

**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Friday Conway  
**SPECIES** Canine  
History: Atypical hypoadrenocorticism diagnosed 4/2021. Has been on very low dose prednisone since diagnosis. Recent suspected hypoglycemic episode likely associated with atypical Addison's. When working up suspected hypoglycemic episode, a notably increased ALT was identified. Recent urinalysis was WNL with the exception of specific gravity = 1.006. Heartworm +ve (initial diagnosis 1/2017; most recently tested in 3/2021) - was being treated with "slow kill" treatment prior to presentation at Alburdis. Medication: Prednisone 1mg BID

**BREED** Lab Mix  
Labs: Unremarkable CBC, Chemistry panel sodium:potassium ratio 39, ALT 506, AST 156, ALP 67, BUN 18, Creatinine 1.4

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX** *Urinary System*

**SEX** Spayed Female  
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.

**AGE** 2015  
The area of the aortic trifurcation was free of pathology.

**WEIGHT** 70 Pounds  
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.2 cm in length. The right kidney measured 6.3 cm in length.

**INTERPRETED BY** *Adrenal Glands*

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)  
Both adrenal glands were subnormal in size. The left adrenal gland measured 1.9 cm length x 0.22 cm at the caudal pole in width. The right adrenal gland measured 2.2 cm length x 0.43 cm at the caudal pole in width.

**IMAGING PERFORMED BY** *Spleen*

Rebekah Jakum, CVT ARDMS/RVT  
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.

**HOSPITAL NAME** *Liver*

Alburdis AH  
The liver was subnormal in size with maintained symmetrical capsule contour and normal hepatic parenchyma echogenicity, exhibiting mild to moderate coarse echotexture. No hepatic masses or nodules noted.

**REFERRING VET** Dr. Smith  
The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**INVOICE** *Gastrointestinal*

18910

**DATE**

11/30/22



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Friday Conway

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.

**SPECIES**

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.

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

**BREED**

Lab Mix

**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.

**SEX**

Spayed Female

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**AGE**

2015

**ULTRASONOGRAPHIC FINDINGS**

- Subnormal liver size, sonographically normal gallbladder
- Subnormal bilateral adrenal glands- consistent with patient history
- Sonographically unremarkable kidneys and urinary bladder

**WEIGHT**

70 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the ALT elevation, potential for nonspecific inflammatory hepatopathy/hepatitis is suspected. Hepatic sampling is required for further assessment and potential identification of inflammatory cell type, however, FNA cytology would likely be limited given the hepatic size. If patient is PU/PD, in light of decreased urine specific gravity, bile acid testing, leptospirosis titers/PCR, recheck ACTH stimulation test, as well as further renal staging to include culture and sensitivity and baseline UPC, if evidence of proteinuria, going forward, may be considered. Hepatic core or surgical biopsy is likely required for a definitive diagnosis. No evidence of pancreatic pathology.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

Alburtis AH

**REFERRING VET**

Dr. Smith

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**REFERRING VET**

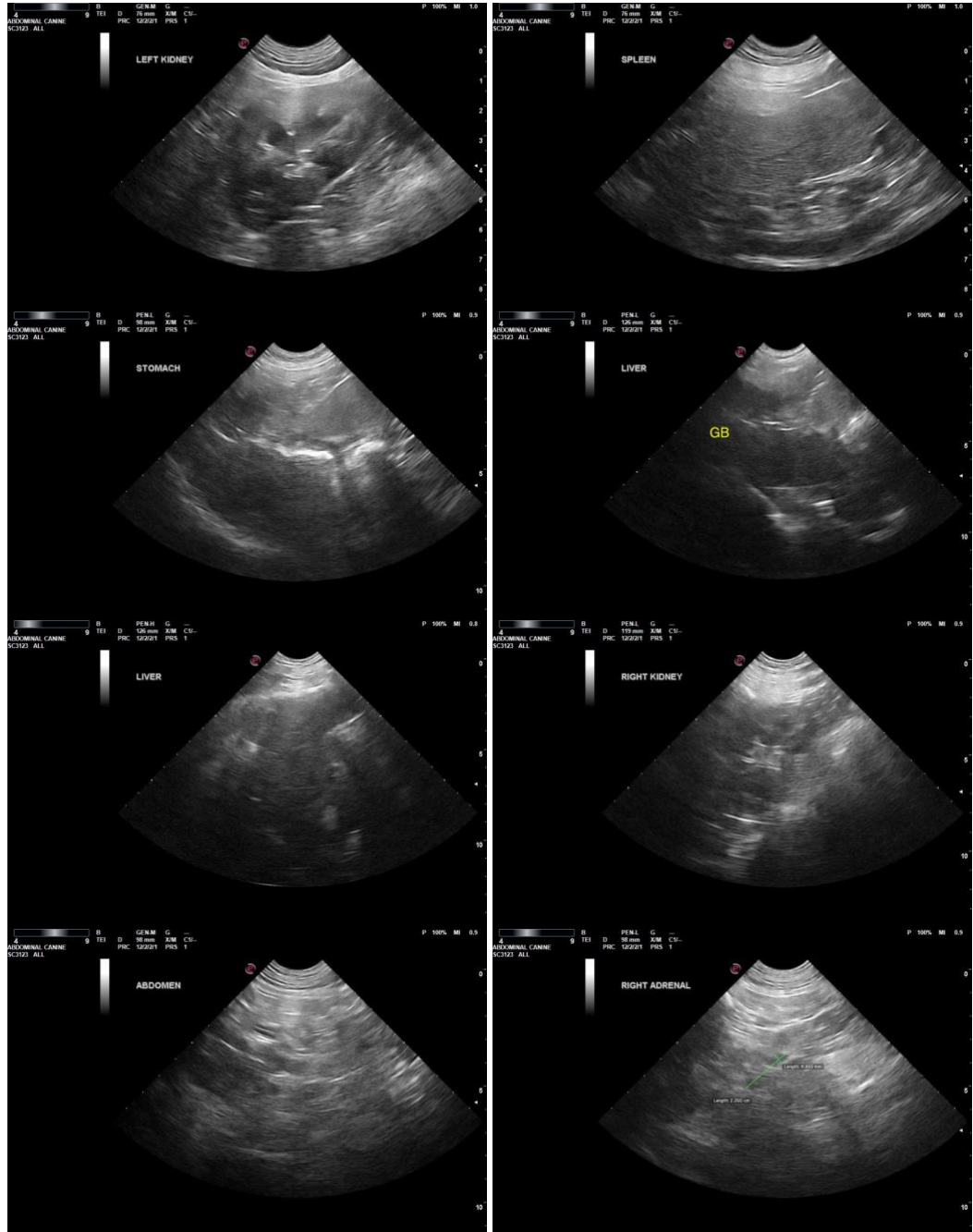
Dr. Smith

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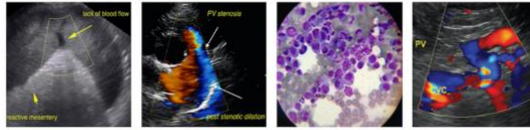
11/30/22



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)**



**PATIENT** [mac.daniel@sonopath.com](mailto:mac.daniel@sonopath.com)

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**BREED**

Lab Mix

**SEX**

Spayed Female

**AGE**

2015

**WEIGHT**

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