



PATIENT PRESENTING CLINICAL SIGNS

Sasha Caioppi History: PU/PD. Elevated liver enzymes. HAC on dexamethasone suppression test.

SPECIES Abnormal PE/Chem/CBC/UA Results:

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

9 Years

WEIGHT

74 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Edgewood AC

REFERRING VET

Dr. Kimball

INVOICE

12557

DATE

11/15/21

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

Aortic trifurcation was normal.

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 areas of subtle medullary mineral were present in both kidneys. The left kidney measured 6.3 cm in length. The right kidney measured 7.3 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without evidence of overt neoplastic criteria associated with either the left or right adrenal gland and without evidence of parenchymal mineralization. The left adrenal gland measured 3.0 cm length x 0.78 cm width in the caudal pole. The right adrenal gland is exhibiting cranial enlargement with mild capsular distortion yet without evidence of parenchymal escape. The right adrenal gland measured 3.2 cm length x 2.0 cm width in the cranial pole and 0.83 cm width in the caudal 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

The liver was subjectively mildly enlarged in size with mild uniform subjective increased parenchyma echogenicity compared to the spleen and falciform fat. 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. No hepatic masses or nodules were present.

The gallbladder was non distended in size with mild non-dependent yet non organized debris. The cystic duct and common bile ducts were normal without evidence of dilation.



PATIENT

Gastrointestinal

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The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained moderate echogenic to strongly shadowing ingesta without overt evidence of obstruction to pyloric outflow. The stomach was otherwise normal. The gastric body wall measured 0.39 cm.

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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 measured 0.41 cm.

SEX

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

Spayed Female

Pancreas

AGE

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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 was evident.

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ULTRASONOGRAPHIC FINDINGS

- Mild hepatomegaly with mild uniform increased parenchyma echogenicity- consistent with benign hepatopathy, metabolic/vacuolar/steroid hepatopathy. Potential for inflammatory hepatoparenchymal or hepatobiliary process given the presence of gallbladder debris also possible without overt evidence of neoplastic criteria
- Mild gallbladder debris (non-mucocele)
- Mild cranial right adrenomegaly-subjective sonographically unremarkable left adrenal gland
- Shadowing gastric ingesta-non-specific

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The shadowing gastric ingesta, although non-specific, may correlate with postprandial presentation. Potential for gastric foreign material cannot be definitively excluded yet thought less likely. Radiographic monitoring for evidence of gastric emptying is suggested.

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The presentation of the bilateral adrenal glands is most consistent with probable PDH without overt evidence of neoplastic criteria given the LDDST. However, sonographic monitoring of the right adrenal gland, for evidence of progressive enlargement, with initial recheck in 4 weeks suggested.

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Screening blood pressure recommended. Hepatosupportive medications, including Denamarin and Ursodiol may prove beneficial. Urine C/S suggested if not done.

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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/>.

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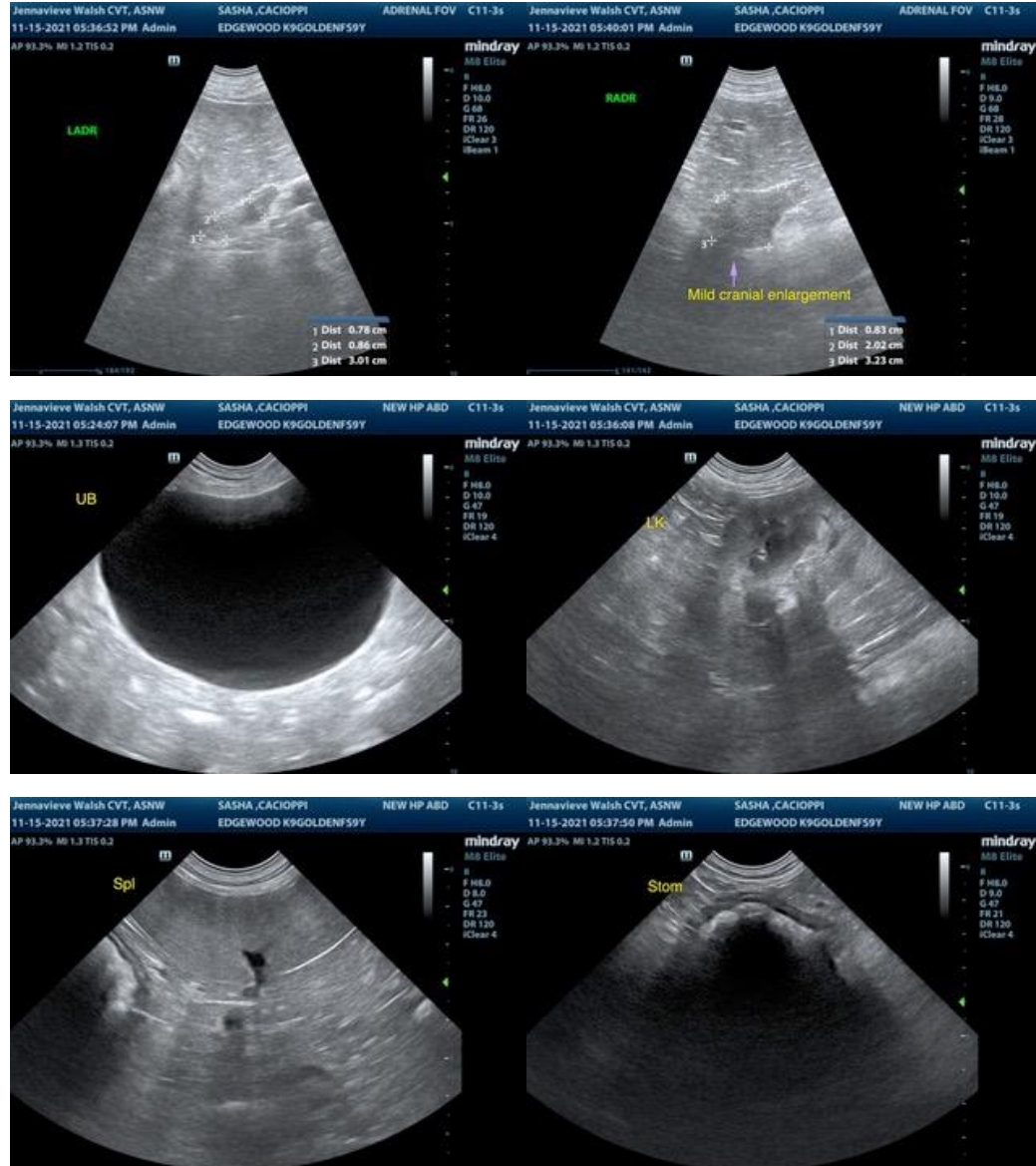
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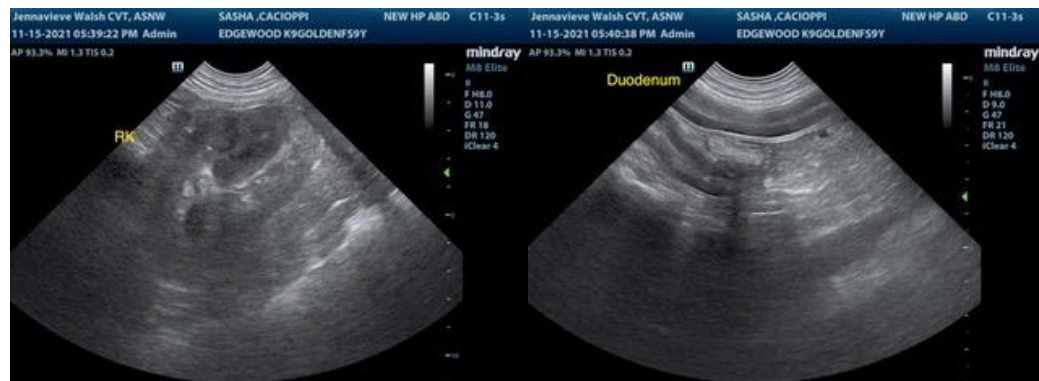
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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