



PATIENT PRESENTING CLINICAL SIGNS

Buddy Werner
Ddx: Cushings, heart dz, neoplasia, obesity, open Distended abdomen - too taunt to palpate clear lungs. Increased respiratory no murmur, no arrhythmia

SPECIES
Abnormal PE/Chem/CBC/UA Results: CBC- mild neutrophilia (14.02), thrombocytosis (605)
Biochemistry- elevated albumin (4.6), ALP (644), ALT (265), hyperphosphatemia (6.9), mild hypoglycemia (57). Rads- Liver is rotated ventrocaudal, mass effect of the dorsal cranial quadrant that displaces the colon/intestines caudal, spondylosis, enlarged appearance to the heart and mediastinum

Canine

BREED

Terrier X

SEX

Neutered Male

AGE

10 Years

WEIGHT

18 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Pleasant Hill AH

REFERRING VET

Dr. Supan

INVOICE

26113

DATE

10/6/21

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 were noted.

The residual prostate 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.4 cm. The right kidney measured 5.0 cm. A small cortical cyst was present in the right kidney.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were mildly prominent in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.70 cm at the cranial pole and 0.65 cm at the caudal pole. The left adrenal gland measured 0.80 cm at the cranial pole and 0.78 cm at the caudal 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 exhibited generalized enlargement with non-uniform mild increased parenchyma echogenicity. No distinct hepatic masses noted. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation. Normal hepatportal vascular volume without evidence of congestion.



PATIENT *Gastrointestinal*

Buddy Werner
The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present. No evidence of retained ingesta or foreign material.

SPECIES

Canine
The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild upper duodenal ileus was present.

BREED

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

SEX

Neutered Male
The pancreas exhibited mild subjective prominent size with mild asymmetrical contour and subtle hypoechoic to heterogeneous parenchyma compared to adjacent omentum.

AGE

10 Years
No overt lymphadenopathy or peritoneal effusion was present.

Free Abdomen

WEIGHT

18 Pounds

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly with generalized mild non-uniform increased parenchyma echogenicity
- Mild gallbladder debris – non-mucocele
- Subject prominent adrenal glands
- Mild chronic renal changes with right kidney cortical cyst
- Potential low-grade pancreatitis and mild gastroduodenitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The presentation of the liver may indicate vacuolar hepatitis, chronic active hepatitis, cholangiohepatitis, early fibrosis / cirrhosis or other hepatopathy. Neoplasia considered a less likely differential diagnosis yet cannot be excluded.

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Adrenal workup may be considered if clinical suspicion of hyperadrenocorticism given the hepatic and adrenal presentation as well as presence of thrombocytosis. Assuming normal clotting status, hepatic FNA using 25-gauge needle may also be considered for screening cytology. Denamarin and Ursodiol protocol may prove beneficial. Spec CPL may be considered.

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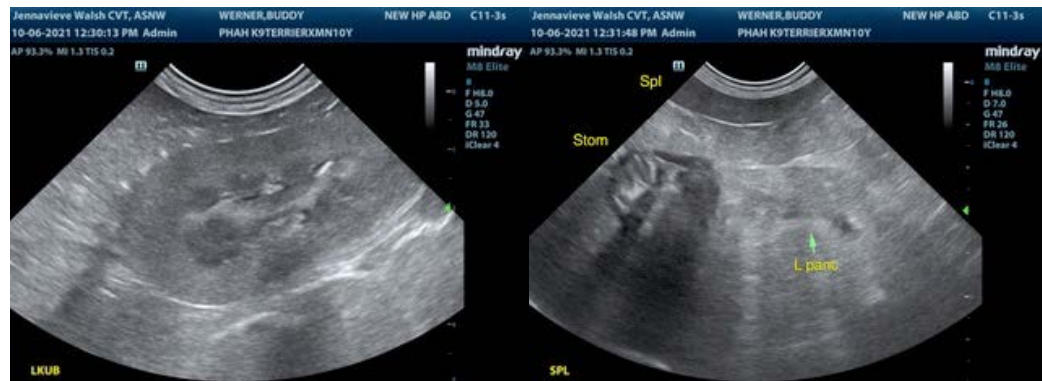
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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