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Clinical Sonography & Telecytology
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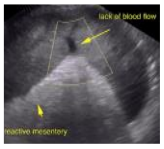
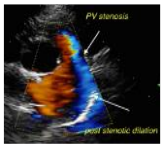
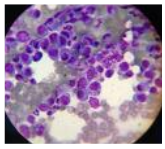
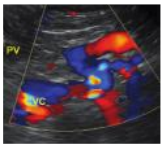




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Zach Degiovanni

SPECIES

Canine

BREED

Yorkipoo

SEX

M/N

AGE

11 years

WEIGHT

20 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal General on Hudson

REFERRING VET

Dr. Dima

INVOICE

16426

DATE

3/22/23

PRESENTING CLINICAL SIGNS

Patient with history of Cushing's presents for echo and abdominal ultrasound following a previous event of collapse with severe abdominal effort breathing. Blood pressure 155, 160, 160 mmhg.

Current meds: Vetoryl 10 mgs 1 cap BID/Lasix 20mgs 1 tab BID/Vetmedin 5mgs 1/2 tab BID/Enalapril 10mgs 1/2 SID.

Abnormal PE/Chem/CBC/UA Results: Low RBCs, HCT 36.6%, Alk. Phos. 855.

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 was 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 was present. The left kidney measured 5.4 cm in length. The right kidney measured 5.7 cm in length.

Adrenal Glands

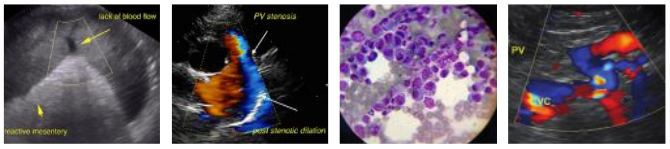
The bilateral adrenal glands were mildly enlarged in size based on caudal pole width measurement in light of body weight. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.78 cm width in the cranial pole and 0.83 cm width in the caudal pole. The right adrenal gland measured 0.86 cm width in the cranial pole and 0.85 cm width in the caudal pole.

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.

Liver/ Gallbladder

The liver was overtly normal in size with areas of capsule asymmetry and generalized nonhomogeneous remodeled to variably echogenic / hyperechoic nodular parenchyma. No evidence of hepatic masses was noted. The gallbladder was non-distended in size containing anechoic content with mild, nonorganized yet nondependent, potentially adhered, hyperechoic gallbladder debris. No



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evidence of peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, variably echogenic, nonshadowing ingesta sonographically consistent with food without signs of obstruction or foreign material.

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 present with apparent formed feces in lumen.

Pancreas

The parenchyma of the pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Remodeled / nodular liver
- Gallbladder debris - not sonographically consistent with mucocele criteria
- Chronic pancreatitis / pancreatic fibrosis pattern
- Bilateral chronic renal changes
- Bilateral prominent to irregular adrenal glands - most likely consistent with pituitary-dependent hyperadrenocorticism, no overt adrenal neoplastic criteria

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious evidence of intraabdominal neoplastic criteria was noted with largely expected age-related changes or changes associated with clinical history present.

Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial if evidence of progressive hepatic enzyme elevations / cholestasis is noted.

Pending echocardiographic assessment, or if evidence of persistent / progressive hypertension, or hepatic enzyme elevations, sonographic reassessment of the adrenal glands and liver may be indicated.

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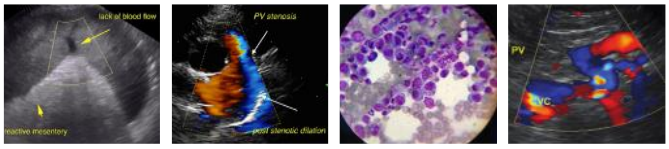

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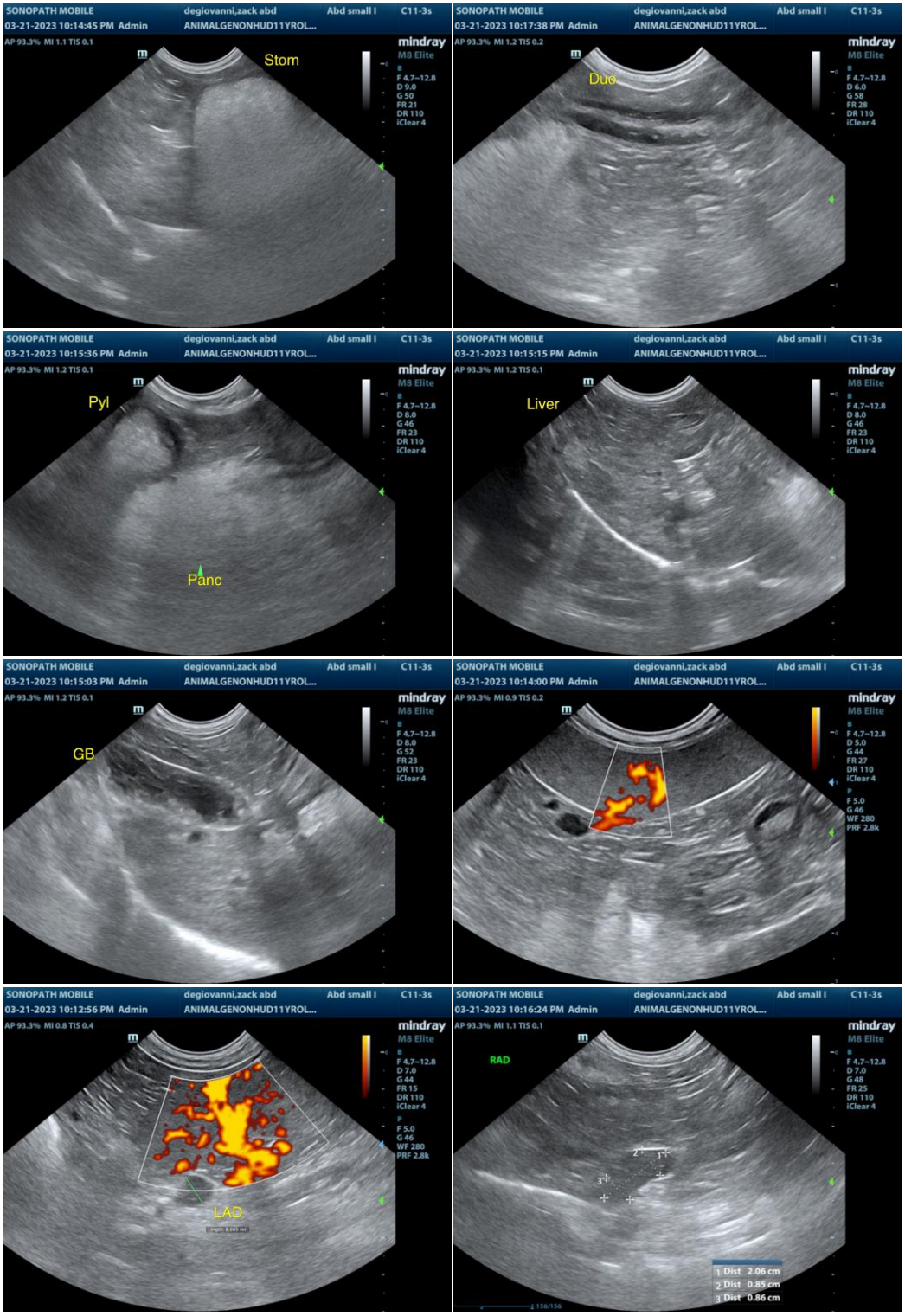

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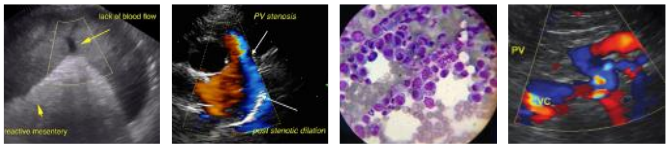

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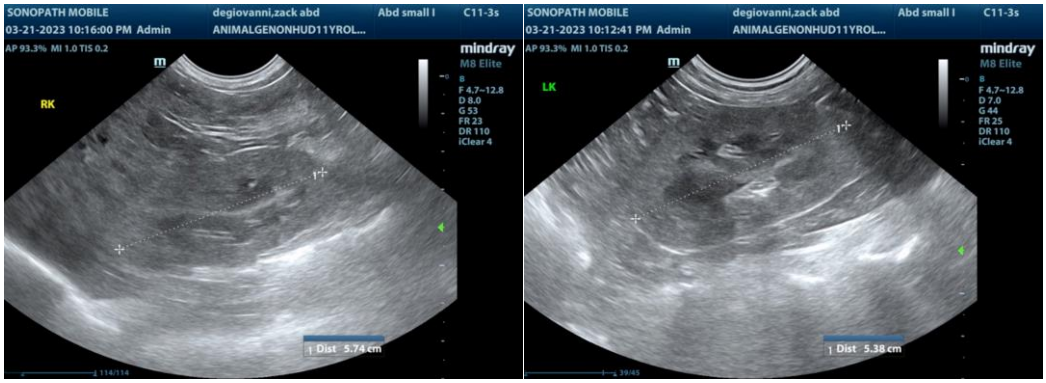

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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