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Clinical Sonography & Telecytology
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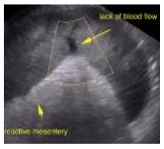
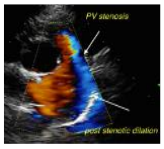
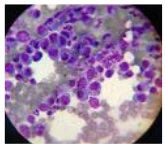
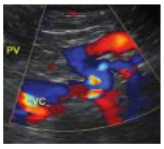

SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

Ginger Snap Robinson

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

15 Lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

A. Rodriguez

**HOSPITAL NAME**

Foxfield VS

**REFERRING VET**

A. Rodriguez

**INVOICE**

14033

**DATE**

2/21/22

## PRESENTING CLINICAL SIGNS

History: U/S as part of cushings work-up
Abnormal PE/Chem/CBC/UA Results: Alb: 4.6, ALK: 161, GGT:5, USG: 1.02

## 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 were noted. Aortic trifurcation was normal.

Normal size and margination was 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present. The left kidney measured 4.1 cm in length. The right kidney measured 4.0 cm in length.

### *Adrenal Glands*

Both adrenal glands were normal to mild subjective prominent in size with maintained symmetrical capsule contour with homogeneous parenchyma. No evidence neoplastic criteria. The right adrenal gland measured 2.4 cm in length x 0.65 cm caudal pole width. The left adrenal gland measured 1.9 cm in length x 0.62 cm caudal pole width.

### *Spleen*

The spleen was normal in size and contour with primarily maintained, finely textured homogeneous parenchyma. Subtle to indiscreet hyperechoic parenchyma to subtle nodules medial parenchyma adjacent to the hilus were present. These areas are likely consistent with small to emerging benign myelolipomas or potential focal areas of minor capsule fibrosis and considered incidental.

### *Liver*

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 non distended in size with mild gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

### *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. Mild fluid and chyme was present in the gastric lumen.

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 sonographically normal with subjective semi-formed, potentially soft feces present.

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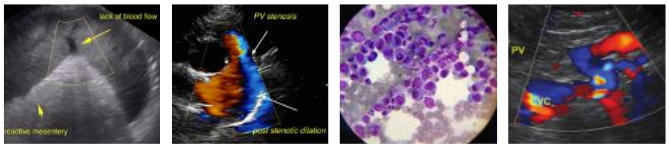

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### *Pancreas*

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.

### *Free Abdomen*

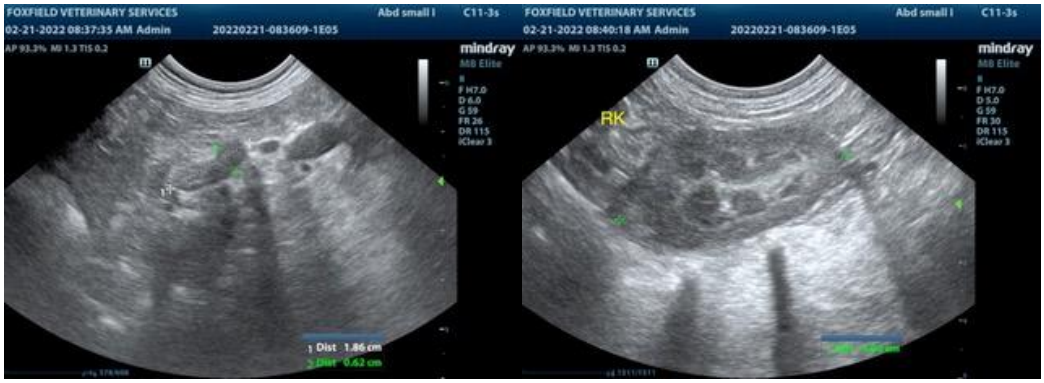
No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Mild age-related kidneys
- Overtly normal to subjective mild prominent bilateral adrenal glands, no adrenal neoplastic criteria
- Mild vacuolar hepatopathy pattern
- Mild gallbladder debris (non-mucocele)

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subjectively, the bilateral adrenal glands were not overtly or obviously enlarged, while the presentation of the liver was not overtly consistent with steroid hepatopathy or metabolic hepatomegaly. If the patient is tested positive for Cushings disease, this presentation would be most consistent with pituitary dependent hyperadrenocorticism. If testing has not been done or was equivocal, screening UCCR could be considered or recheck LDDST in several months for further assessment. Hepatosupportive medications, including Ursodiol, may prove beneficial given suspect low-grade cholestasis.



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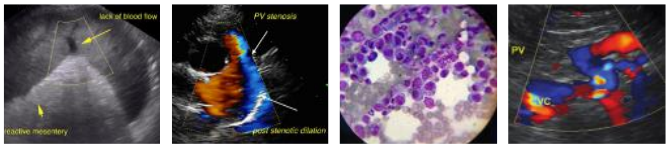

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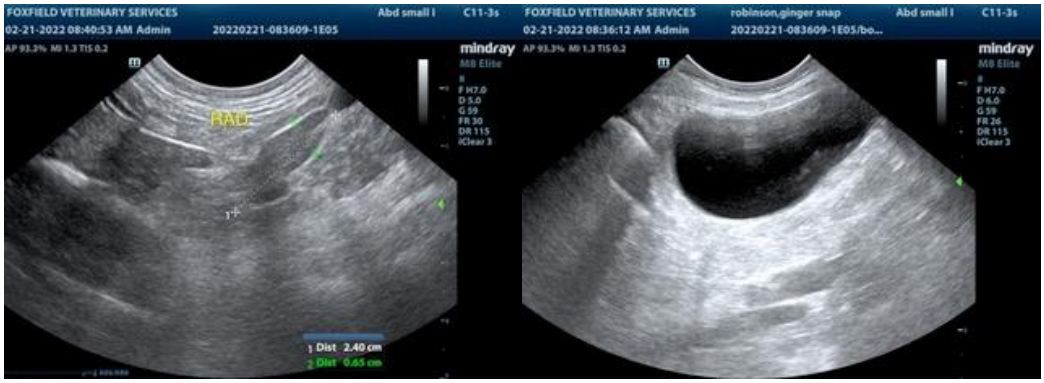


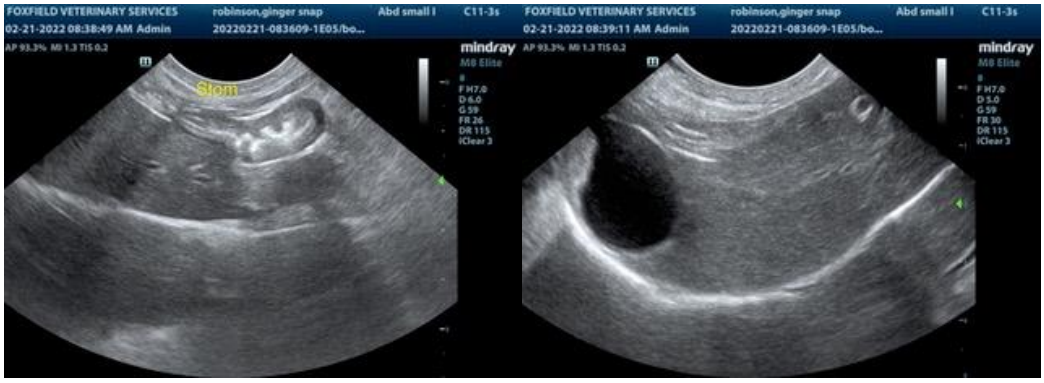


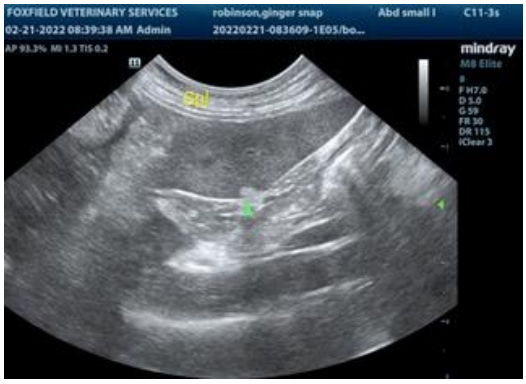


**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**