

**PATIENT**

Hons Johnson

SPECIES

Canine

BREED

Schnauzer

SEX

Neutered Male

AGE

9 years

WEIGHT

18 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Case

INVOICE

12367

DATE

10/6/21

PRESENTING CLINICAL SIGNS

Pet presented for increased drinking and eating. Was diagnosed at a previous clinic recently as being diabetic. No glucose was present in urine and during glucose curve BG was very low for 2.5 hours post insulin. Suspected possible Cushings disease. Pet is also urinating frequently. Pet has very low BG post insulin - internal medicine specialist recommended glucose curve.

Abnormal PE/Chem/CBC/UA Results: Elevated liver values on some bloodwork results, but then are WNL other times. Negative Cushings test - MSU, Fructosamine test - slightly high - possible pre-diabetic. CPL - normal

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. Small dependent solitary cystic calculus, measuring 0.9 cm in diameter, was present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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. Pinpoint to focal medullary mineral was present in both kidneys. No evidence of pyelectasia was evident in either kidney. The left kidney measured 5.3 cm in length. The right kidney measured 5.6 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 0.56 cm width in the cranial pole and 0.65 cm width in the caudal pole. The right adrenal gland measured 0.89 cm width in the cranial pole and 0.65 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/ Gallbladder

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. Minor hepatic parenchymal remodeling was noted. 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 mild, nondependent, yet nonorganized, echogenic gallbladder debris. The cystic and common bile ducts were normal. No evidence of peripheral gallbladder inflammation was noted.

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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.

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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.

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

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Pancreas

The pancreas exhibited mild generalized prominent size and minor asymmetrical contour with Isoechoic to mildly hypoechoic parenchyma compared to adjacent nonreactive mesentery. A focal cystic lesion, as well as focal nodule, were noted in the area of the proximal left pancreatic limb to pancreas base. The cystic lesion measured 1.6 cm x 0.68 cm. The nodule measured 0.68 cm in diameter.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS**WEIGHT**

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Primary Findings

- Small cystic calculus
- Mild age-related kidneys with pinpoint to focal medullary mineral, no overt pyelonephritis
- Mild hepatomegaly - subjectively benign
- Mild gallbladder debris - non-mucocele
- Prominent pancreas with focal cystic lesion and nodule

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the cPL in this patient was normal, potential for low-grade chronic to chronic active pancreatitis with focal benign cystic lesion and probable focal nodular hyperplasia is possible. No overt evidence of neoplastic pancreatic criteria was noted. Sonographic monitoring of the pancreatic cyst and nodule for evidence of progression is likely Ideal.

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Urine culture and sensitivity on a sterile urine sample is recommended, given the presence of the cystic calculi. Hepatosupportive medication including Denamarin and Ursodiol may prove beneficial if recurrent or persistent hepatic enzyme elevations. Continued monitoring of serum glucose and Fructosamine levels is recommended.

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Potential recheck adrenal testing (ACTH Stim test if clinical concern or confirmation of diabetes), may be considered in the future if strong clinical concern for underlying hyperadrenocorticism.

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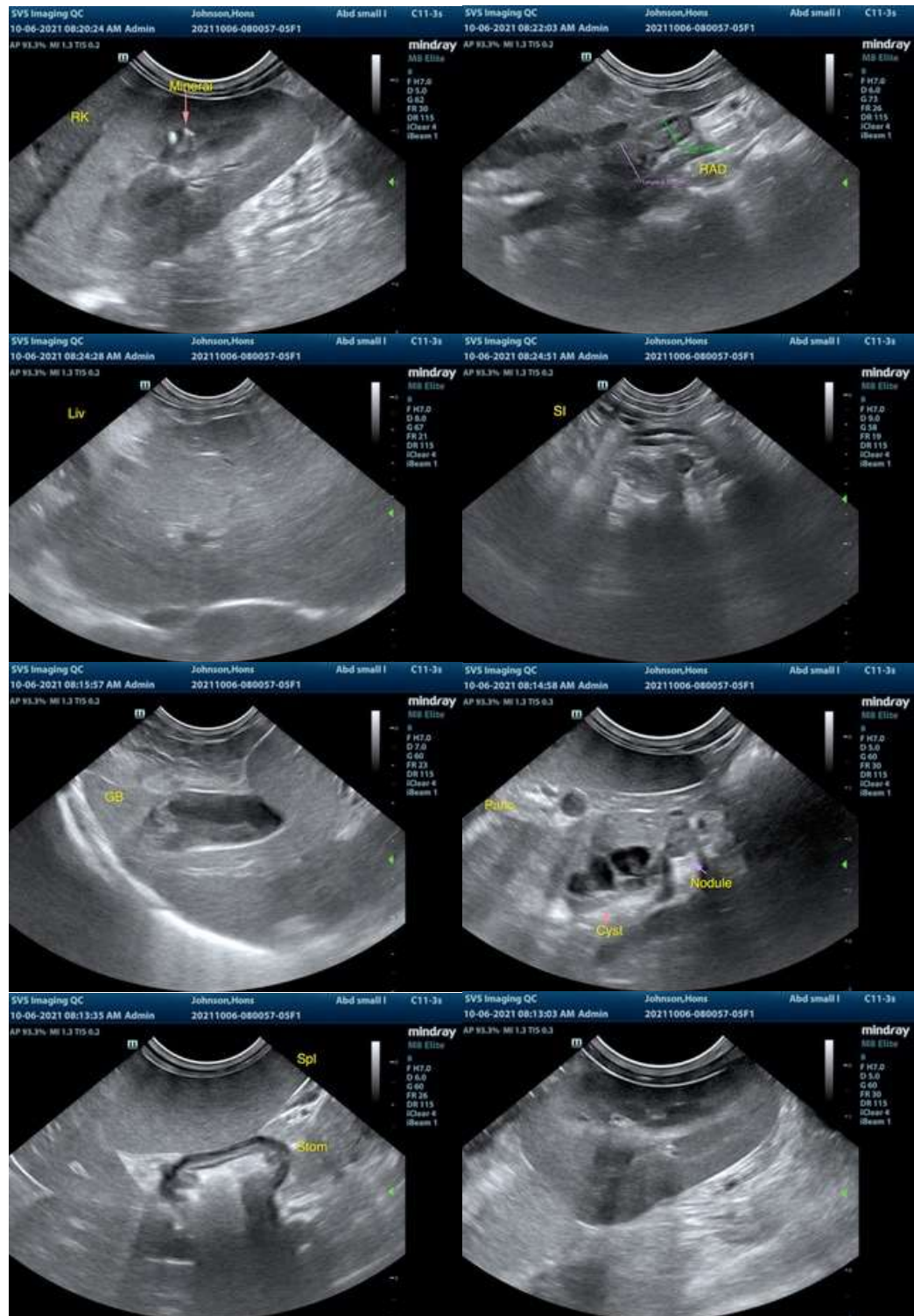
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com