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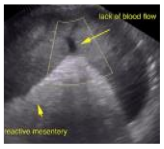

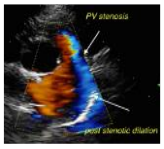

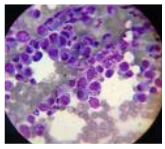
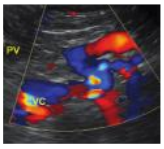

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Slingsby Chmilar

SPECIES

Canine

BREED

Pomeranian

SEX

MN

AGE

10 y

WEIGHT

8.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Beddington Trail Vet

REFERRING VET

Dr. Atal

INVOICE

15145

DATE

10/7/22

PRESENTING CLINICAL SIGNS

Pre-anesthetic labs for dental showed mild to moderate liver enzyme elevations. Serum bule acids normal. LDDST elevated. No clinical signs.
Abnormal PE/Chem/CBC/UA Results: Moderate ALP elevation and mild ALT elevation on pre-anesthetic labs. LDDST elevated.

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 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. No evidence of pelvic dilation was present. Pinpoint bilateral medullary mineral was noted. The left kidney measured 4.6 cm in length. The right kidney measured 4.8 cm in length.

Adrenal Glands

Mildly prominent adrenal gland size based on caudal pole width was present in left adrenal gland with uniformly hypoechoic parenchyma. The left adrenal gland measured 0.65 cm width at the caudal pole and 0.51 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.49 cm width at the caudal pole and 0.53 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 mild 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. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

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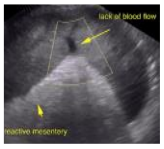

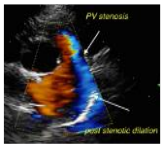

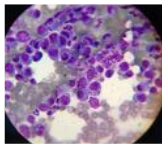
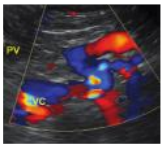

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Gastrointestinal

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.

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 formed feces in lumen.

Pancreas

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mildly prominent left adrenal gland, sonographically normal right adrenal gland - no evidence of adrenal tumors
- Mild age-related renal changes with pinpoint medullary mineral
- Benign hepatopathy - suggestive of metabolic / reactive vacuolar hepatopathy pattern, potential for primary or concurrent low-grade hepatic parenchymal or hepatobiliary inflammation is possible

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the lack of clinical signs, i.e., PU/PD, polyphagia, etc., commonly seen with Cushing's Syndrome, continued monitoring for the development of these clinical signs +/- recheck LDDST in 4-6 weeks would be reasonable.

Hepatosupportive medications including Denamarin +/- Ursodiol, due to its antioxidant and immunologic effects within the liver, may prove beneficial. Screening hepatic FNA cytology could be considered for further assessment.

No anesthetic contraindications, given normal bile acid testing.

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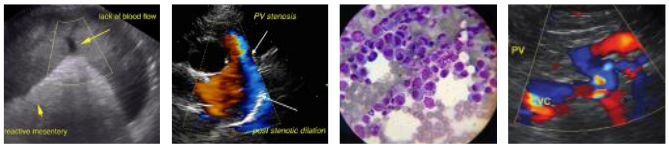

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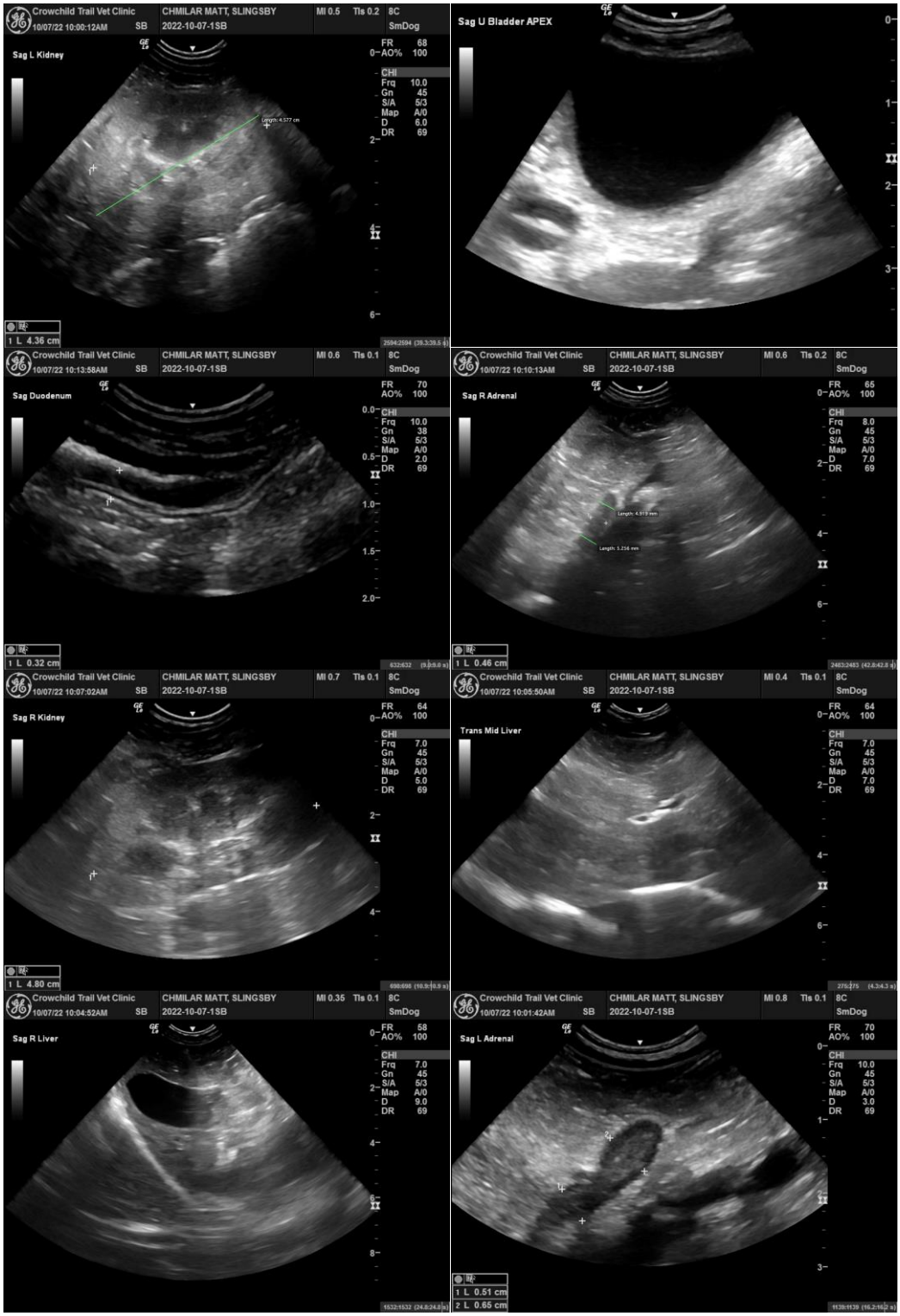

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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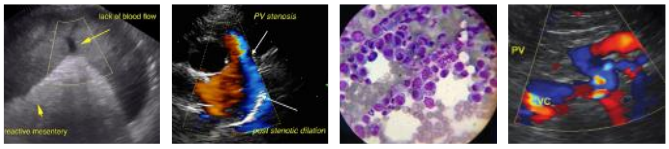

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com