



PATIENT

Brutus Purdy

SPECIES

Canine

BREED

Pug Cocker X

SEX

Neutered Male

AGE

15 Years

WEIGHT

17 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Ramsay AC

REFERRING VET

Dr. Gupta

INVOICE

14701

DATE

4/11/22

PRESENTING CLINICAL SIGNS

History: Diagnosed and managed Cushings patient on Veteryl and metacam.
Abnormal PE/Chem/CBC/UA Results: Moderate elevation of liver enzymes

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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.

Both kidneys exhibited potential for mild enlargement. 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. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Both kidneys exhibited multifocal, variably sized thinly walled, cortical cysts, containing primarily anechoic fluid with focal left kidney cortical cyst containing anechoic fluid with mild cellular debris. Mild pyelectasia was present in both kidneys. The left kidney measured 6.7 cm in length. The right kidney measured 7.5 cm in length.

Adrenal Glands

Bilateral symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.72 cm width at the caudal pole and 0.64 cm width at the cranial pole. The right adrenal gland measured 0.77 cm width at the caudal pole and 1.0 cm width at the cranial pole.

Spleen

The spleen was normal in overall size and contour with generalized mild splenic parenchyma heterogeneity. A solitary nondisruptive hyperechoic to nonhomogeneous mid splenic nodule was present, measuring approximately 1.0 cm in diameter.

Liver

The liver exhibited mild generalized enlargement. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Intermittent, discreet nondisruptive hypoechoic intraparenchymal nodules were present. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended. Mildly prominent to hyperechoic gallbladder walls were present. Primarily anechoic content was present with focal areas of mild congealed nonmineralized luminal debris. The cystic and common bile duct were normal.

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 and maintained 1:3 muscularis/mucosa ratio with segmental nonspecific duodenojejunal mucosal speckling. 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

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

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Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Moderate chronic to polycystic renal changes, exhibiting mild pyelectasia
- Bilateral adrenomegaly- consistent with pituitary dependent hyperadrenocorticism, no overt tumors
- Chronic hepatopathy, exhibiting parenchymal remodeling and intermittent discreet hypoechoic intraparenchymal nodules
- Possible mild chronic cholecystitis
- Pancreatic parenchymal remodeling- potential for low-grade to chronic pancreatitis possible
- Segmental, nonspecific, small bowel mucosal speckling
- Benign splenic nodule- consistent with probable myelolipoma, previous infarct, mineralization, often associated with underlying endocrinopathy. No evidence of splenic neoplastic criteria.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the liver is most likely consistent with chronic vacuolar hepatopathy with parenchymal remodeling and areas of hyperplasia or hematopoiesis. Potential for concurrent or primary inflammatory hepatopathy, such as cholangiohepatitis, is possible with neoplasia considered less likely differential diagnosis. Hepatosupportive medications, including Ursodiol, given the presence of mild gallbladder debris recommended.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Early CKD therapy may be indicated, pending further renal staging or if emerging kidney enzyme elevation.

The segmental duodenojejunal mucosal speckling is nonspecific and may indicate patient variant or age-related intestinal mural changes. Mucosal speckling has, at times, been associated with enteritis, if clinically applicable.



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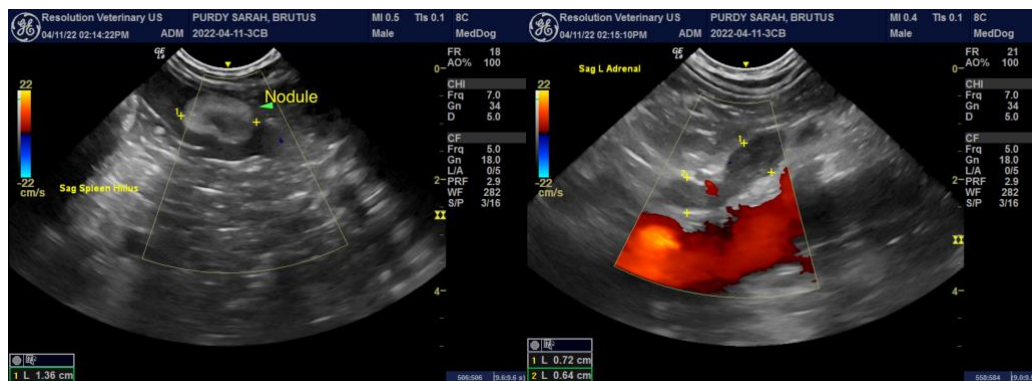
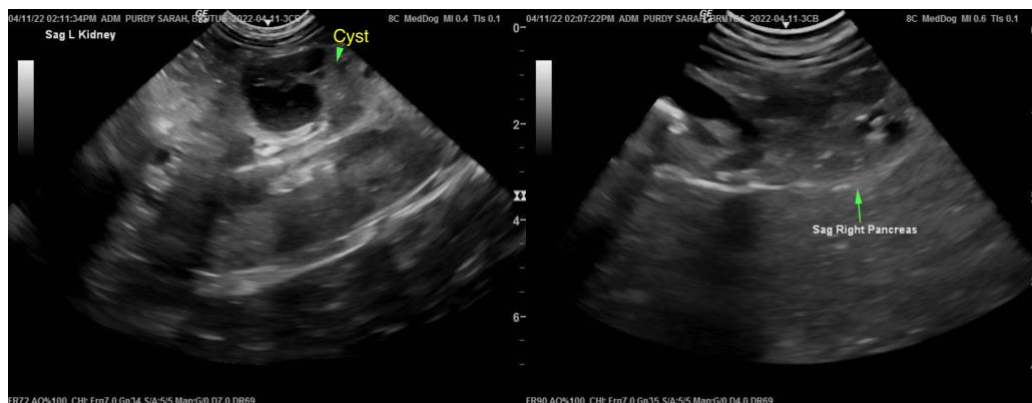
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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