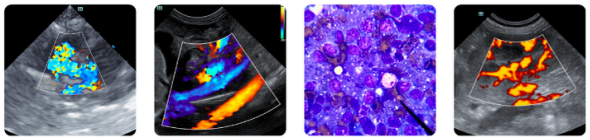

PATIENT

Milky Chen

SPECIES

Canine

BREED

West Highland Terrier

SEX

Male Neutered

AGE

12y 8m

WEIGHT

25 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lara Cabugawan

HOSPITAL NAME

Union Vet AH

REFERRING VET

Dr. Lara Cabugawan

INVOICE

13363

DATE

4/1/26

PRESENTING CLINICAL SIGNS

History: Presented for PU /PD for the past few weeks, rDVM suspected Cushing's ds.

Abnormal PE/Chem/CBC/UA Results: PE: LS OU, dental ds, multiple sq masses (lipoma), mild distended abdomen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was non-distended with urine prohibiting full evaluation of the urinary bladder wall. No evidence of mineral, calculi or overt tumors. The trigone and cystourethral junction 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.

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

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Loss of corticomedullary distinction was also present. Mild areas of medullary mineral was present. The left kidney measured 4.4 cm in length. The right kidney measured 4.7 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 0.50 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Coalescing, well-defined, symmetrical, hyperechoic nodules were present in the medial parenchyma to perihilar. 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.

Liver

The liver was mildly enlarged in size with symmetrical mildly rounded contour. Mild heterogeneous remodeled parenchyma exhibiting mild to variably coarse echotexture. Solitary to intermittent, discrete, non-homogeneous hypoechoic intraparenchymal nodules present with an example measuring 0.58 cm in diameter. The gallbladder was non distended in size with mild, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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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.

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 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.

Free Abdomen

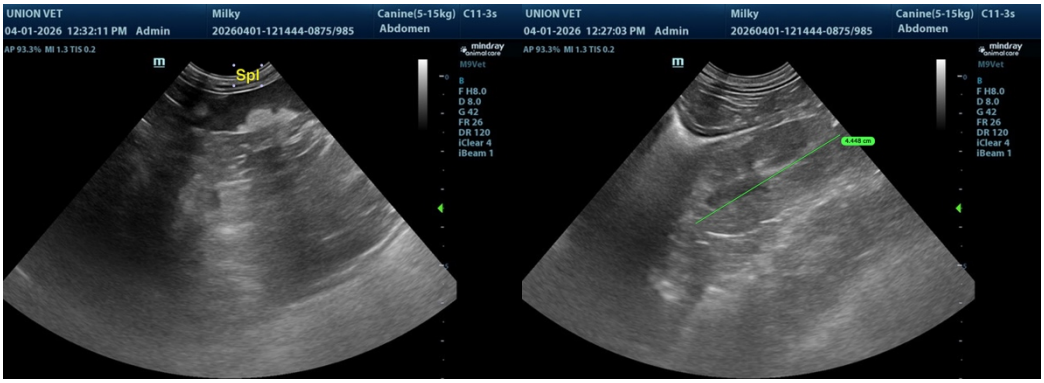
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic renal changes
- Normal adrenal glands
- Hepatomegaly exhibiting discrete intraparenchymal nodules
- Mild gallbladder debris (non-mucocele)
- Coalescing hyperechoic splenic nodules – consistent with probable myelolipomas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full adrenal workup with LDDST warranted despite the lack of adrenal pathology and if strong clinical signs consistent with Cushing's syndrome. Vacuolar hepatopathy with discrete areas of hyperplasia, hematopoiesis or other benign nodular etiology favored. Assuming normal clotting status and using 25-gauge needle, hepatic parenchyma and accessible nodular FNA cytology to assess for occult disease or likely neoplasia is recommended. Correlation with urinalysis and suggested renal staging to include screening C/S and UPC level is recommended. Hepato-supportive medications may be beneficial.



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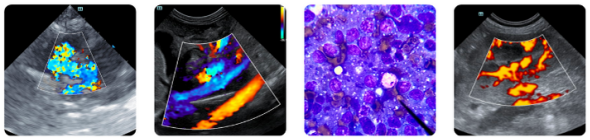

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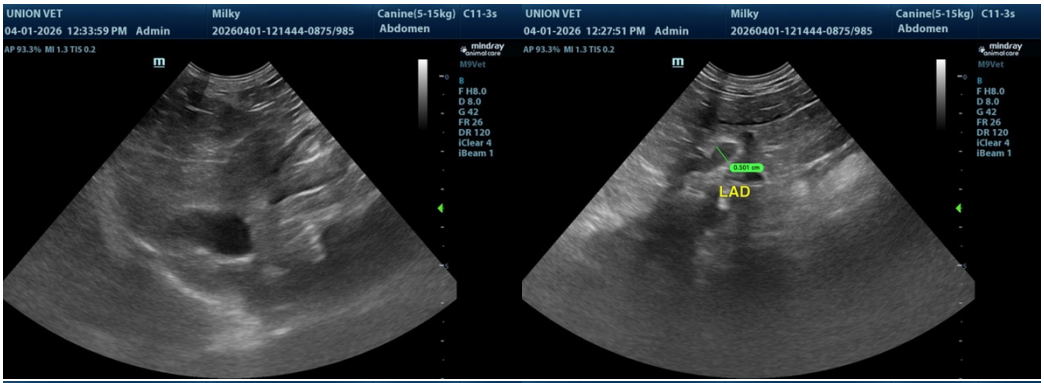

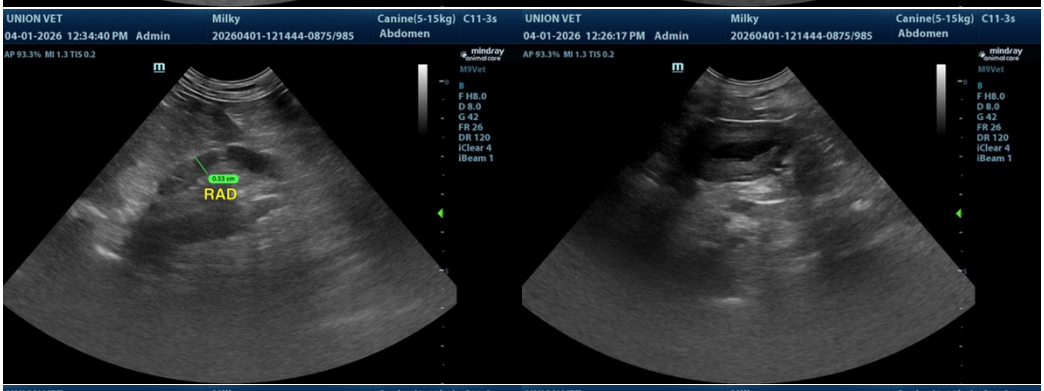

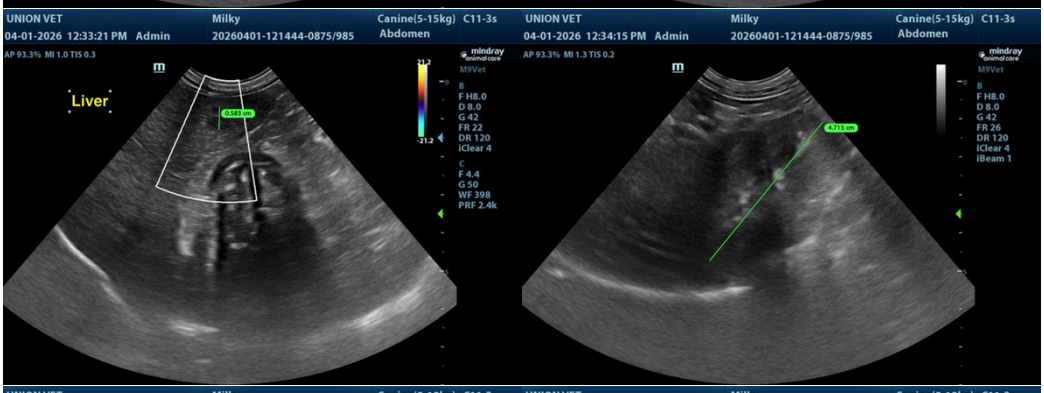

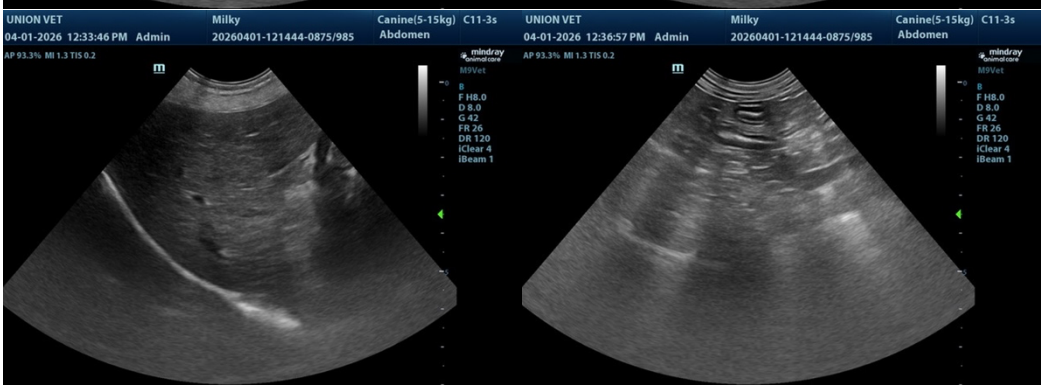

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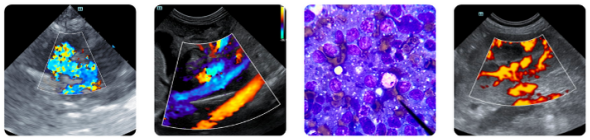

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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