

**PATIENT**

Ella Penrose

SPECIES

Canine

BREED

Cockapoo

SEX

SF

AGE

12 years

WEIGHT

46 lbs.

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

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Lundeen

INVOICE

16165

DATE

2/14/23

PRESENTING CLINICAL SIGNS

Came in for second opinion for chronic skin issues. Also PU/PD. Previously diagnosed as hypothyroid - well-controlled on levothyroxine. Has previously been tested for Cushing's using ACTH stim testing - ACTH stim was not supportive of hyperadrenocorticism per previous DVM.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem17/TT4 performed most recently on 2/7/23. Abnormal values - Monocytosis (1.63 K/uL), mild hypokalemia (3.3 mmol/L), elevated ALT (173 U/L), elevated ALP (1301 U/L). BP today: left rear leg 185/87 (101), 154/109 (126)

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. 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.

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. No evidence of pelvic dilation was present. Minor medullary mineral was noted in the kidneys. The left kidney measured 7.0 cm in length. The right kidney measured 6.7 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.9 cm length x 0.54 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.4 cm length x 0.48 cm width at the caudal pole. No evidence of adrenal tumors or adrenomegaly was noted.

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 was moderately enlarged yet maintained a symmetrical capsule contour. Generalized mild nonhomogeneous hepatic parenchyma exhibiting subjective normal to mildly increased parenchyma echogenicity was present. Evidence of minor parenchymal remodeling was noted. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized, mildly hyperechoic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

**PATIENT*****Gastrointestinal***

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The stomach presented intact wall layering with a normal wall layer ratio. Nonspecific curvilinear small shadowing echoes were present in the area of the pylorus with an example measuring 1.0 cm in diameter.

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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.

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

Pancreas**SEX**

SF

The pancreas was normal in size and contour with minor heterogeneous isoechoic parenchyma compared to adjacent omentum. No signs of active pancreatic inflammation or neoplasia.

Free Abdomen**AGE**

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No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS***Primary Findings*****WEIGHT**

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- Mild chronic renal changes with discrete to minor medullary mineral
- Normal bilateral adrenal glands
- Hepatomegaly exhibiting mild nonhomogeneous parenchyma
- Mild gallbladder debris - not consistent with mucocele criteria
- Minor pancreatic remodeling

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Secondary Findings

- Small nonspecific shadowing pyloric echoes - suspect minor retained ingesta, treats, medication, or similar

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**HOSPITAL NAME**

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The bilateral adrenal glands were not overtly suggestive of adrenal enlargement, which may indicate Cushing's Syndrome. If strong clinical suspicion for Cushing's Syndrome, correlation with LDDST in conjunction with previous ACTH Stimulation test could be considered.

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Further workup of the PU/PD may include full urinalysis, with baseline renal staging to include screening C/S and UPC level if evidence of proteinuria. Leptospirosis titers / PCR are suggested if endemic to the area or potential exposure.

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Screening hepatic FNA cytology could be considered for further clarification primarily to assess for evidence of inflammatory cells / cholangiohepatitis given the ALT elevation and presence of gallbladder debris and to rule out the unlikely potential for infiltrative neoplasia.

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Sonographic reassessment of the pylorus and small shadowing pyloric echoes may be considered if evidence of vomiting / inappetence is noted.

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svsmobileimaging.com 309-737-3070



PATIENT

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

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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>

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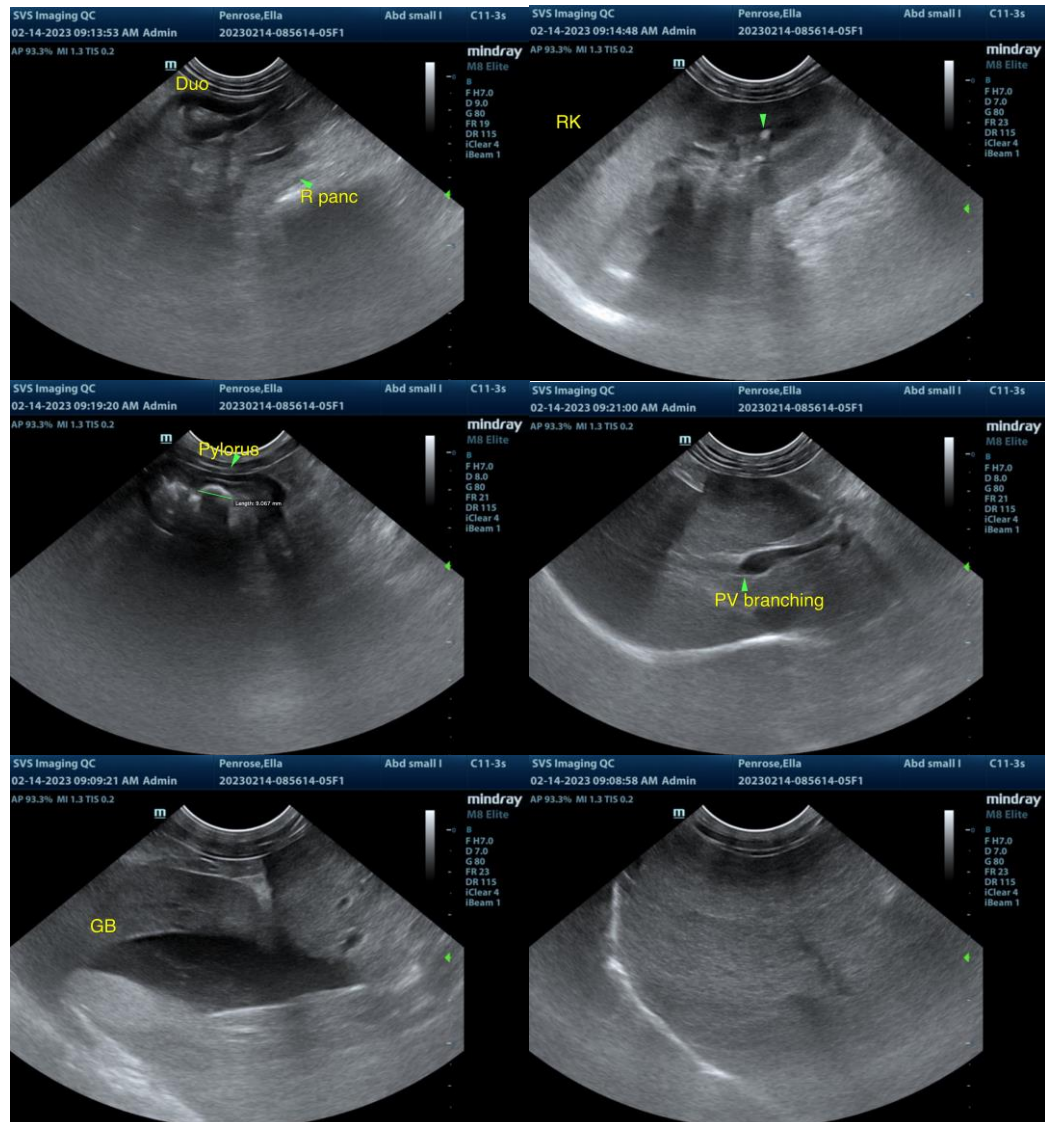
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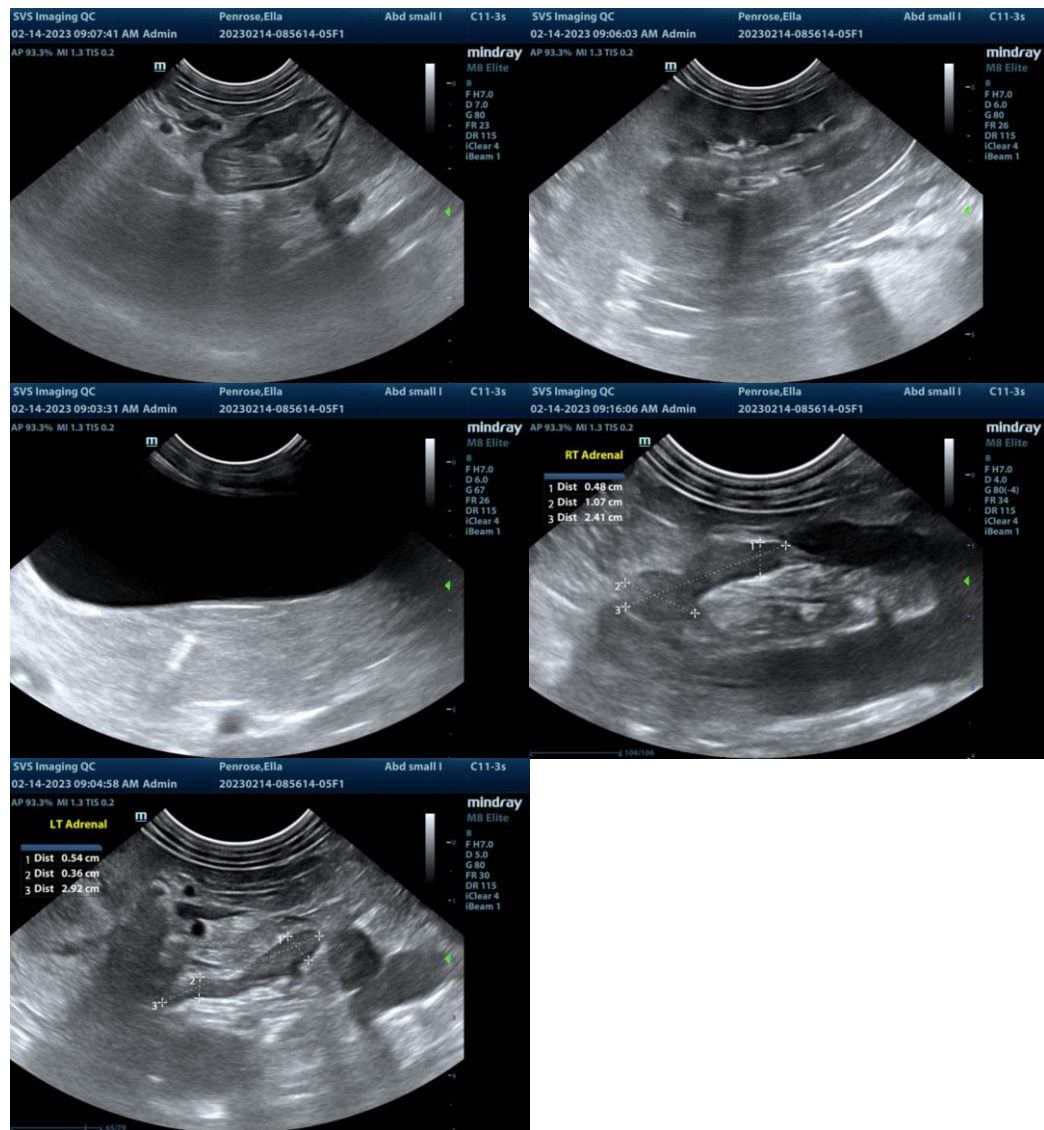
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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