



PATIENT

Mocha Pereraa

SPECIES

Canine

BREED

Morkie

SEX

Male Neuter

AGE

12

WEIGHT

5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Ramsay Vet Clinic

REFERRING VET

Dr. Patabendi

INVOICE

16054

DATE

2/7/23

PRESENTING CLINICAL SIGNS

Diagnosed and managed Diabetic as well as diagnosed Cushings on 10 mg veteryl am and 5 mg pm
Also has intention tremors

Abnormal PE/Chem/CBC/UA Results: High cortisol levels On ACTH stim. Normal kidney values and mild elevation of liver enzymes

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Mild asymmetrical luminal surface to micropolyploid changes were present likely associated with age related mural changes. Anechoic urine was present in the lumen with no uroliths, sediment, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The residual prostate was free of pathology.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation or pyelectasia was present. Pinpoint medullary mineral was noted. Right kidney small lateral cortical cyst was present. The left kidney measured 4.7 cm in length. The right kidney measured 5.0 cm in length.

Adrenal Glands

Bilateral symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.72 cm width at the caudal pole and 0.7 cm width at the cranial pole. The right adrenal gland measured 0.66 cm width at the caudal pole and 0.57 cm width at the cranial pole.

Spleen

The spleen was normal in size with areas of mild capsule asymmetry with mild generalized parenchyma heterogeneity. Multiple pinpoint hyperechoic splenic foci were noted, which although nonspecific is consistent with pinpoint areas of mineralization potentially associated with underlying endocrine disease, fibrosis, or microinfarction.

Liver/ Gallbladder

The liver presented generalized enlargement. The parenchyma of the liver exhibited generalized mild increased hepatic parenchyma echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance



PATIENT	without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild to moderate, nonorganized, echogenic gallbladder debris. No evidence of peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.
Mocha Pereraa	
SPECIES	Gastrointestinal
Canine	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta without signs of obstruction or foreign material. This is likely post prandial presentation. The stomach was otherwise normal.
BREED	
Morkie	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. Minor segmental duodenojejunal mucosal speckling was noted.
SEX	
Male Neuter	Normal visible colon wall layers were present with apparent formed feces in lumen.
AGE	Pancreas
12	The pancreas was normal in size and contour with heterogeneous to mild nonuniform hyperechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
WEIGHT	Free Abdomen
5 kg	No overt lymphadenopathy or peritoneal effusion was present.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Primary Findings
IMAGING PERFORMED BY	<ul style="list-style-type: none"> • Mild micropolypliod urinary bladder, possible mild cystitis • Chronic renal changes with pinpoint medullary mineral and right kidney cortical cyst • Bilateral prominent adrenals - consistent with pituitary-dependent hyperadrenocorticism, no adrenal tumor • Diabetic hepatopathy pattern • Mild gallbladder (non-mucocele) • Heterogeneous to hyperechoic pancreas - parenchymal remodeling owing to age or previous inflammatory episode, potential for mild chronic pancreatitis
Dr. Belan	Secondary Findings
HOSPITAL NAME	<ul style="list-style-type: none"> • Hyperechoic splenic foci - benign
Ramsay Vet Clinic	
REFERRING VET	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Dr. Patabendi	Urine C/S on a sterile urine sample, if evidence of glucose urea, +/- baseline UPC, if evidence of proteinuria, may be considered. Hepatosupportive medications may prove beneficial. No overt evidence of intraabdominal neoplastic criteria was noted.
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Mocha Pereraa

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/>.

SPECIES

Canine

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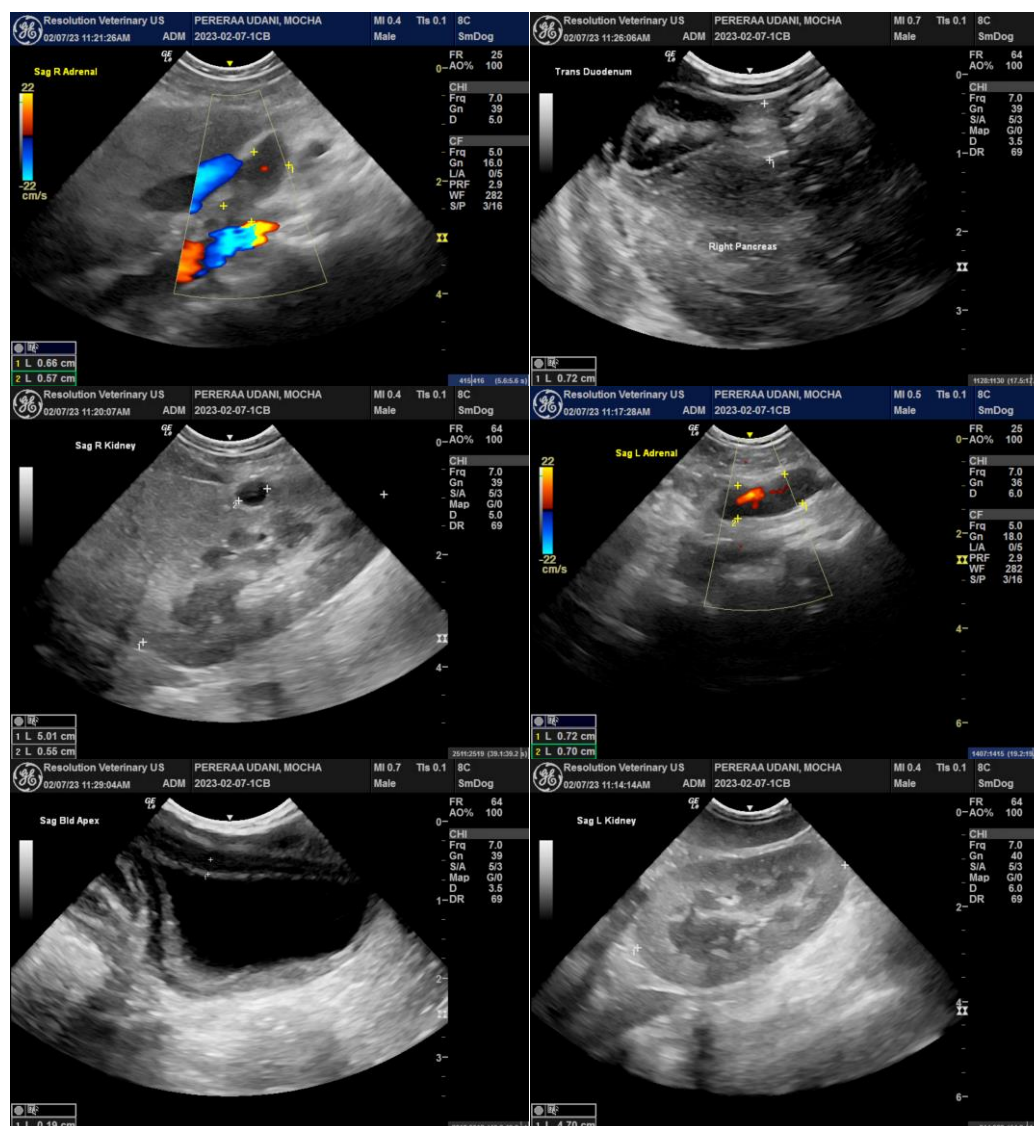
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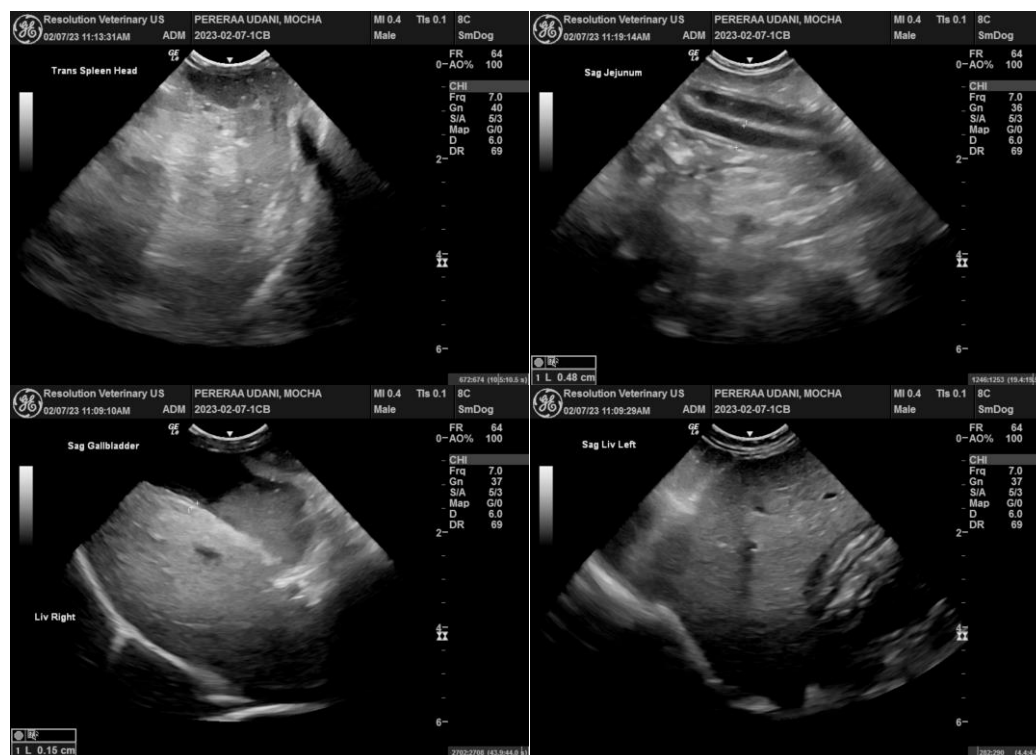
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com