



**PATIENT PRESENTING CLINICAL SIGNS**

**Ozzie Ostrosser** jan 24/23-having accidents in the house. Drinking alot of water and panting alot. Asking to go out more. Has dilute urine 1.010. Suggested bloodwork. Bloodwork reveals pancreatitis/hepatitis. Suggest abdominal ultrasound.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Reticulocytes 130.9 10.0 - 110.0 K/ $\mu$ L SDMA 15.0 - 14  $\mu$ g/dL H Creatinine 101.44 - 133  $\mu$ mol/L Urea (BUN) 9.7 3.2 - 11.0 mmol/L Phosphorus 2.2 0.8 - 2.0 mmol/L H Calcium 2.6 2.2 - 2.8 mmol/L Sodium 147 142 - 152 mmol/L Potassium 5.7 4.0 - 5.4 mmol/L H Na: K Ratio 26 28 - 37 L Chloride 99 108 - 119 mmol/L L Total Protein 65 55 - 75 g/L Albumin 35 27 - 39 g/L Globulin 30 24 - 40 g/L Albumin: Globulin Ratio 1.2 0.7 - 1.5 ALT 747 18 - 121 H ALP 1,088 5 - 160 U/L H Spec cPL b 512 0 - 200  $\mu$ g/L

**BREED**

Boston Terrier

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

**Urinary System**

MN

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

**AGE**

12yr

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 5.3 cm in length. The right kidney measured 6.0 cm in length. Scant left and suspect right retroperitoneal free fluid was present.

**WEIGHT**

11.8kg

**INTERPRETED BY**

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

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

**IMAGING PERFORMED BY**

Kelly Reschny

**Adrenal Glands**

The bilateral adrenal glands were mildly enlarged with mild asymmetrical capsule contour and heterogenous yet non-mineralized parenchyma. The left adrenal gland measured 0.93 cm width at the caudal pole and 2.4 cm length. The right adrenal gland measured 0.73 cm width at the caudal pole and 2.3 cm length.

**HOSPITAL NAME**

Hillview VC

**Spleen**

The spleen exhibited normal size and generalized parenchymal heterogeneity. A solitary cranial thinly walled cyst containing anechoic fluid was present measuring 0.82 cm in diameter along with an adjacent hyperechoic mildly shadowing nodule. 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.

**REFERRING VET**

Stevenson

**Liver/Gallbladder**

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The liver presented enlarged in size. Generalized increased parenchyma echogenicity with a mildly coarse echotexture was present. 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 mineralizing debris along the gallbladder luminal periphery. The cystic and common bile ducts were normal.

**DATE**

02/03/2023



**PATIENT** *Gastrointestinal*

Ozzie Ostrosser The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild progressively shadowing ingesta with no signs of ileus, obstruction or foreign material.

**SPECIES** 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.

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

**BREED** *Pancreas*

Boston Terrier The pancreas was normal in size and contour with variably echogenic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

**SEX** *Free Abdomen*

MN No omental masses or overt lymphadenopathy was present.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

12yr

- Bilateral non-specific moderate chronic renal changes with scant retroperitoneal free fluid
- Mildly enlarged to irregular adrenal glands
- Hepatopathy-subjectively benign
- Mild mineralized gallbladder debris (non-mucocele)
- Heterogenous to remodeling pancreas- patient/ age variant, remodeling owing to previous inflammatory episode or mild to chronic pancreatitis possible

**WEIGHT**

11.8kg

**Secondary**

- Benign splenic cyst and adjacent nodule-nodule may indicate myelolipoma emerging mineralization or less likely previous infarct

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Full adrenal workup with LDDST or ACTH stim recommended if clinical signs consistent with Cushing's syndrome are present. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. A screening BP is advised to assess for evidence of hypertension which may allude to emerging adrenal neoplastic criteria i.e., pheochromocytoma. A leptospirosis titer/PCR may be considered if clinically indicated or if potential exposure/endemic to the area as well as screening hepatic FNA cytology.

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

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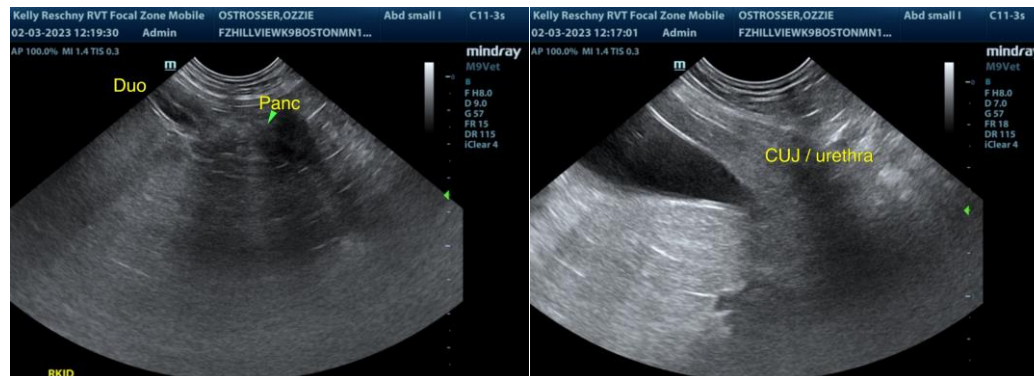
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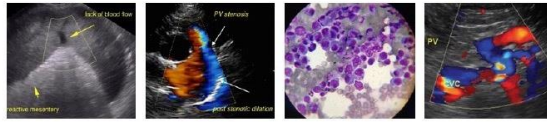
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**PATIENT**

Ozzie Ostrosser

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

MN

**AGE**

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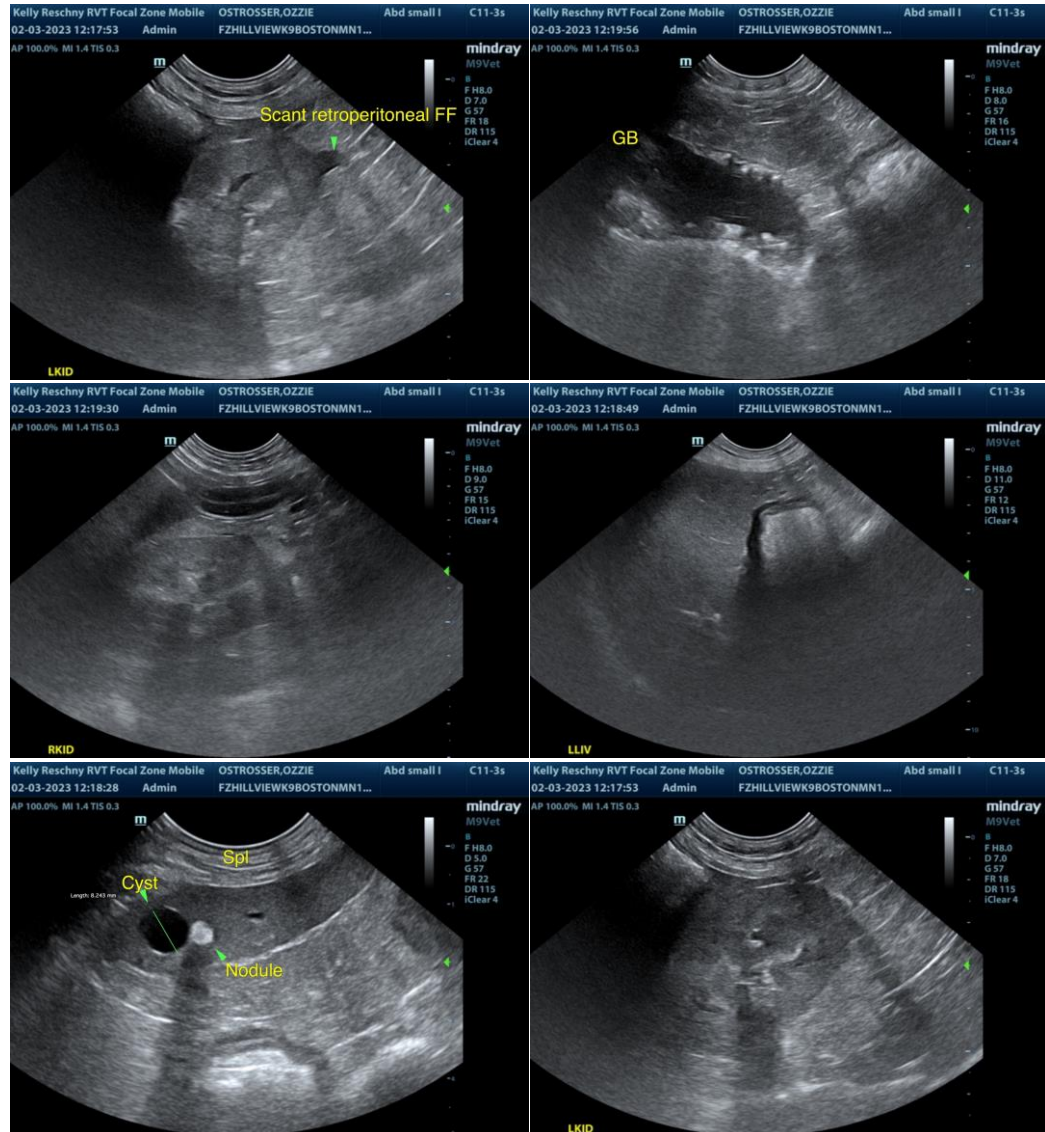
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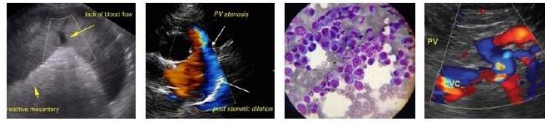
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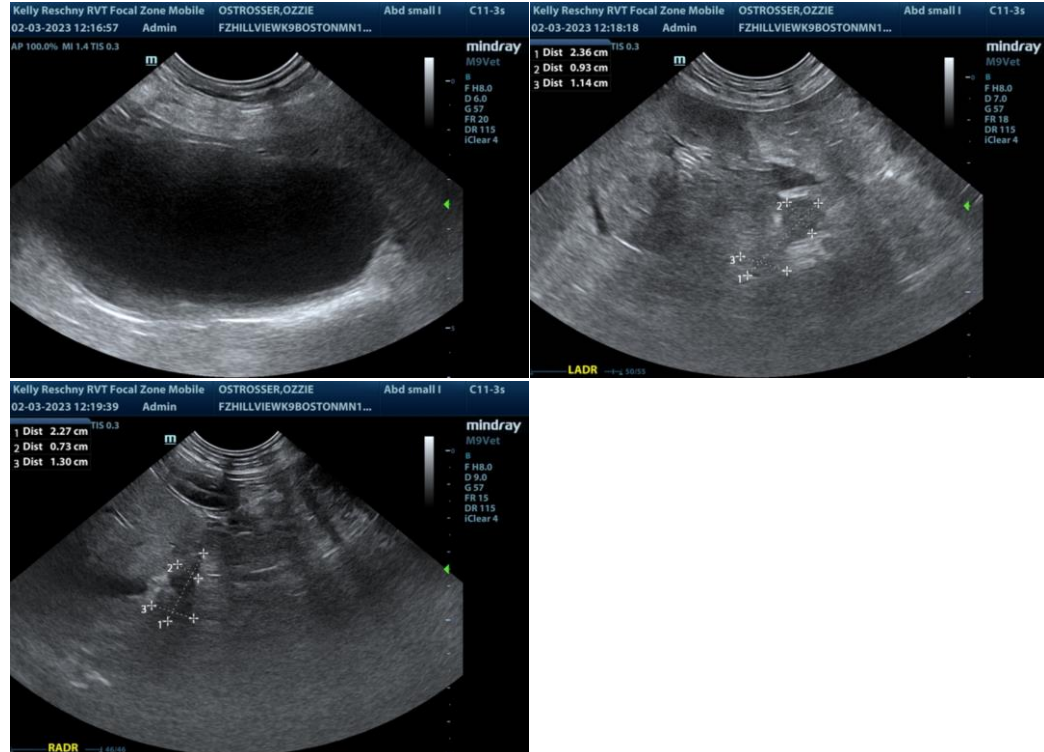
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com