



PATIENT PRESENTING CLINICAL SIGNS

Kona Lebo History: Elevated liver values, concern for Cushing's
Medication: Levothyroxine .3 BID

SPECIES ALP 434, USG 1.012, Unremarkable CBC, LDDST pre-5.9, 4hr-0.3, 8hr-2.4

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

Lab Mix The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

SEX FS No evidence of pathology in the area of the aortic trifurcation.

AGE 10 years Normal size and margination was 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 pyelectasia. The left kidney measured 5.8 cm in length. The right kidney measured 5.5 cm in length.

WEIGHT 51.5 Pounds *Adrenal Glands*
The bilateral adrenal glands were mildly prominent in size yet without evidence of significant hyperplasia or neoplastic criteria. Mild parenchyma heterogeneity and mild capsule asymmetry was present. The left adrenal gland measured 2.4 cm length x 0.91 cm width in the caudal pole. The right adrenal gland measured 2.8 cm length x 0.85 cm width in the caudal pole.

INTERPRETED BY *Spleen*
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)
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.

IMAGING PERFORMED BY Rebekah Jakum, CVT ARDMS/RVT
Liver / Gallbladder
HOSPITAL NAME VCA Willow Mill AH
The liver exhibited subjective mild generalized enlargement, maintained symmetrical to mildly rounded hepatic contour, normal overall hepatic parenchyma echogenicity with evidence of mild parenchymal remodeling and intermittent nonexpansive discreet hypoechoic parenchymal nodules. The hepatic and portal vasculature were normal in appearance without signs of congestion.

REFERRING VET Dr. Munkittrick
The gallbladder was non distended in size with moderate mildly congealed yet nonorganized echogenic gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

INVOICE 48921
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.

DATE 12.10.2021
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.



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

Kona Lebo **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.

SPECIES

Canine **Free Abdomen**

BREED No overt lymphadenopathy or peritoneal effusion was present.

Lab Mix **ULTRASONOGRAPHIC FINDINGS**

SEX

FS

AGE

10 years

WEIGHT

51.5 Pounds

- Mild hepatomegaly exhibiting parenchymal remodeling and intermittent discreet hypoechoic nodules.
- Moderate gallbladder debris (nonmucocele).
- Subjective mildly prominent bilateral adrenal glands - no evidence of adrenal tumors.
- Bilateral mild age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the liver was consistent with benign hepatopathy/hepatomegaly with suspected focal discreet areas of hematopoiesis or nodular to regenerative hyperplasia. The appearance of the liver may suggest vacuolar hepatitis.

If there is a strong clinical suspicion of hyperadrenocorticism, i.e., clinical signs such as PU/PD, polyphagia, etc., the appearance of the bilateral adrenal glands would be consistent with pituitary dependent hyperadrenocorticism. If the patient is not exhibiting significant clinical signs at this time, recheck LDDST could be considered in several months for further clarification.

Hepatosupportive medications including ursodiol, given the presence of gallbladder debris, may be considered.

For an additional charge, internalmedicineconsult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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>

INTERPRETED BY

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SPECIES

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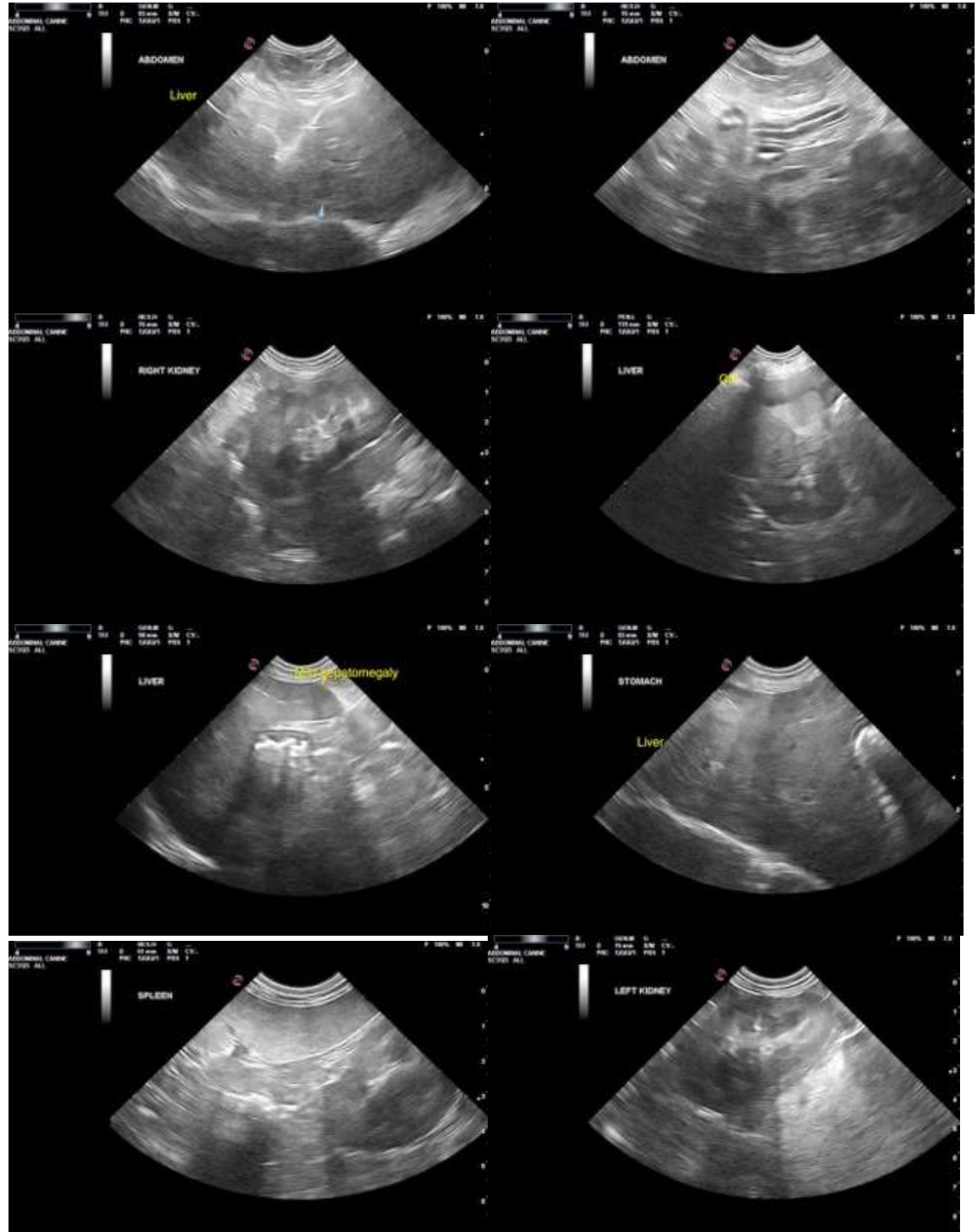
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Lab Mix

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AGE

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WEIGHT

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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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