



**PATIENT**

Apollo Dimaso

**SPECIES**

Canine

**BREED**

Bichon

**SEX**

Neutered Male

**AGE**

10 years

**WEIGHT**

18 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

Loving Care VH

**REFERRING VET**

Dr. Steele

**INVOICE**

12358

**DATE**

10/5/21

**PRESENTING CLINICAL SIGNS**

-not eating, diabetic

Abnormal PE/Chem/CBC/UA Results: HCT 13.7%, WBC 23,000 with elevated neuts and monos, elevated amylase

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction 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 residual prostate was free of pathology.

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. Focal, small cortical cysts were present in both kidneys. No evidence of pyelectasia or overt pyelonephritis was noted. The left kidney measured 5.7 cm in length. The right kidney measured 5.8 cm in length.

**Adrenal Glands**

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.1 cm length x 0.53 cm width in the caudal pole. No evidence of left adrenal hyperplasia or tumors was noted.

A mildly nonhomogeneous to echogenic, nodule was present in the right adrenal gland. The nodule was mildly expansive yet without evidence of parenchymal escape. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule in the cranial right adrenal gland measured 1.2 cm x 1.0 cm. The overall right adrenal gland measured 2.3 cm length x 0.64 cm width at the caudal pole and 1.4 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 increased in size. The liver exhibited generalized mild nonuniform increased parenchyma echogenicity. 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 moderate, mildly congealed, yet nonorganized gallbladder debris. The cystic and common bile ducts were normal. No evidence of gallbladder or peripheral Inflammation was noted.



<b>PATIENT</b>	<b><i>Gastrointestinal</i></b>
Apollo Dimaso	The stomach presented intact wall layering with a normal wall layer ratio. Minor retained pyloric fluid was present. The pylorus wall width measured 0.38 cm.
<b>SPECIES</b>	
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. The duodenum wall width measured 0.36 cm.
<b>BREED</b>	
Bichon	Normal visible colon wall layers were present with subjective semi-formed feces in lumen.
<b>SEX</b>	<b><i>Pancreas</i></b>
Neutered Male	The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling. No overt evidence of neoplasia.
<b>AGE</b>	<b><i>Free Abdomen</i></b>
10 years	Mild peripancreatic to perihepatic reactive mesentery was present. No overt lymphadenopathy or effusion was noted.
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
18 lbs.	
<b>INTERPRETED BY</b>	<b><i>Primary Findings</i></b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> <li>• Hepatomegaly with generalized mild nonuniform echogenic parenchyma - suspect metabolic / reactive / vacuolar (diabetic) hepatopathy, potential for cholangiohepatitis given the presence of gallbladder debris, lipidosis, with hepatic neoplasia considered a less likely differential diagnosis yet cannot be excluded</li> <li>• Moderate gallbladder debris (non-mucocele)</li> <li>• Pancreatitis - subjectively mild to moderate</li> <li>• Nonspecific right adrenal nodule - adenoma or focal hyperplasia suspected, potential for emerging neoplasia i.e., pheochromocytoma, adenocarcinoma, or other</li> <li>• Minor retained pyloric fluid - suspect minor gastritis / stasis</li> </ul>
<b>IMAGING PERFORMED BY</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Diane McFadden	
<b>HOSPITAL NAME</b>	Assuming normal clotting status and with Vitamin K pretreatment, ultrasound-guided FNA of the liver may be considered for screening cytology. Screening blood pressure is suggested.
Loving Care VH	
<b>REFERRING VET</b>	
Dr. Steele	
<b>INVOICE</b>	Sonographic monitoring of the right adrenal gland with Initial recheck in 4 weeks to assess for evidence of progression is ideal. Full adrenal workup If clinical suspicion for underlying adrenal disease i.e., ACTH Stimulation test, may be considered If clinically indicated.
12358	
<b>DATE</b>	
10/5/21	Empirically, as-needed gastrointestinal support, stabilization of glucose levels If hyperglycemia, and medical therapy for pancreatitis would be appropriate. Urine C/S is suggested on a sterile urine sample if evidence of glucose urea.



**PATIENT**

Apollo Dimaso

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/>.

**SPECIES**

Canine

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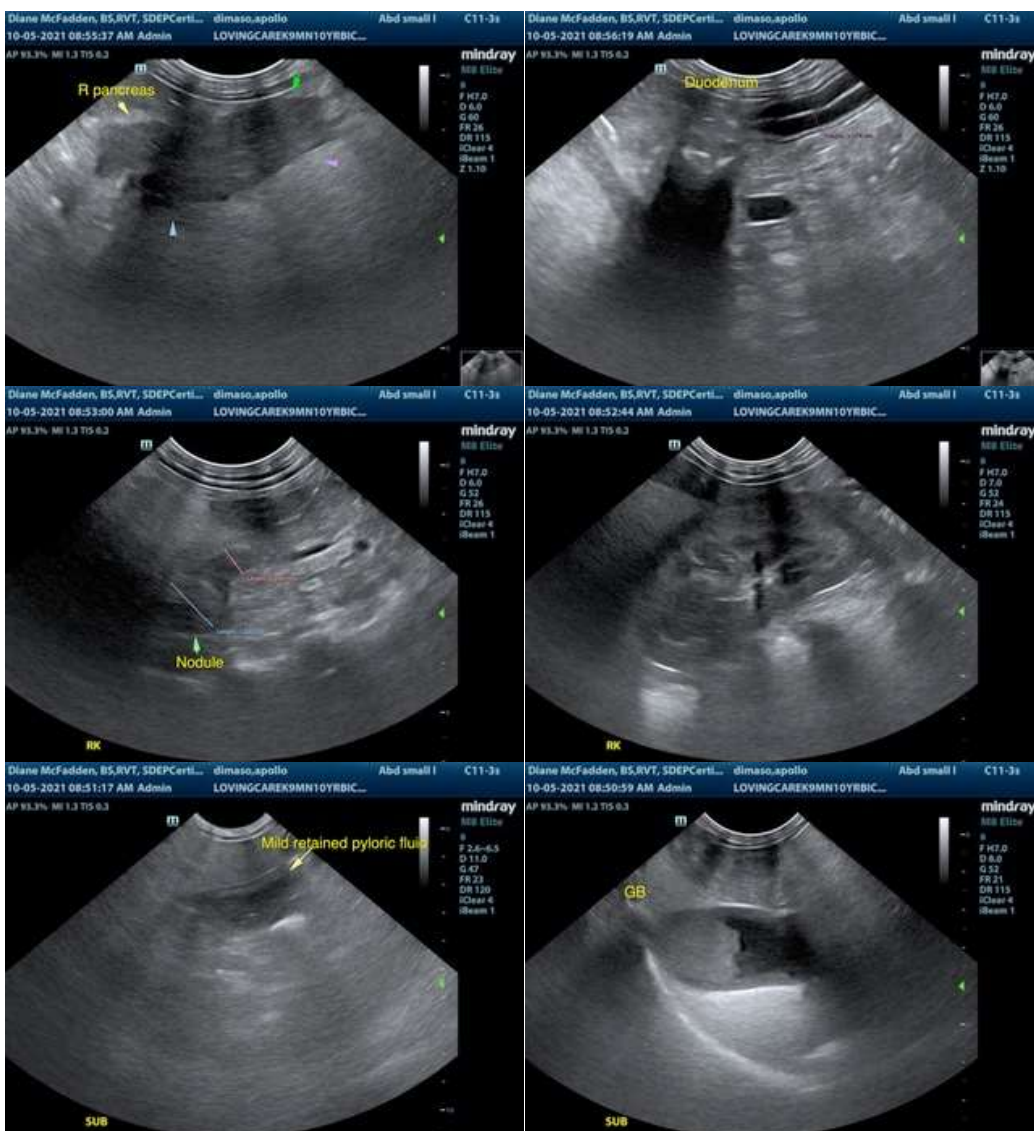
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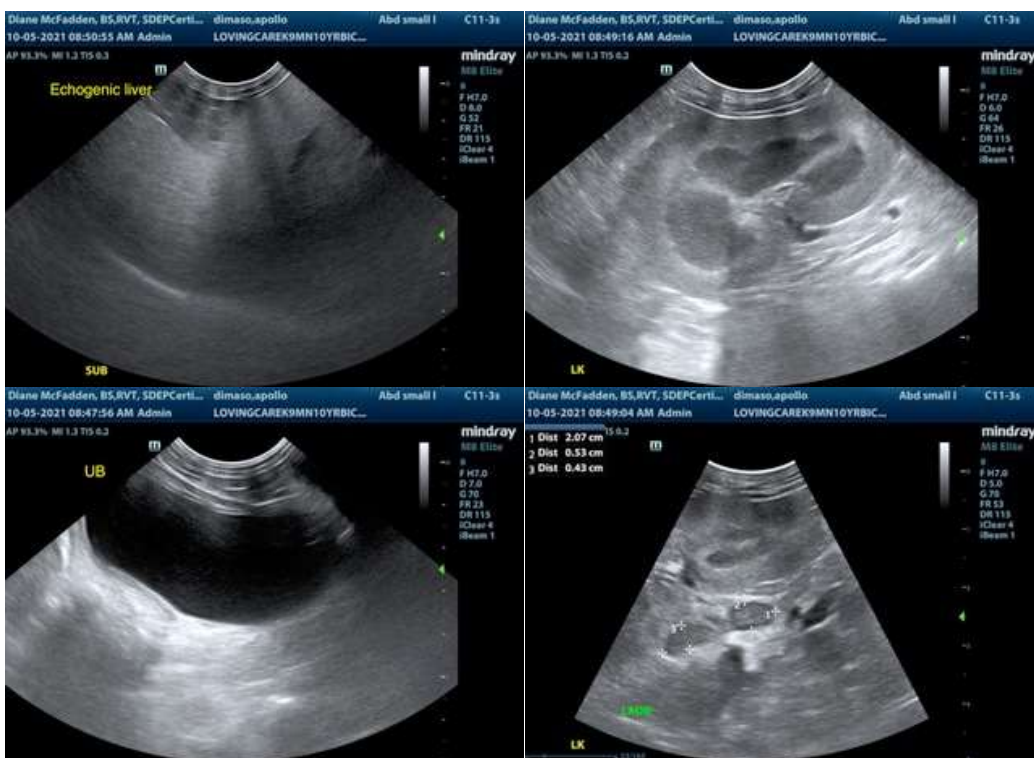
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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