



PATIENT

Reese Bumgardner

SPECIES

Canine

BREED

Shih Tzu

SEX

MN

AGE

8.5 years

WEIGHT

24 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jennifer Todd

HOSPITAL NAME

Lambs Gap AH

REFERRING VET

Dr. Cynthia Kinney

INVOICE

13519

DATE

3/22/22

PRESENTING CLINICAL SIGNS

Reese is an 8 year-old male neutered Shih-tzu who presented for routine adult wellness plus blood work 3-7-22. Lab results: mild elevation in calcium at 12.7, mild elevations in blood proteins, elevated ALP at 660 and elevated cholesterol at 541. 3/21 ALP was 208 and cholesterol 390. negative 4DX 11/21, Reese is not PUPD, no excessive panting or increased appetite noted, LDDST showed baseline cortisol=10.2, 4 hour=0.5, 8 hour=0.2.

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. 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 was noted.

No overt pathology was noted in the area of the residual prostate.

The area of the aortic trifurcation was free of pathology, without evidence of medial iliac or sublumbar lymphadenopathy.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. 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. The left kidney measured 4.6 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.8 cm length x 0.68 cm width at the caudal pole.

A subtle to small, non-expansive, mildly hyperechoic yet nonmineralized nodule was present in the cranial right adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.5 cm in diameter. The right adrenal gland measured 1.9 cm length x 0.53 cm width at the caudal pole.

Spleen

The spleen was normal in size and contour and primarily maintained a finely textured homogeneous parenchyma. Regions of medial hyperechoic parenchyma or hyperechoic capsule asymmetry were noted primarily around the hilus. No evidence of splenic neoplastic criteria was noted.

Liver/ Gallbladder

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



PATIENT	was non-distended in size with minor, nondependent, nonorganized gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.
Reese Bumgardner	
SPECIES	Gastrointestinal
Canine	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.
BREED	
Shih Tzu	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.
SEX	Normal visible colon wall layers were present with apparent formed feces in lumen.
MN	Pancreas
AGE	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 were evident.
8.5 years	
WEIGHT	Free Abdomen
24 lbs	No omental masses, lymphadenopathy, or effusion were present.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Benign hepatopathy • Mild gallbladder debris (non-mucocele) • Mild hyperechoic medial splenic parenchyma vs. capsule - benign, small coalescing benign myelolipomas, capsular fibrosis, small previous medial parenchymal infarctions or emerging mineralization possible • Small to subtle right adrenal nodule - probable adenoma
IMAGING PERFORMED BY	
Dr. Jennifer Todd	
HOSPITAL NAME	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Lambs Gap AH	The overall hepatic presentation is consistent with benign hepatopathy and may indicate idiopathic vacuolar hepatopathy with hepatic inflammatory parenchymal disease considered a less likely differential diagnosis. Assuming normal clotting status, hepatic FNA could be considered for screening cytology primarily to assess for evidence of inflammatory cells. Continued monitoring of hepatic enzymes with hepatosupportive medications including Denamarin and Ursodiol would be reasonable.
REFERRING VET	
Dr. Cynthia Kinney	
INVOICE	Sonographic monitoring of the small to subtle right adrenal nodule for evidence of progression with initial recheck in 6 weeks is suggested. This small right adrenal nodule is likely incidental and nonfunctional, given LDDST results. However, technically, emerging pathology in the right adrenal gland cannot be definitively excluded. Therefore, sonographic monitoring is recommended.
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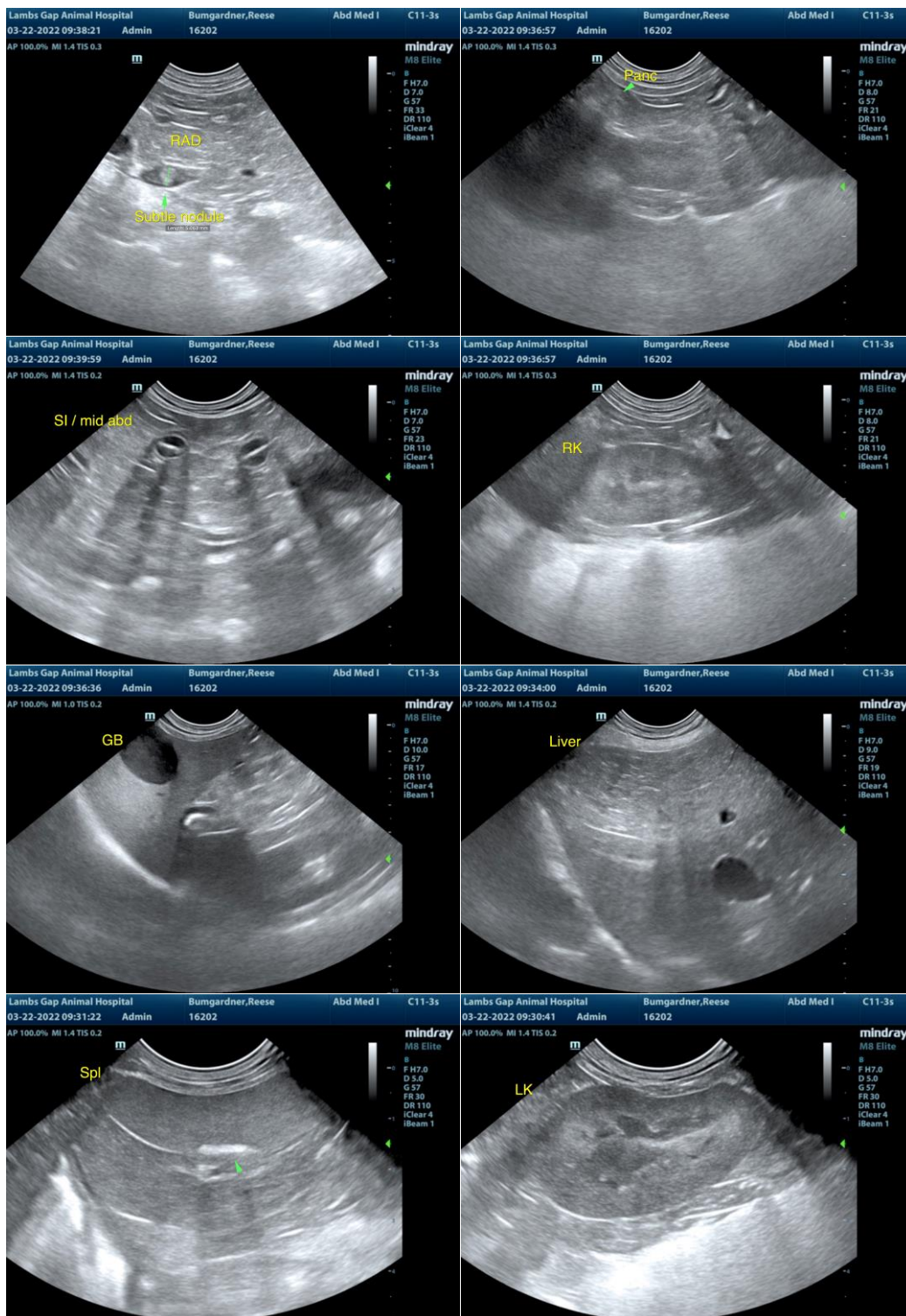
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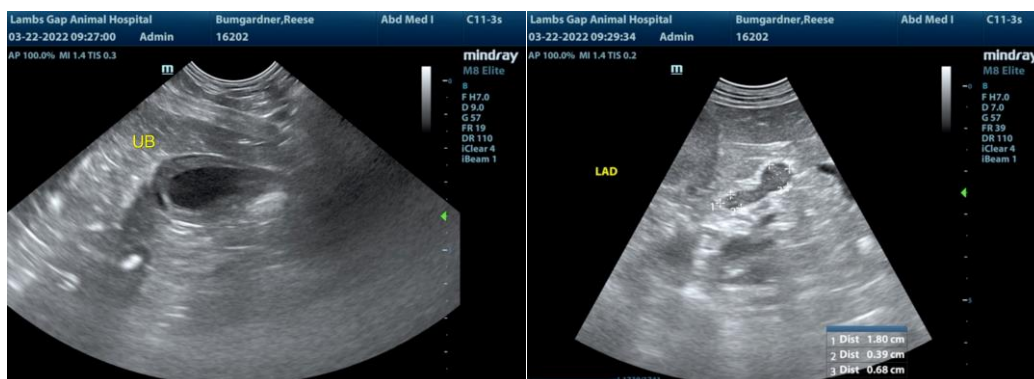
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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