



PATIENT

Coco Jivraj

PRESENTING CLINICAL SIGNS

Probable Cushing's disease. Passing glucose in urine as well.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended with normal tone. The trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor subjective 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.

BREED

Dachshund

SEX

MN

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and mildly indistinct corticomedullary border definition was present. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. A small medial left kidney cortical cyst was present. The left kidney measured 6.3 cm in length. The right kidney measured 6.0 cm in length.

AGE

9yr

The area of the aortic trifurcation was free of pathology.

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

WEIGHT

10kg

Adrenal Glands

The bilateral adrenal glands were borderline prominent in size with normal contour and a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.75 cm width at the caudal pole and 0.55 cm width at the cranial pole. The right adrenal gland measured 0.73 cm width at the caudal pole and 0.64 cm width at the cranial pole. No adrenal tumors.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Dave Stasiuk

Liver/Gallbladder

The liver presented borderline to mildly 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 non-organized particulate debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

HOSPITAL NAME

Animal Clinic
Downtown

REFERRING VET

Dr. Waldman

INVOICE

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

DATE

03/14/2023

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.

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Pancreas

SPECIES

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.

Canine

Free Abdomen

BREED

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

Dachshund

ULTRASONOGRAPHIC FINDINGS

SEX

- Subjective mild particulate urinary bladder sediment.
- Non-specific minor chronic renal changes with small left kidney cortical cyst.
- Borderline prominent bilateral adrenal glands.
- Subjective borderline benign hepatomegaly.
- Mild gallbladder debris (non-mucocele).

MN

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

9yr

Although there are no reported hepatic enzyme elevations or clinical signs consistent with Cushing's syndrome, an adrenal work up with LDDST could be considered if strong clinical suspicion for Cushing's. A urine C/S on a sterile urine sample is recommended. Hepatosupportive medications such as Denamarin and Ursodiol may be considered if hepatic enzyme elevations or cholestasis. If persistent glucosuria without evidence of Cushing's syndrome, further work up may include Leptospirosis titer/PCR, assessment for possible jerky treats and/or urine sample to UPENN to assess for Fanconi syndrome if clinically indicated.

WEIGHT

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(Canine and Feline)

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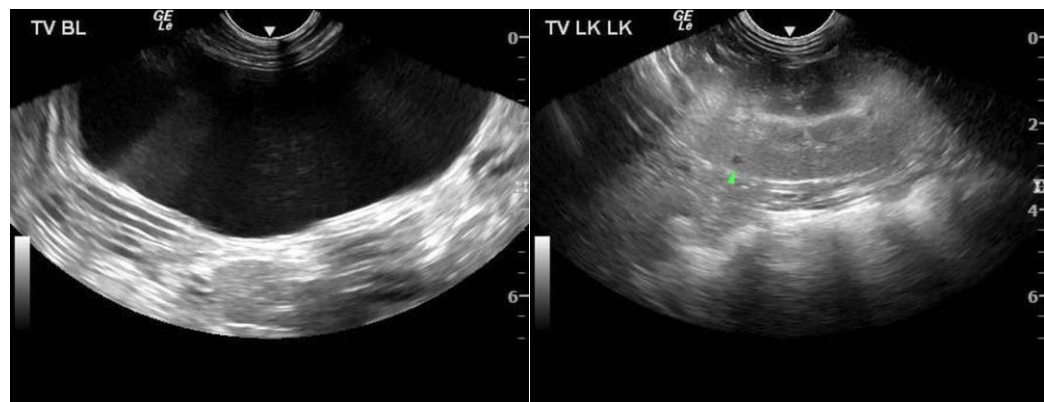
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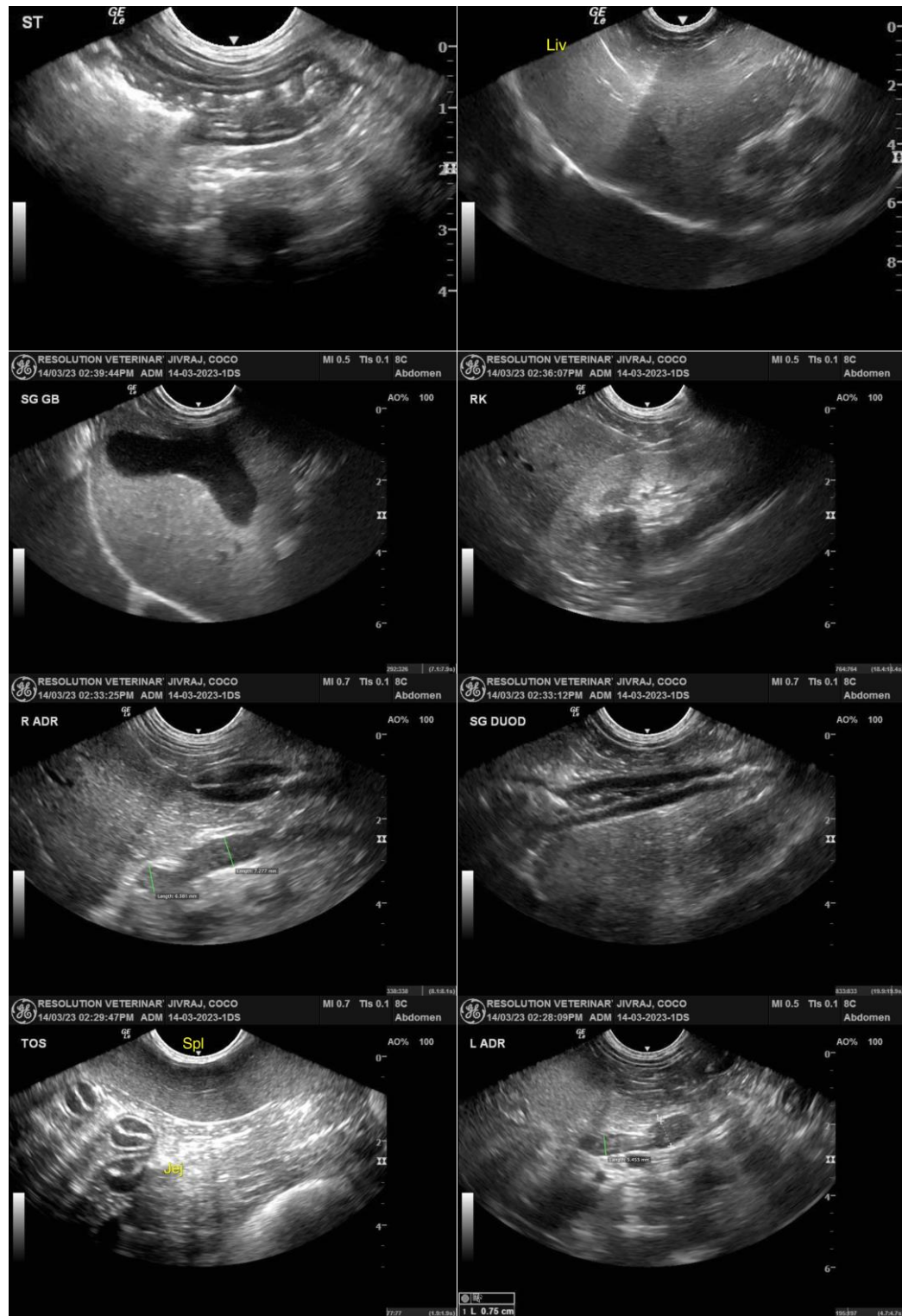
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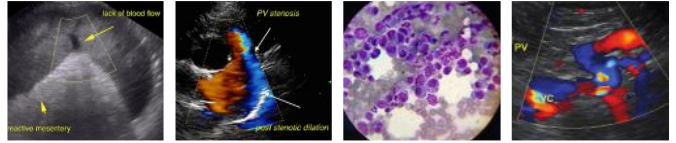
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

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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.

SPECIES

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mac.daniel@sonopath.com

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