



PATIENT	PRESENTING CLINICAL SIGNS
Gracie Johnson	Presents for 1-2 weeks progressive lethargy, inappetence, and now hematochezia. Dx cushing's disease approx 4 years ago, has been on trilostane and well-regulated, though dermatologic symptoms have never quite resolved.
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: Exam: QAR. MM light pink, tacky, moderate to severe tartar & gingival hyperplasia. Grade 3/6 right sided systolic murmur, lungs clear. Thin flaky skin across entire ventrum. Hematochezia and flatulence. Rads from rDVM (attached as jpeg, sorry): enlarged spleen & liver, no obstructive pattern, mild cardiomegaly. CBC: HCT 65.5%, WBC 18.12k, Neut 15.36k, Mono 1.22k, Eos 0.04k, PLT 353k (wnl) Chem: Lipa 3806, rest WNL Lytes: Cl 104, rest WNL
BREED	
Yorkie	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX	Urinary System
FS	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
AGE	
12yr	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. The left kidney measured 4.2 cm in length. The right kidney measured 5.2 cm in length.
WEIGHT	
5.6kg	The area of the aortic trifurcation was free of pathology.
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Bilateral symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present although the left adrenal gland was indistinctly visualized. The left adrenal gland measured 1.0 cm width. The right adrenal gland measured 0.76 cm width at the caudal pole and 0.89 cm width at the cranial pole.
IMAGING PERFORMED BY	Spleen
Bennett	The spleen exhibited borderline to possible mild enlargement with symmetrical capsule contour and a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary subtly expansive hypoechoic nodule was present in the caudolateral spleen measuring 1.0 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.
HOSPITAL NAME	Liver/Gallbladder
Wilvet South	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 to moderate non-dependent non-organized mildly inspissated echogenic debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.
REFERRING VET	
Bennett	
INVOICE	
12987ag	
DATE	
02/18/2023	



PATIENT

Gastrointestinal

Gracie Johnson

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with possible retained non-shadowing ingesta/chyme was present.

SPECIES

Canine

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.

BREED

Yorkie

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

SEX

FS

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age related changes and considered incidental. No signs of active inflammation or neoplasia.

AGE

12yr

Free Abdomen

No omental masses or peritoneal effusion was present.

Intermittent minor isoechoic benign/reactive mesenteric lymph nodes were present.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

5.6kg

- Mild urinary bladder sediment
- Mild chronic renal changes
- Bilateral adrenomegaly-most consistent with pituitary dependent hyperadrenocorticism/PDH
- Non-specific nodule-suspect benign, hyperplasia, hematopoiesis, focal splenitis, small hematoma or similar suspected, potential for emerging neoplastic criteria thought less likely yet cannot be definitively excluded
- Vacuolar hepatopathy pattern-benign
- Possible very early gallbladder mucocele
- Heterogenous pancreas-patient/ age related variant, remodeling owing to previous inflammatory episode or mild to chronic pancreatitis possible
- Gastroenterocolitis pattern with mild gastric ingesta/chyme, likely HGE

INTERPRETED BY

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

IMAGING PERFORMED BY

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HOSPITAL NAME

Wilvet South

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

Empirical therapy for HGE is recommended. Recheck ACTH stim suggested if not recently done. A spec cPL or a GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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The gallbladder is likely incidental given lack or reported hepatic enzyme elevations/cholestasis. Sonographic reassessment of the gallbladder is recommended if evidence of progressive cholestasis is noted.

Sonographic monitoring of the nonspecific splenic nodule +/- screening FNA using 25 ga needle is suggested.

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Gracie Johnson

SPECIES

Canine

BREED

Yorkie

SEX

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REFERRING VET

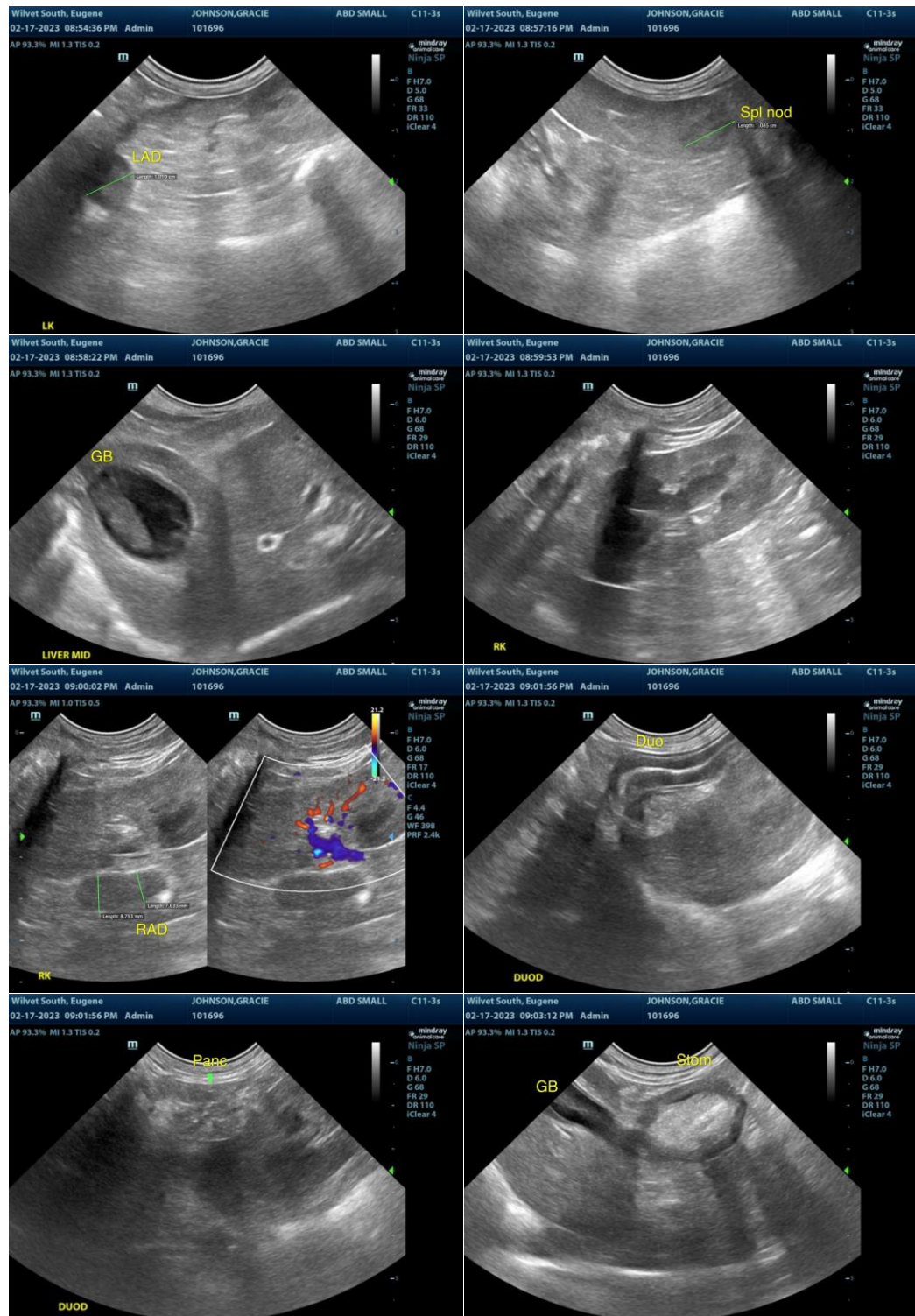
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Gracie Johnson

SPECIES

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SEX

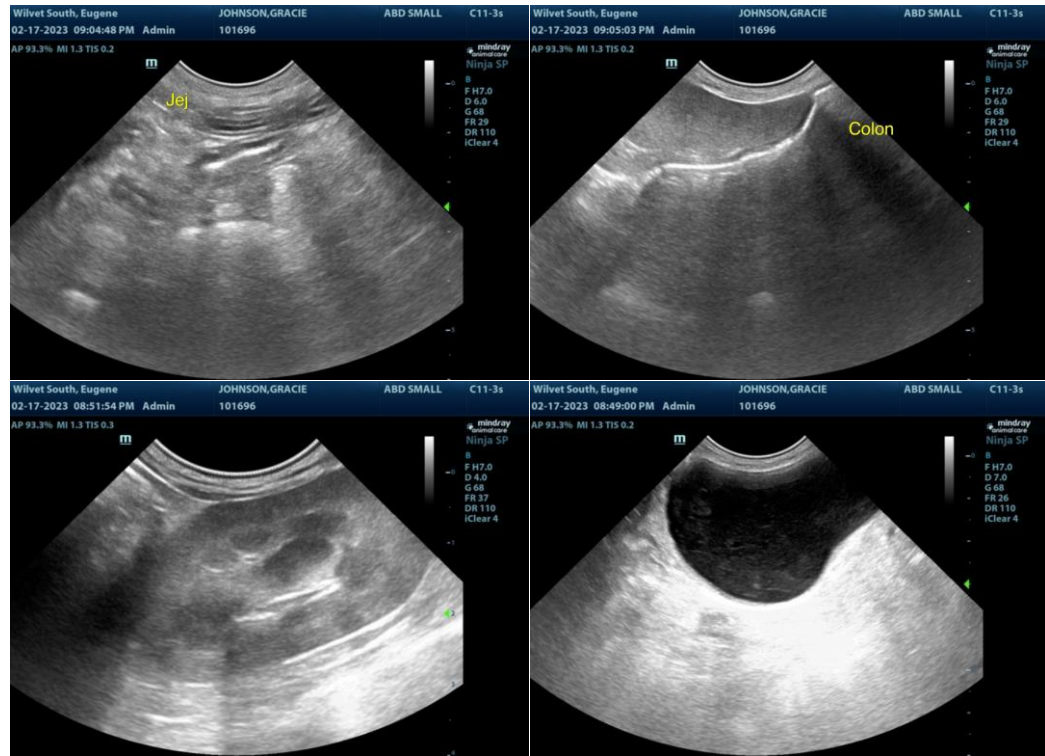
FS

AGE

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DVM, DABVP
(Canine and Feline)

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.

IMAGING PERFORMED BY

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