



PATIENT

Redd McFarland

SPECIES

Canine

BREED

Yorkshire Terrier Mix

SEX

M/N

AGE

9 years, 2 months

WEIGHT

12.6 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Patti Mayfield DVM

HOSPITAL NAME

Tumalo Animal
Hospital

REFERRING VET

Keaton Cuthbert
DVM

INVOICE

16588

DATE

4/12/23

PRESENTING CLINICAL SIGNS

-Patient presented for wellness exam on 4/4/23. PPH of elevated LE's in 2022 and ACTH stim test was performed and not supportive of HAC. No reported PU/PD, however patient continues to gain weight, despite recommendations for weight loss. No significant clinical signs Current meds/supplements: -- Interceptor and Credelio monthly-

Abnormal PE/Chem/CBC/UA Results: 4/4/23: PE: -- overweight, BCS 7/9 moderate calculus nuclear sclerosis otherwise patient appears healthy CBC: -- HCT: 57.2% (38-56) -- RBC: 8.8 M/uL (5.38-8.7) -- RETIC: 114 K/uL (10-110 K/uL) -- PLTS: 601 K/uL (143-448 K/uL) CHEM: -- BG: 161 mg/dL (63-114) -- K: 5.5 mmol/L (4.0-5.4) -- Cl: 105 mmol/L (108-119) -- Na:K ratio: 27 (28-37) -- ALP: 877 U/L (5-160) 4/6/2022 blood work: CBC: -- PLT: 499 K/uL CHEM: -- ALP: 1111 U/L UA (cysto): -- yellow, cloudy, USG: 1.025, pH: 7.5 -- 3+ proteinuria -- pyuria, 15-20 WBC/HPF (0-5) -- hematuria, 10-15 RBC/HPF -- amorphous phosphate crystalluria -- no bacteriuria, no casts No UPC ratio performed, nor urine C/S at the time T4: wnl at 2.2 ug/dL 4/26/2022: LDDST: -- Pre-dex: 7.7 ug/dL (0-50) -- Post- 4-hour dex: 0.3 ug/dL -- Post- 8-hour dex: 0.3 ug/dL ** Interpretation: Not supportive of HAC **

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 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 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 or pyelectasia. The left kidney measured 5.8 cm in length. The right kidney measured 6.2 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 2.0 cm length x 0.58 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 2.4 cm length x 0.48 cm width at 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.



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Liver/ Gallbladder

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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 was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

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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.

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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.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

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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 were evident.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Normal urinary bladder and bilateral kidneys - no evidence of urinary bladder sediment, calculi or pyelonephritis
- Benign hepatopathy
- Sonographically normal gallbladder
- Overtly normal bilateral adrenal glands

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, screening hepatic FNA cytology could be considered primarily to assess for evidence of inflammatory criteria or possible anagenic stimulation. Baseline UPC level as well as recheck urine C/S, as additional renal staging in conjunction with previous urinalysis would be reasonable. In conjunction with previous adrenal workup, no overt evidence of adrenal pathology or primary adrenal disease.

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Hepatosupportive medications including Denamarin +/- potential novel protein or hydrolyzed diet trial, if evidence of hepatic anagenic stimulation on suggested screening cytology, may prove beneficial. No evidence of intrabdominal neoplastic criteria was noted. Assessment of caloric plane may be considered if clinically indicated.



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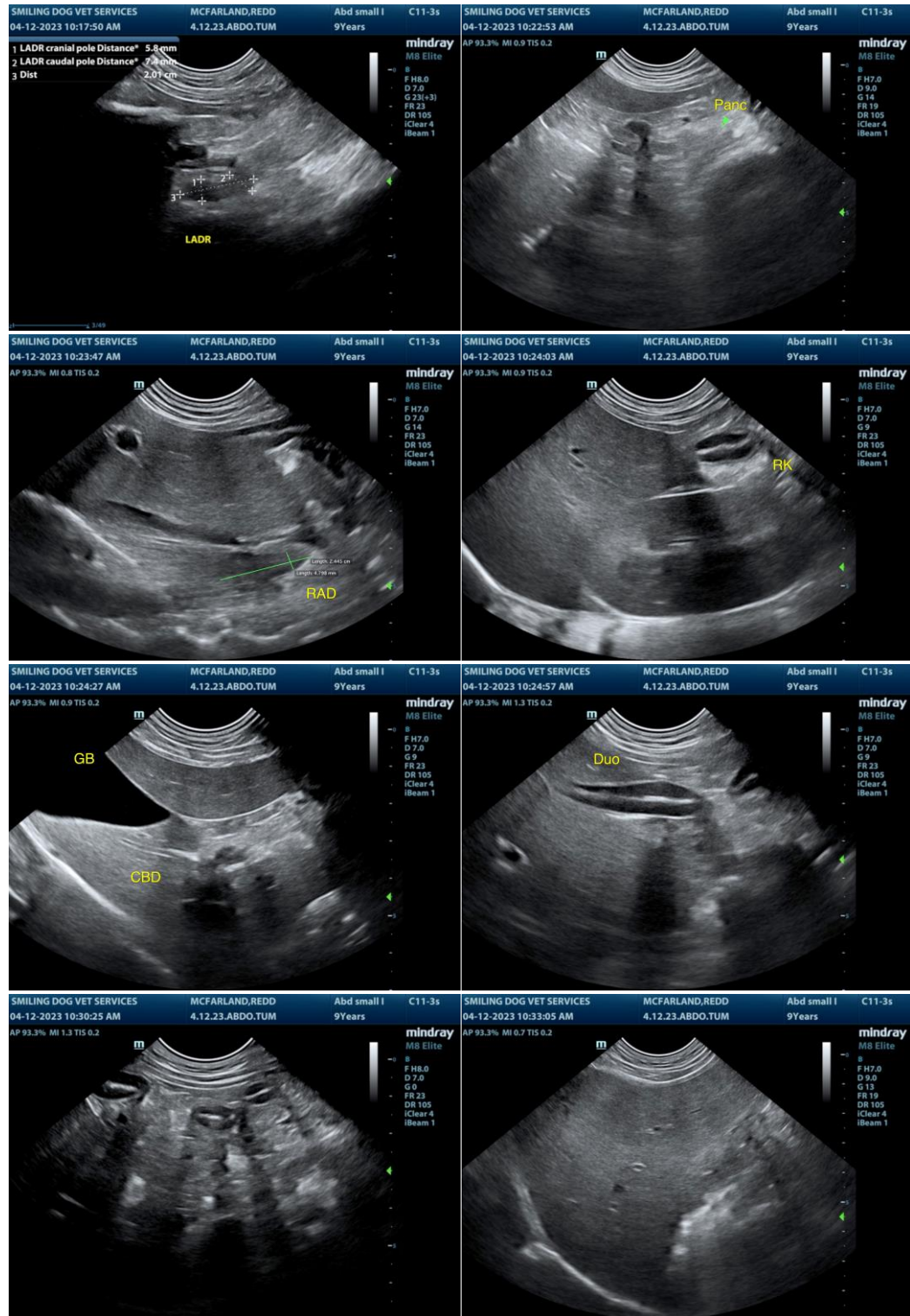
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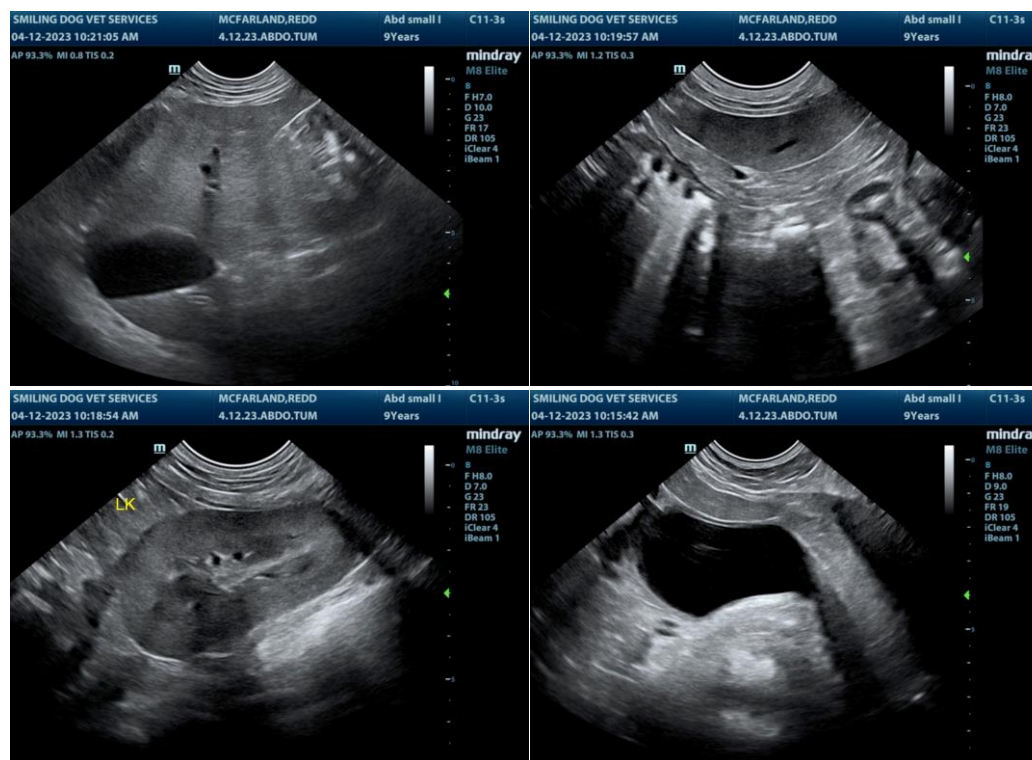
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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