

**PATIENT**

Buddy Ormsby

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

MN

**AGE**

6yr

**WEIGHT**

44lb

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

Sarah Pender CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Sciortino

**INVOICE**

12956ag

**DATE**

02/13/2023

**PRESENTING CLINICAL SIGNS**

PU/PD and urinary incontinence. Bloating appearance

Abnormal PE/Chem/CBC/UA Results: Overweight ALT 184, BUN 33, K 6.1 CBC unremarkable

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

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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.

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. Mild left kidney pyelectasia was present. The left kidney measured 6.3 cm in length. The right kidney measured 6.7 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology measuring 0.72 cm in diameter.

**Adrenal Glands**

The left adrenal gland was borderline prominent in size with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.64 cm width at the caudal pole and 2.9 cm length. The right adrenal gland was mildly prominent in size with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.80 cm width at the caudal pole and 2.5 cm length.

**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 enlarged in size. 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. 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 primarily anechoic luminal content and mild non-organized echogenic debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. 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 contained mild variably echogenic non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

**PATIENT**

Buddy Ormsby

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**

Canine

**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.

**BREED**

Terrier Mix

**Free Abdomen**

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

**SEX**

MN

**ULTRASONOGRAPHIC FINDINGS****AGE**

6yr

- Sonographically unremarkable urinary bladder, residual prostate and visible proximal urethra
- Mild left kidney pyelectasia
- Hepatomegaly-subjectively benign
- Gallbladder debris-not consistent with mucocele criteria
- Bilateral borderline prominent adrenal glands

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS****WEIGHT**

44lb

The left kidney pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage or IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended. The hepatic and adrenal presentation were non-specific without overt evidence of neoplastic criteria.

**INTERPRETED BY**

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

An adrenal work up could be considered if strong clinical concern for Cushing's syndrome. A leptospirosis titer/PCR may be considered if clinically indicated or if potential exposure/endemic to the area. Hepatosupportive medications such as Denamarin and Ursodiol may prove beneficial. Hepatic functionality is assumed to be adequate if normal GLU, ALB and CHOL levels.

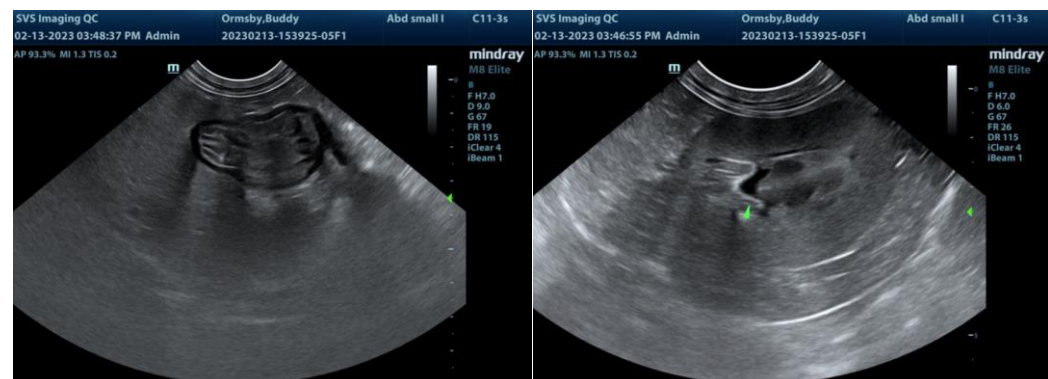
**IMAGING PERFORMED BY**

Sarah Pender CVT

Assuming normal clotting status a hepatic FNA for screening cytology could be considered for further assessment if additional causes of PU/PD are ruled out or if progressive hepatic enzyme elevations. .

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

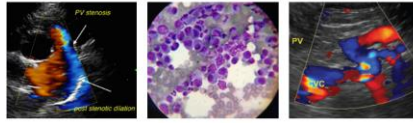
Sciortino

**INVOICE**

12956ag

**DATE**

02/13/2023



**PATIENT**

Buddy Ormsby

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

MN

**AGE**

6yr

**WEIGHT**

44lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sarah Pender CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

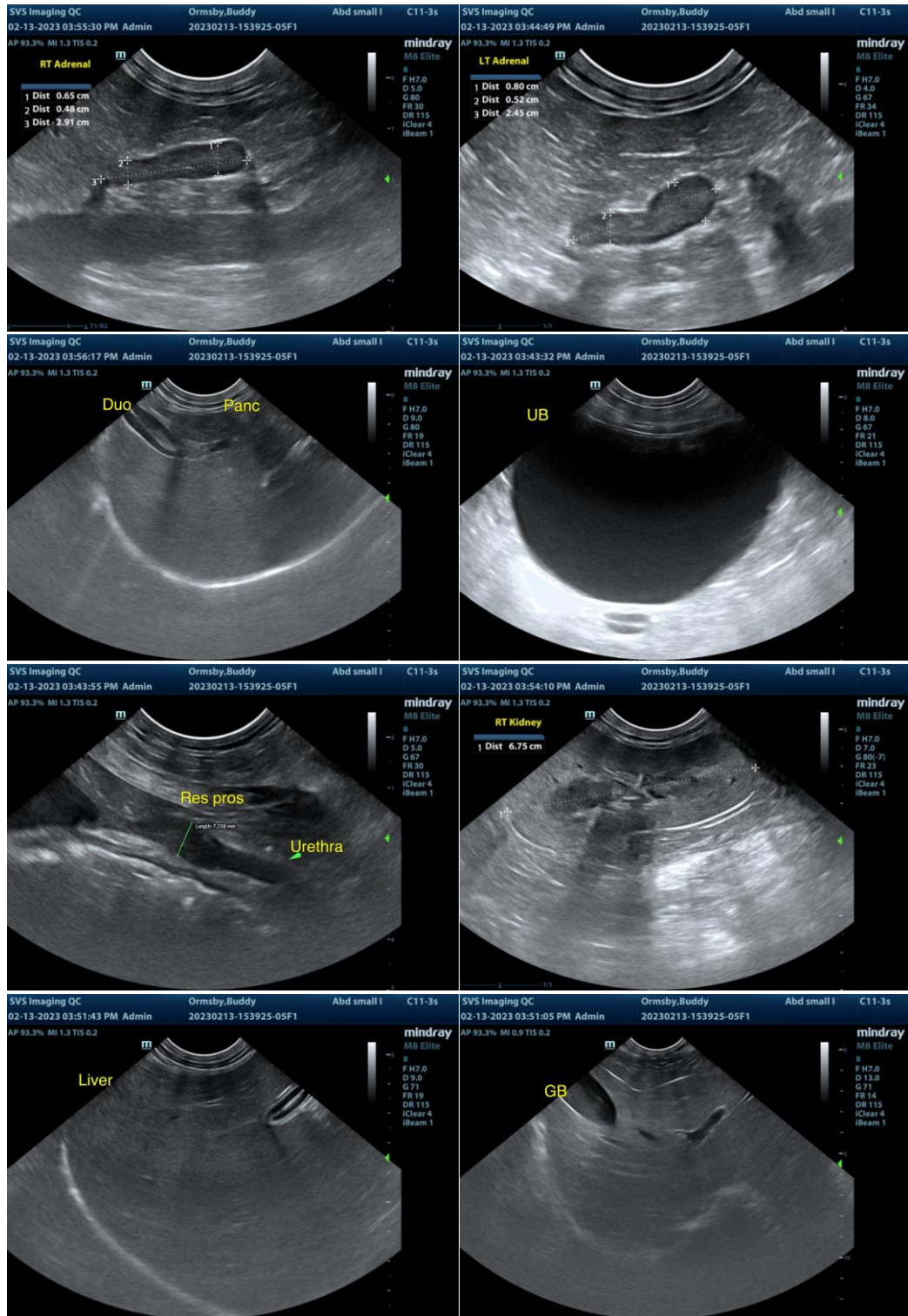
Sciortino

**INVOICE**

12956ag

**DATE**

02/13/2023

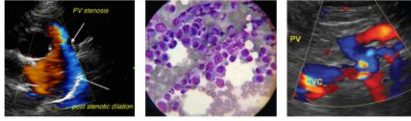


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I

IMAGING PERFORMED BY

svsimaging.net 309-737-3070



Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

**PATIENT**

Buddy Ormsby

can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

MN

**AGE**

6yr

**WEIGHT**

44lb

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Sarah Pender CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Sciortino

**INVOICE**

12956ag

**DATE**

02/13/2023