



PATIENT

Tea Doulatyan

PRESENTING CLINICAL SIGNS

Confirmed hyperadrenocorticism.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Yorkshire Terrier

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.

SEX

FS

The area of the aortic trifurcation was free of pathology.

AGE

12 years

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. Areas of medullary to lateral diverticuli nonobstructive mineral were present in both kidneys. No evidence of pyelectasia was noted in either kidney. The left kidney measured 3.2 cm in length. The right kidney measured 3.0 cm in length.

WEIGHT

5.6 lbs.

Adrenal Glands

INTERPRETED BY

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

Mild bilateral symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.61 cm width at the caudal pole and 0.56 cm width at the cranial pole. The right adrenal gland measured 0.70 cm width at the caudal pole and 0.69 cm width at the cranial pole.

IMAGING PERFORMED BY

Kelly Vazquez

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.

HOSPITAL NAME

Oakland AH

Liver/ Gallbladder

REFERRING VET

Dr. Gordon

The liver exhibited subjective mild enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. A solitary, non-expansive uniform hyperechoic intra-parenchymal nodule measuring 0.9 cm in diameter was present in the deep to mid liver parenchyma. 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 echogenic, nonmineralized, non dependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. No signs of peripheral inflammation.

INVOICE

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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.

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 pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Bilateral mild adrenomegaly - consistent with pituitary-dependent hyperadrenocorticism
- Mild hepatomegaly exhibiting solitary nonspecific yet likely benign nodule - nodule likely consistent with nodular / regenerative hyperplasia or small lipogranuloma
- Early gallbladder mucocele
- Chronic pancreatitis with possible pancreatic fibrosis
- Mild age-related renal changes with nonobstructive medullary mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of primary adrenal tumor was evident. Medical therapy for pituitary-dependent hyperadrenocorticism if clinically indicated is recommended. Monitoring for evidence of increasing size of cholestasis or cranial abdominal / subxiphoid discomfort or pain on palpation is recommended.

Recheck sonogram to reassess the gallbladder is indicated if these clinical signs are noted. Hepatosupportive medications including Ursodiol are suggested.



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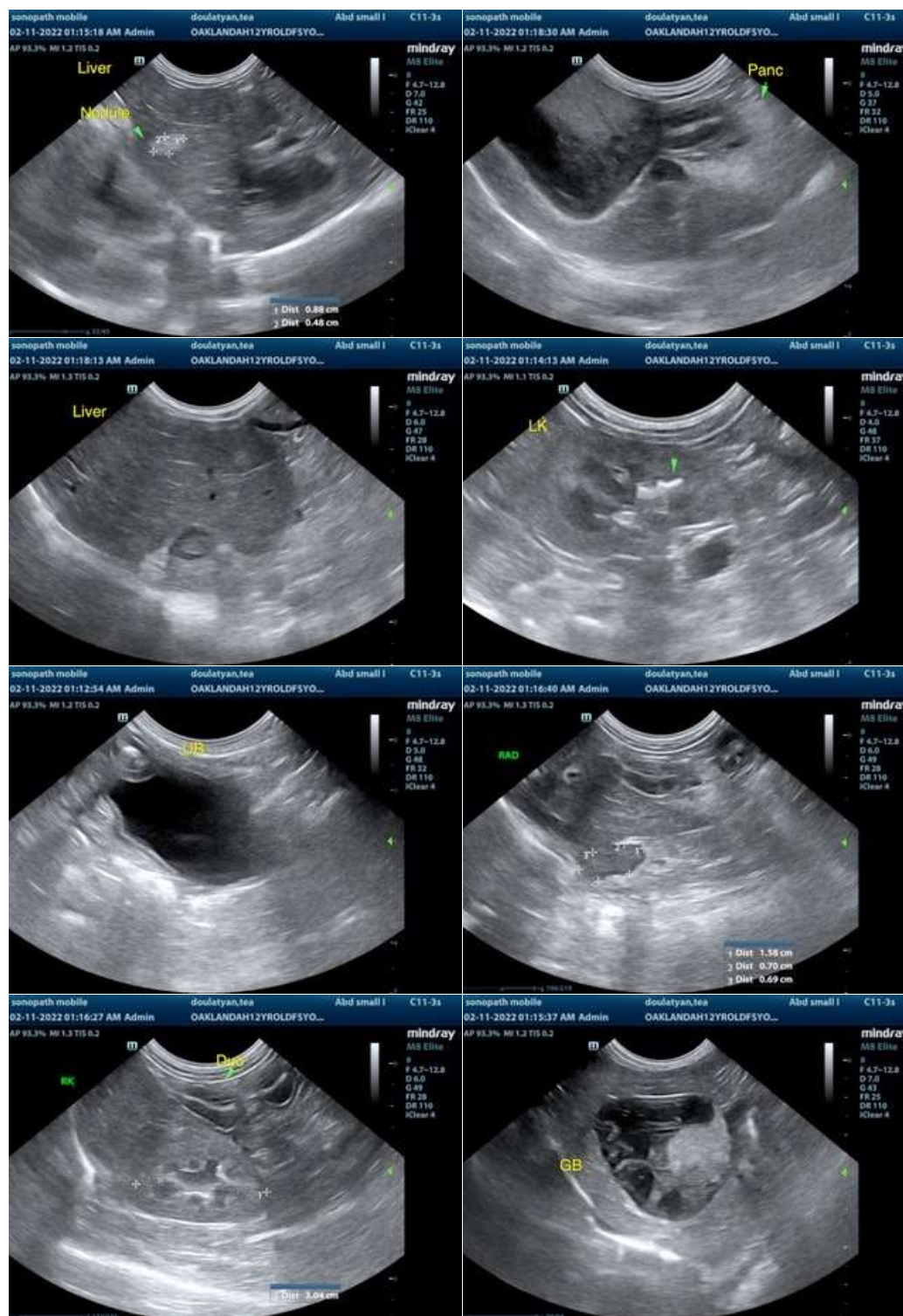
Dr. Gordon

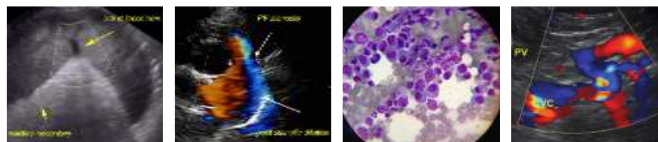
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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