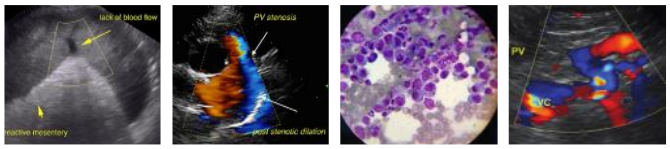
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Paloma Mendez

SPECIES

Canine

BREED

Schnauzer Poo

SEX

FS

AGE

14

WEIGHT

18

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Garderns Animal Hopsital

REFERRING VET

Dr. Sharkaway

INVOICE

12392ag

DATE

11/29/2022

PRESENTING CLINICAL SIGNS

PU/PD DIORIENTED ON AND OFF

Abnormal PE/Chem/CBC/UA Results: HISTORY OF ELEVATED ALT , ALPK BW, CORTISOL/CR RATIO- PENDING URINE SPGR- 1.011 XRAY ARE ATTACHED - ENLARGED LIVER

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Non-obstructive medullary mineral was present in the left kidney lateral diverticuli. The left kidney measured 4.6 cm in length. The right kidney measured 4.9 cm in length

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were indistinctly visualized yet exhibited subjective bilateral adrenomegaly with uniform parenchyma. The left adrenal gland subjectively measured 0.91 cm width at the caudal pole and 1.1 cm width at the cranial pole. The right adrenal gland subjectively measured 0.78 cm width at 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.

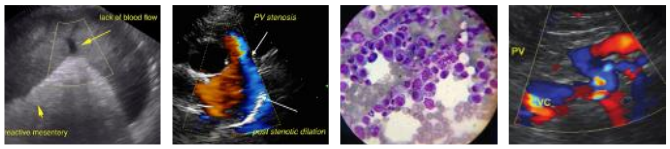
Liver

The liver presented moderately increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. 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. The gallbladder was non-distended in size with primarily anechoic luminal content and mild non-dependent echogenic non-organized debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. 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 was empty with no signs of ileus, obstruction or foreign material.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Paloma Mendez

SPECIES

Canine

BREED

Schnauzer Poo

SEX

FS

AGE

14

WEIGHT

18

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Garderns Animal Hopsital

REFERRING VET

Dr. Sharkaway

INVOICE

12392ag

DATE

11/29/2022

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 was evident.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

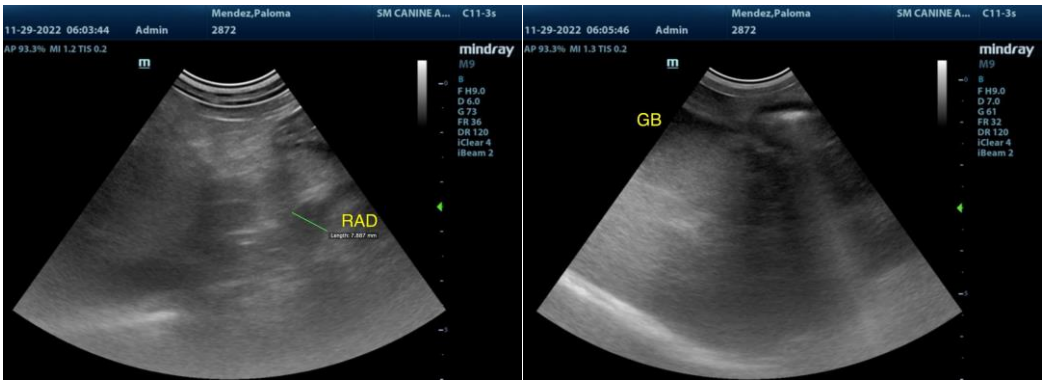
- Hepatomegaly-subjectively benign
- Mild gallbladder debris (non-mucocele)
- Subjective bilateral adrenomegaly
- Mild chronic renal changes with mild left kidney mineral
- Mild urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

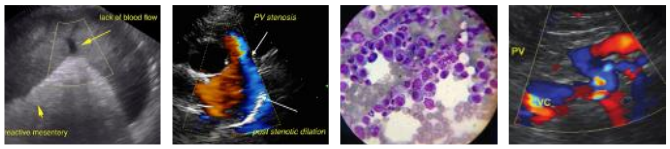
A full adrenal workup with LDDST or ACTH stim test is recommended given the presence of hepatomegaly, bilateral adrenomegaly and current PU/PD. A screening BP is advised to assess for evidence of hypertension which may be a contributing factor to the patient's disorientation.

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

If Cushing's syndrome is ruled out and assuming normal clotting status, a hepatic FNA for screening cytology is warranted for further assessment primarily to assess for inflammatory cells and rule out less likely potential for neoplasia. Hepatosupportive medications such as Denamarin or Vitamin E as well as Ursodiol may prove beneficial.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Paloma Mendez

SPECIES

Canine

BREED

Schnauzer Poo

SEX

FS

AGE

14

WEIGHT

18

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Garderns Animal Hopsital

REFERRING VET

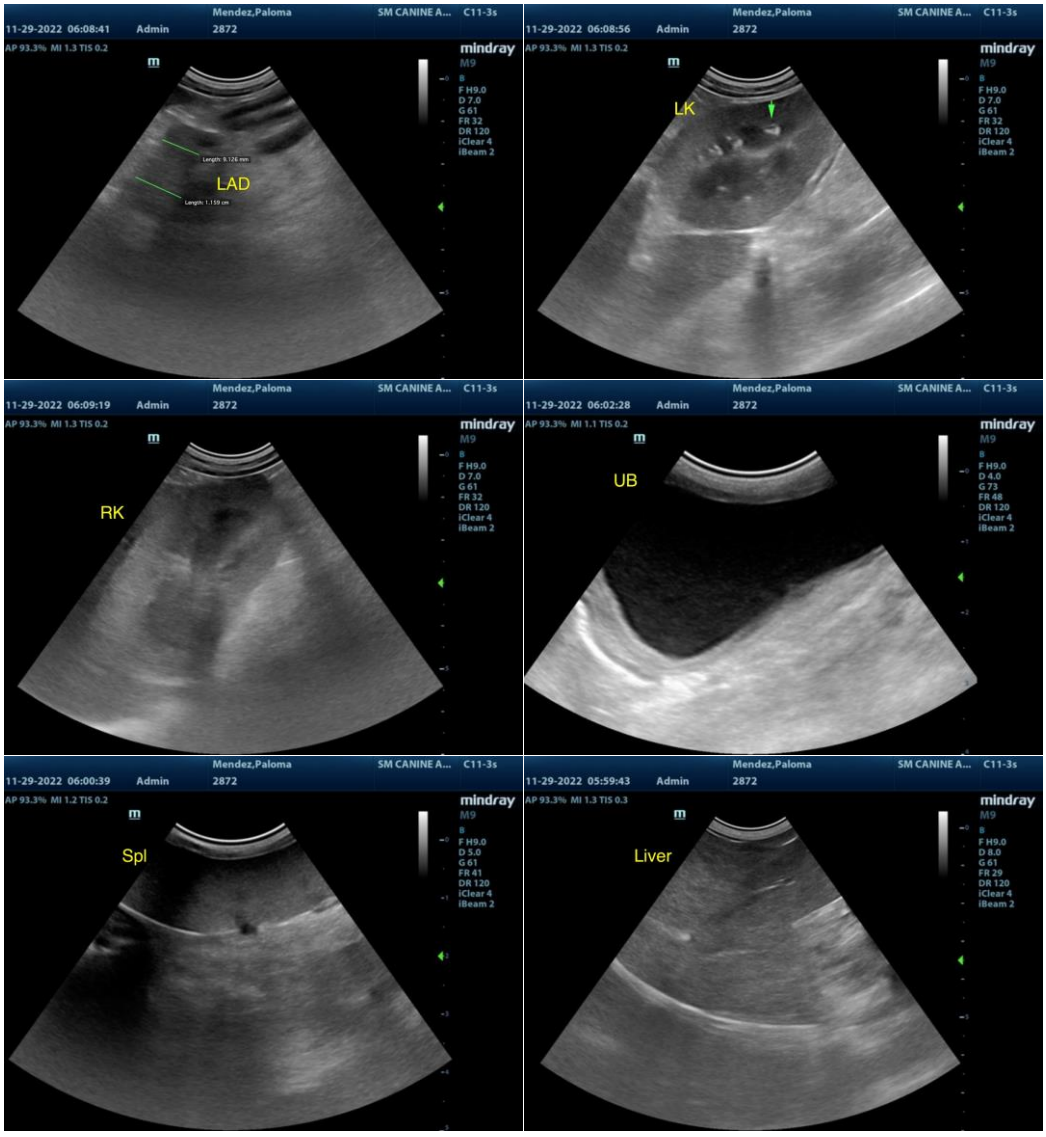
Dr. Sharkaway

INVOICE

12392ag

DATE

11/29/2022



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)
mac.daniel@sonopath.com