when offered at the clinic". Currently being treated for Cushing's disease and has had bouts of Pancreatitis. Current meds Trilostane 15 mg BID Potassium Citrate 750 mg SID Metronidazole 250 mg 1/2 BID Cerenia 16 mg 1 SID Proviable 1 capsule daily Sucralfate 1 gm 1/4 every 12 hours in slurry

Abnormal PE/Chem/CBC/UA Results: CPL - abnormal ALT - 209 ALKP - 295 (has been much higher in the past)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with focal dependent mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. Focal areas of medullary mineral were present in the lateral diverticuli of the bilateral kidneys. No evidence of pelvic dilation was present. The left kidney measured 4.4 cm in length. The right kidney measured 4.3 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

Enlarged size and mild asymmetrical contour were present in both adrenal glands, most notable in the caudal left adrenal gland and cranial right adrenal gland. Both adrenal capsules were intact with no evidence of vascular invasion. Both adrenal glands exhibited mild non-homogeneous non-mineralized parenchyma.

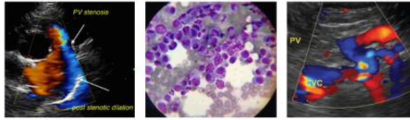
The left adrenal gland measured 1.37 cm width at the caudal pole and 0.65 cm width at the cranial pole. The right adrenal gland measured 0.38 cm width at the caudal pole and 1.3 cm width at the cranial pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

The liver presented mild to moderately 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 and minor remodeling. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance



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without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and mild to moderate non-dependent hyperechoic debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained non-shadowing chyme with no signs of ileus, obstruction or foreign material.

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.

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

Pancreas

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

Free Abdomen

No peritoneal effusion was present.

Intermittent mild benign/reactive mesenteric lymph nodes were present.

ULTRASONOGRAPHIC FINDINGS

- Bilateral irregular adrenomegaly -suspect PDH, minor potential for emerging neoplastic criterial
- Bilateral chronic renal changes with non-obstructive medullary mineral
- Focal dependent urinary bladder mineral
- Vacuolar hepatopathy pattern-benign
- Mild to moderate gallbladder debris (non-mucocele)
- Heterogeneous pancreas-age related/patient variant, remodeling secondary to previous inflammation or low grade to chronic pancreatitis possible
- Probable mild resolving gastroenterocolitis pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An ACTH stim test is recommended if not recently done. A screening BP is advised to assess for evidence of hypertension which may allude to emerging adrenal neoplastic criteria i.e. pheochromocytoma. Continued as needed GI supportive care and therapy for suspect resolving gastroenterocolitis is recommended. Potential for low grade to chronic pancreatitis may be suspected if evidence of cranial abdominal of subxiphoid discomfort on palpation. Correlation with a spec cPL or a GI panel to include PLI/TLI/Cobalamin/Folate is recommended if recurrent GI signs.

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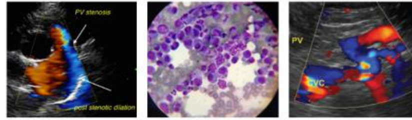

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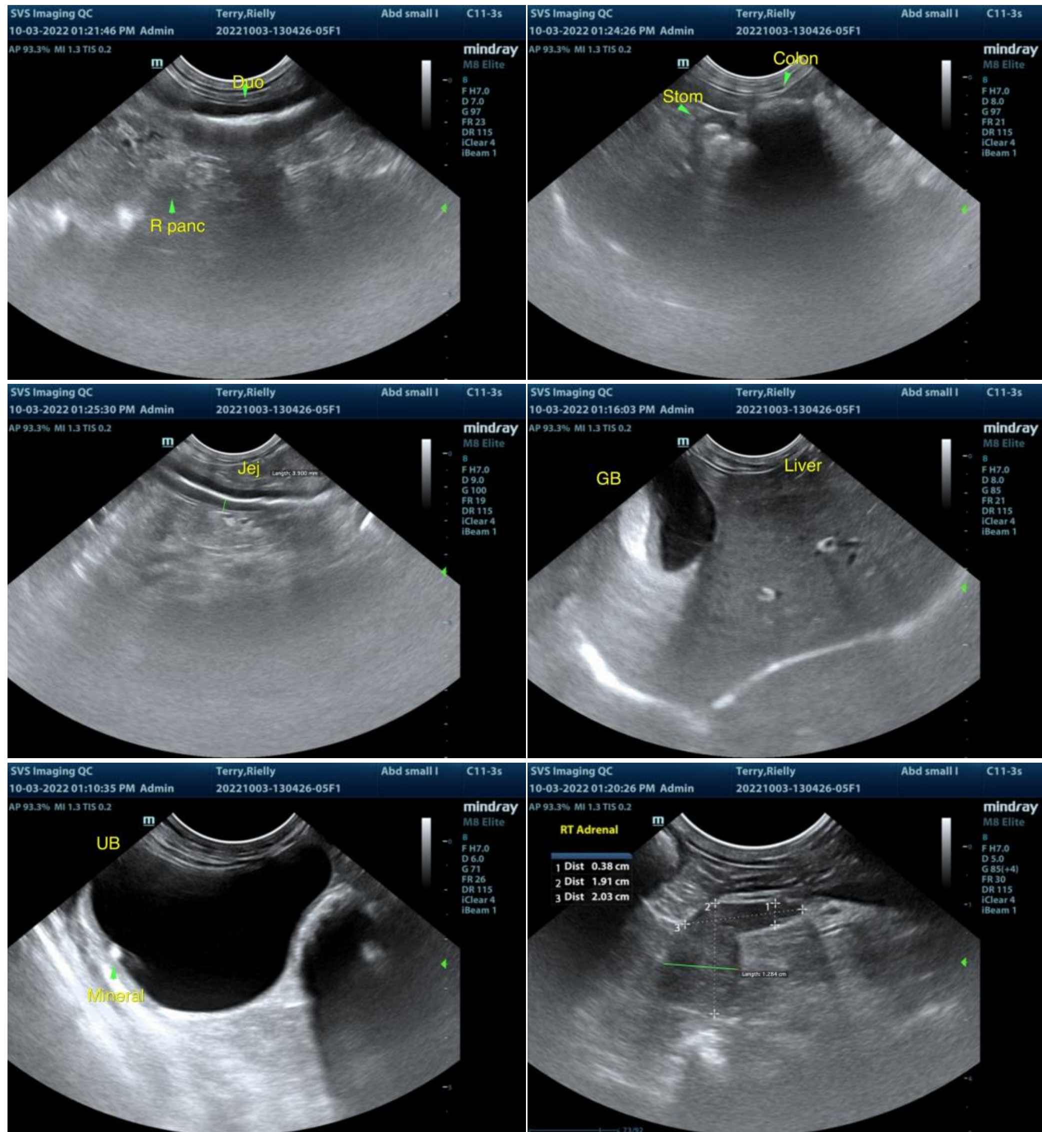

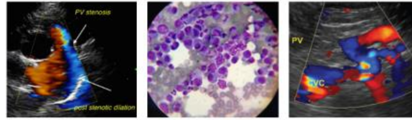

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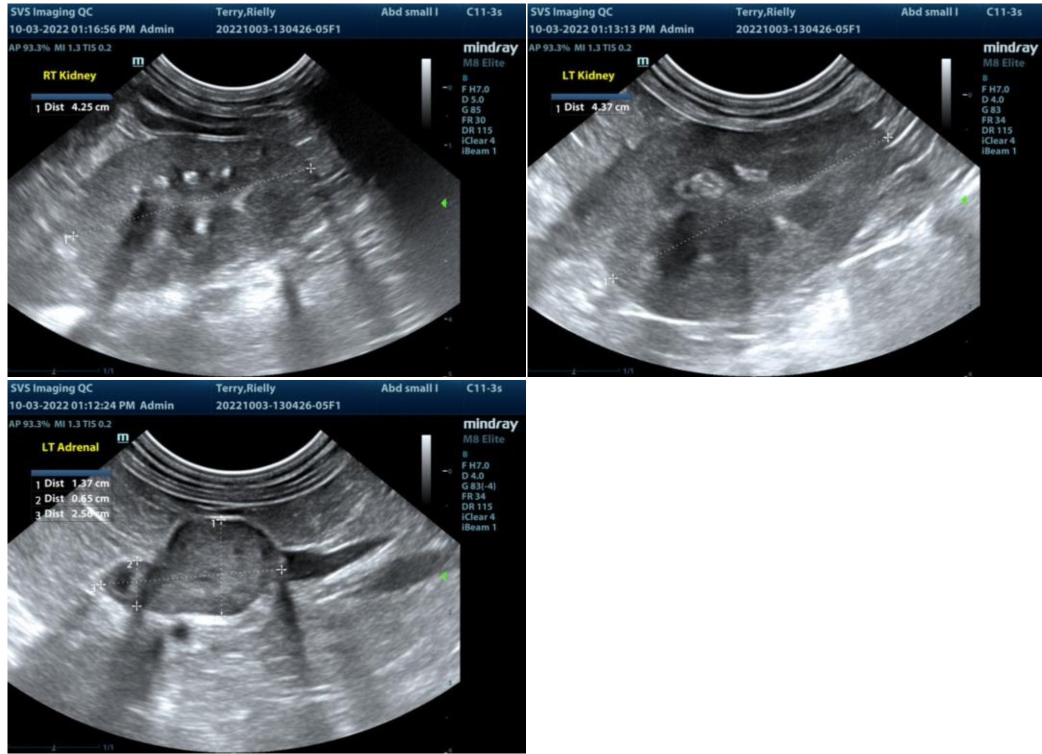

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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