



PATIENT PRESENTING CLINICAL SIGNS

Dodger Hartman Elevated liver values, PU/PD, urinary incontinent.

PLT 608, ALP 5189, ALT 530, AST 62, GGT 63, TBIL 0.1, LIP 1214, USG 1.012, 3+ pro, UPC 5.2

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 were noted.

Jack Russell Terrier Mix

SEX 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.3 cm in length. The right kidney measured 5.4 cm in length.

MN

AGE 2009 The area of the aortic trifurcation was free of pathology.

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

WEIGHT Adrenal Glands

21.3 The left adrenal gland was enlarged with mild asymmetrical contour and non-homogenous indistinctly nodular mid to cranial parenchyma. The left adrenal gland measured 1.0 cm width at the caudal pole and 1.3 cm width at the cranial pole. Right adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The right adrenal gland measured 0.83 cm width at the caudal pole and 2.2 cm length.

INTERPRETED BY

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

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Focal to intermittent, well-defined, symmetrical, hyperechoic nodules were present throughout the cranial to caudal 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 or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

IMAGING PERFORMED BY
Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Orefield VC

Liver/Gallbladder

REFERRING VET

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The liver presented moderately enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was mildly nonuniform with discrete non-disruptive hypoechoic intraparenchymal nodules and 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. The cystic and common bile ducts were normal.

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Gastrointestinal

DATE
03/30/2023



PATIENT

Dodger Hartman

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.

SPECIES

Canine

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

BREED

Jack Russell Terrier Mix

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

Free Abdomen

SEX

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

ULTRASONOGRAPHIC FINDINGS

MN

AGE

2009

WEIGHT

21.3

- Hepatopathy exhibiting mild non-uniform discretely nodular parenchyma-subjectively benign, vacuolar hepatopathy, inflammatory/immune mediated disease, hematopoiesis, hyperplasia, other hepatopathy possible. Neoplastic criteria considered less likely.
- Sonographically normal gallbladder.
- Non-specific mild chronic renal changes.
- Bilateral adrenomegaly, more prominent in the left adrenal gland with indistinct non-uniform/nodular left adrenal parenchyma.
- Benign splenic nodules-consistent with benign myelolipomas or emerging splenic mineralization.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A full adrenal workup with LDDST is suggested given strong suspicion for Cushing's syndrome. The left adrenal appearance may indicate functional vs non-functional adenomatous changes or benign hyperplasia although the possibility of concurrent emerging adrenal neoplastic criteria cannot be excluded. A screening BP is advised to assess for evidence of hypertension which may allude to emerging adrenal neoplastic criteria i.e. pheochromocytoma. If there is evidence of hypertension, urine catecholamine levels could be considered.

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 ARDMS/RVT

Sonographic monitoring of the left adrenal gland for evidence of parenchymal or nodule changes with initial recheck in 4-6 weeks is advised. Monitoring of UPC pending full adrenal workup +/- ACE inhibitor medication is suggested. Hepatosupportive medications such as Denamarin and Ursodiol may prove beneficial.

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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/>.

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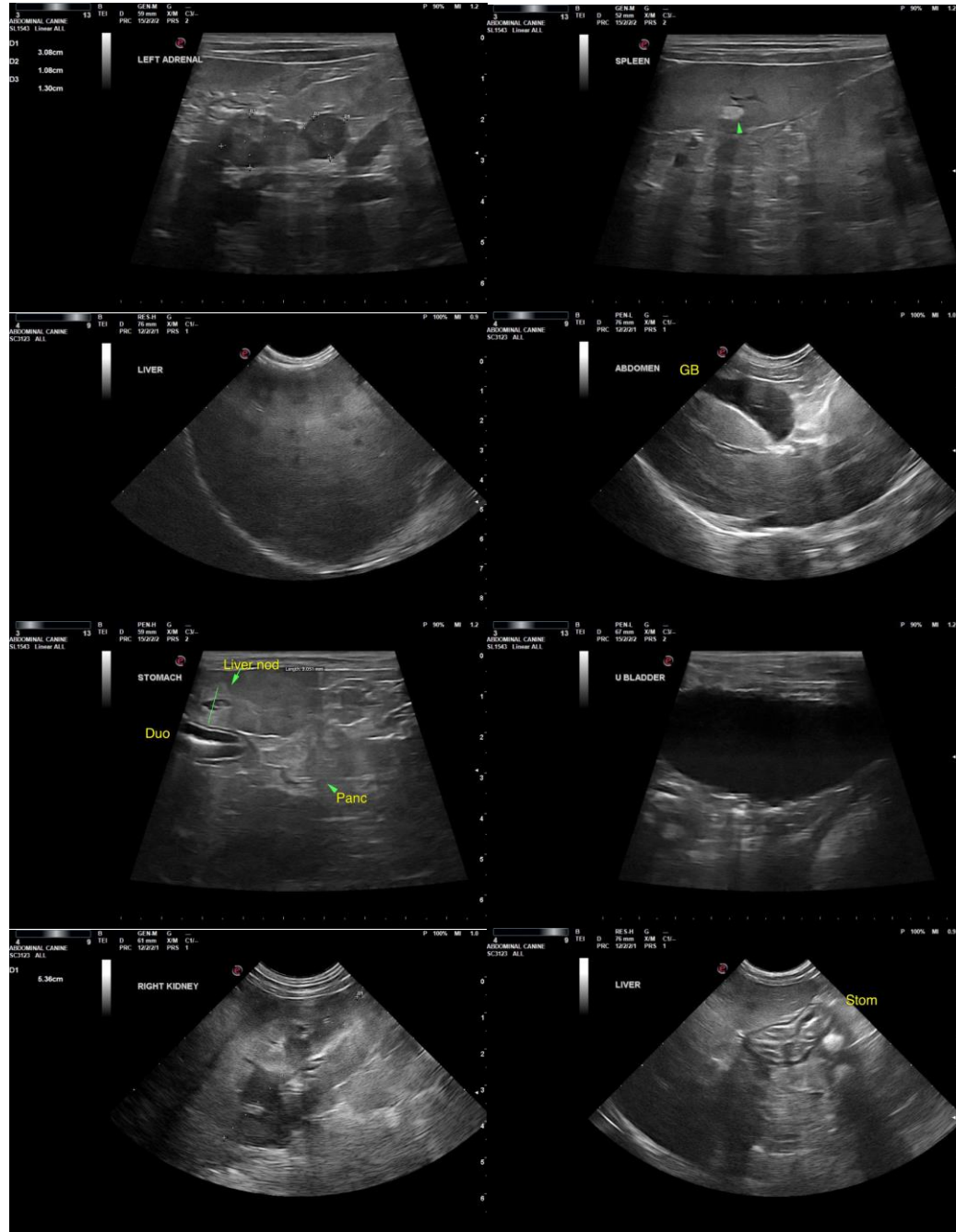
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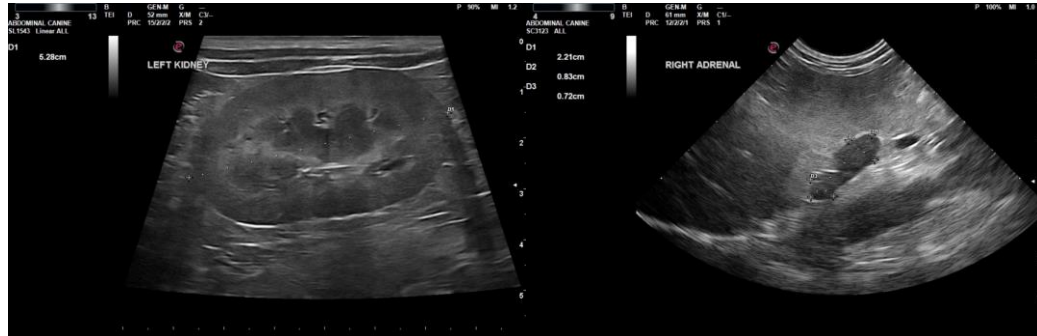
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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