**PATIENT**

Otis Judge

**SPECIES**

Canine

**BREED**

Pit Bull

**SEX**

NM

**AGE**

12 years

**WEIGHT**

61 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Doerscher

**INVOICE**

20916

**DATE**

2/1/23

**PRESENTING CLINICAL SIGNS**

Noted hypercalcemia on recent annual lab work, repeat labs 1 mo later and even higher. Not clinical for anything significant. Mild liver elevations improved after 1 mo Denamarin. Mild PU/PD. Hx of GI issues. Abdominal ultrasound years ago at another clinic showed thickened intestines was dx with IBD. Has been on I/D and seems to do well on that.

Abnormal PE/Chem/CBC/UA Results: Phosphorus 2.2, Calcium 12.8, ALT 187, AST 28, ALP 432 BP: 130, 132, and 140

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder was normal in size and tone. Anechoic urine was present. Suspect, indistinctly visualized, focal dependent luminal mineral was noted. No urinary bladder tumors were present. The urethra was normal to a depth of 2.0 cm.

The residual prostate 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. No evidence of pyelectasia was present. Pinpoint to focal areas of minor medullary mineral were present bilaterally. The left kidney measured 6.8 cm in length. The right kidney measured 7.6 cm in length.

**Adrenal Glands**

Both adrenal glands were variably enlarged in size, exhibiting mild nonhomogenous, nonmineralized parenchyma and associated variably rounded yet intact adrenal capsule contour. Adrenomegaly is more prominent in the left adrenal gland. The left adrenal gland measured 3.4 cm in length x 1.76 cm at the caudal pole in width and 0.88 cm at the cranial pole in width. The right adrenal gland measured 3.1 cm in length x 0.65 cm at the caudal pole in width.

**Spleen**

The spleen was normal in size and contour with subtle parenchyma heterogeneity, including subtle nondisruptive hypoechoic solitary nodule ( 0.87 cm in diameter).

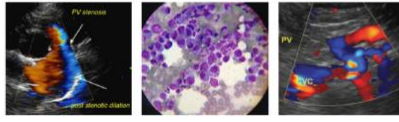
**Liver/ Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was mildly distended in size with anechoic content and moderate congealed nonorganized mildly hyperechoic debris without evidence of gallbladder or peripheral gallbladder inflammatory criteria. 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.

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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.

**SPECIES*****Pancreas***

Canine

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 were evident.

**BREED**

Pit Bull

***Free Abdomen***

No omental masses, lymphadenopathy or evidence of peritoneal effusion was present. No evidence of medial iliac or sublumbal lymphadenopathy or masses.

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NM

**ULTRASONOGRAPHIC FINDINGS****AGE**

12 years

- Bilateral adrenomegaly, more prominent in the left adrenal gland- nonspecific, benign hyperplasia, adenomatous change, emerging neoplasia, such as pheochromocytoma (specifically in the left adrenal gland) are all potentials.
- Subtle nonspecific nondisruptive splenic nodule- hyperplasia, hematopoiesis, focal inflammation, granuloma, potential emerging nodular neoplastic criteria are all potentials.
- Sonographically unremarkable gastrointestinal tract
- Mild renal medullary and suspect urinary bladder mineral
- Minor hepatic parenchymal remodeling- benign
- Gallbladder debris (non-mucocele)

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS****IMAGING****PERFORMED BY**

Sarah Pender, CVT

No overt or definitive evidence of intraabdominal neoplastic criteria as an obvious cause of the patients hypercalcemia. Screening hepatosplenic FNA cytology, specifically the subtle splenic nodule, if accessible, using a 25-gauge needle and assuming normal clotting status, could be considered for further assessment. Hypercalcemia panel, three view chest radiographs and rectal palpation, to assess for occult pathology as a contributing factor, is recommended, if not done.

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Screening blood pressure is recommended to assess for evidence of hypertension, which may allude to an emerging pheochromocytoma. Adrenal work up would only be advised if clinical signs consistent with adrenal hyperfunction are present. Sonographic monitoring, specifically of the left adrenal gland, for evidence of progressive enlargement is recommended.

**REFERRING VET**

Dr. Doerscher

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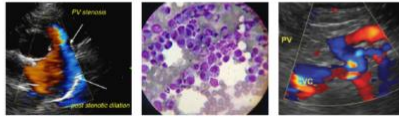
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svsmobileimaging.com 309-737-3070



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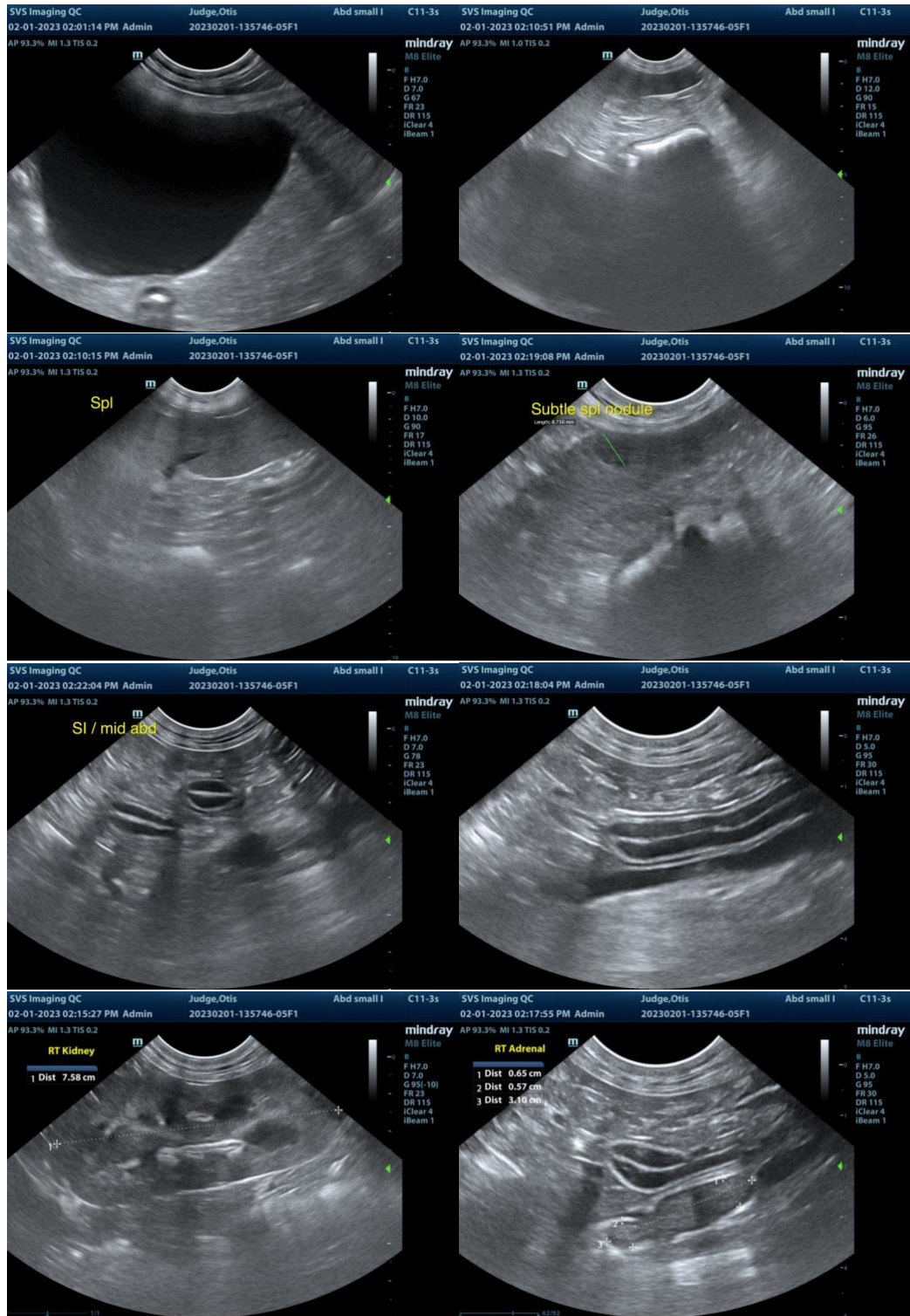
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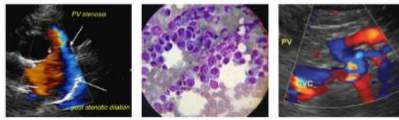
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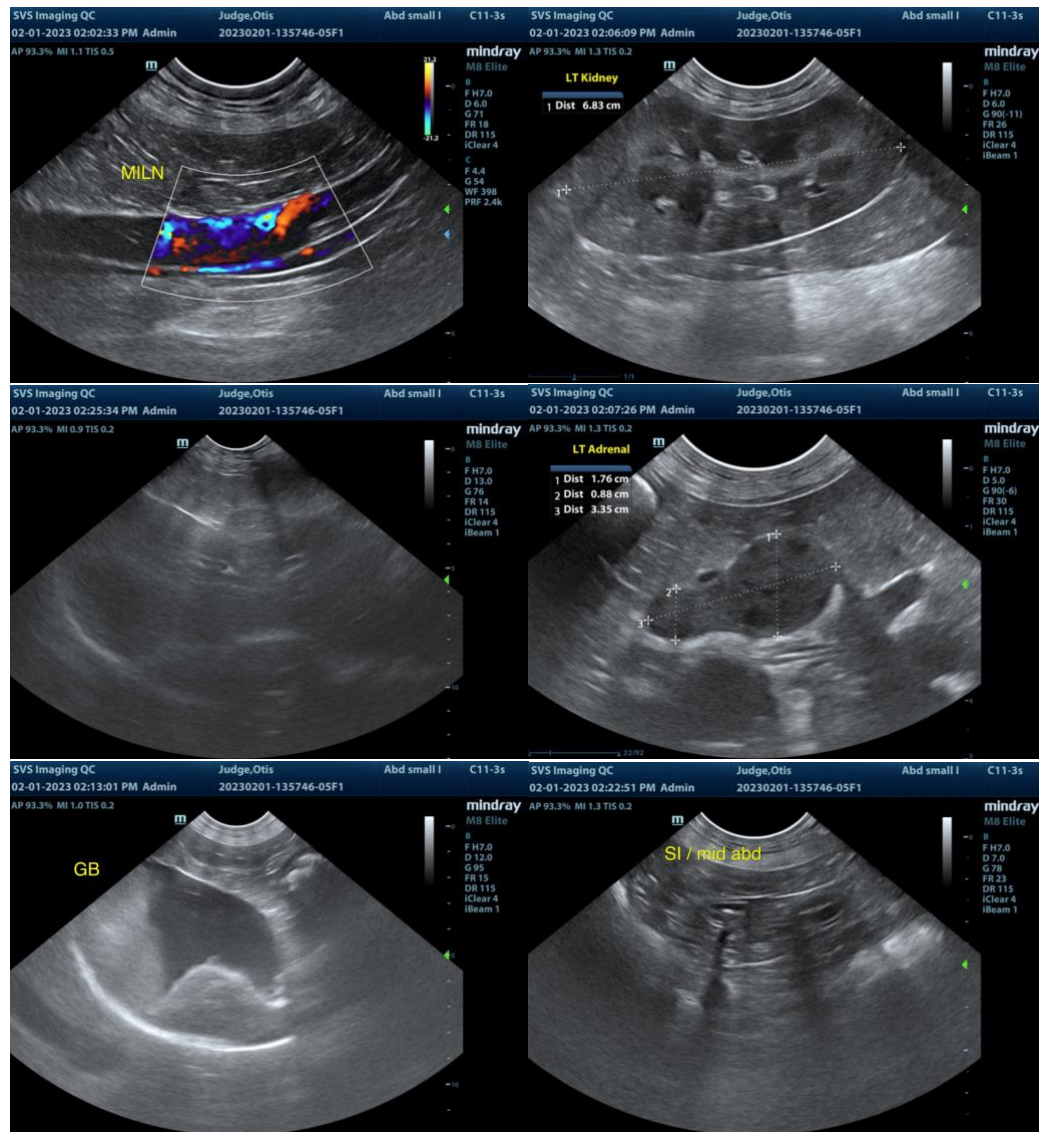
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
info@SonoPath.com