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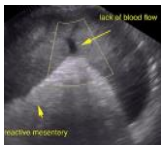
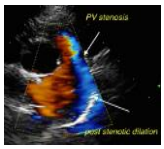
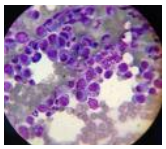
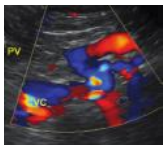




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Ruby Simon

SPECIES

Canine

BREED

English Springer Spaniel

SEX

Spayed female

AGE

10 years

WEIGHT

65.8 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook

HOSPITAL NAME

Rivers Edge Pet Medical Center

REFERRING VET

Dr. Jamie Sullivan

INVOICE

10391ag

DATE

04/15/2022

PRESENTING CLINICAL SIGNS

History: In 2016-2017 P had a severe case of IMHA and was controlled and off medications by early 2018. On 4/5/22 P presented for annual wellness exam and BW. P presented with a pendulous abdomen, poor and unkempt coat, numerous dermal and SQ lumps, bumps and masses, PU/PD, ravenous appetite and signigicant weight gain. P also has palpable hepatomegaly and a grade 1-2/6, systolic, left sided heart murmur (new finding). Current Medications: - Advantix II - Cosequin - Starting Simplicef today, after US for UTI

Abnormal PE/Chem/CBC/UA Results: see attached labs: - elevated Alk phos, ALT, Cholesterol, triglycerides and precision PSL, Absolute neutrophils, Absolute monocytes and absolute eosinophils - UTI with Klebsiella pneumoniae confirmed with UMIC - BP: elevated:systolic with doppler 180, 180, 140, 164 - LDDS: Positive: pre sample 5.0, 4 hr post 3.3, 8 hr post 3.8 Radiographs confirmed hepatomegaly and OA Radiographic findings: - hepatomegaly - OA - I visualized cardiomegaly and loss of cranial cardiac wait on lateral view. On VD, there is a classic right sided reverse D appearance See attached ECG: ECG normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 mild nondependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination was 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Intermittent bilateral cortical cysts were present. No evidence of pelvic dilation was present. The left kidney measured 6.2 cm in length. The right kidney measured 7.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

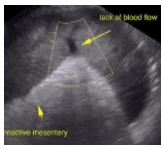
The bilateral adrenal glands were prominent in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. No evidence of parenchymal mineralization or overt neoplastic criteria was present. The left adrenal gland measured 0.78 cm width in the cranial pole and 0.87 cm width in the caudal pole. The right adrenal gland measured 1.57 cm width in the cranial pole and 0.67 cm width in the caudal pole.

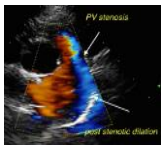
Spleen

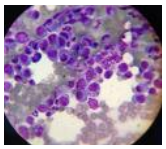
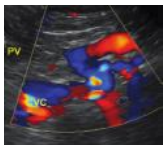
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

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





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hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and mild debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact yet subjective prominent wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained anechoic fluid 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 pancreas was mildly prominent in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- UB sediment.
- Mild to moderate chronic renal changed with intermittent small cortical cysts.
- Bilateral prominent adrenal glands exhibiting subtle nonhomogeneous parenchyma-no evidence of adrenal neoplastic criteria.
- Vacuolar hepatopathy pattern.
- Mild gallbladder debris-non-mucocele
- Heterogeneous to mildly prominent pancreas-nonspecific, patient or age related variant, minor remodeling owing to previous inflammation or low grade to chronic pancreatitis possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the positive LDDST the bilateral adrenal glands are consistent with pituitary dependent hyperadrenocorticism. Hepatosupportive medication including Denamarin and Ursodiol may prove beneficial. The hepatic presentation is most likely secondary to hyperadrenocorticism although the possibility of concurrent inflammatory parenchymal disease could be present. Assuming normal clotting status a screening hepatic FNA could be considered for cytology.

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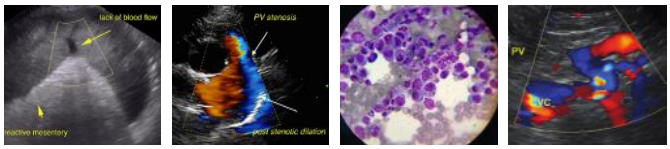

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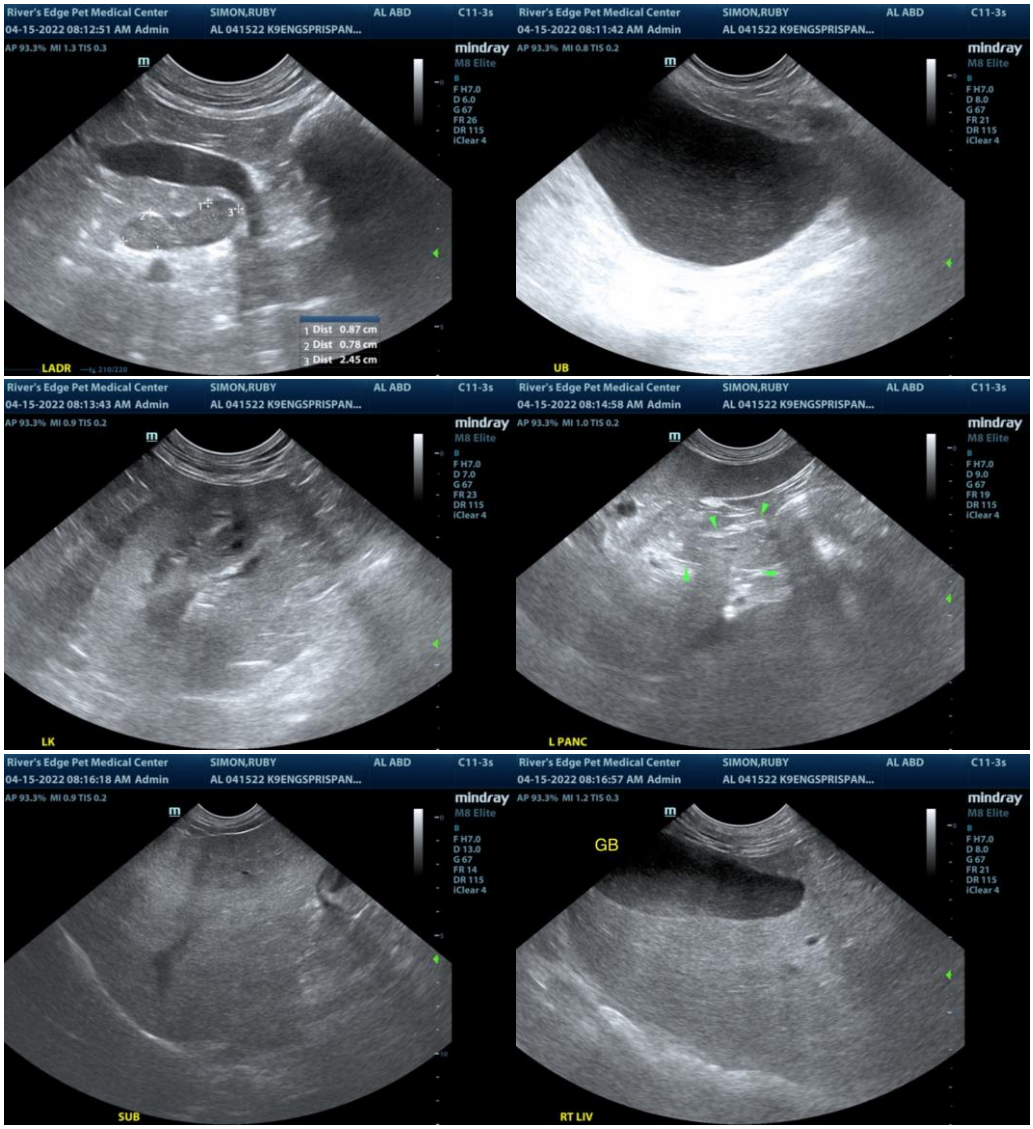

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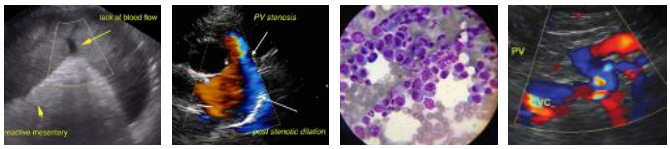

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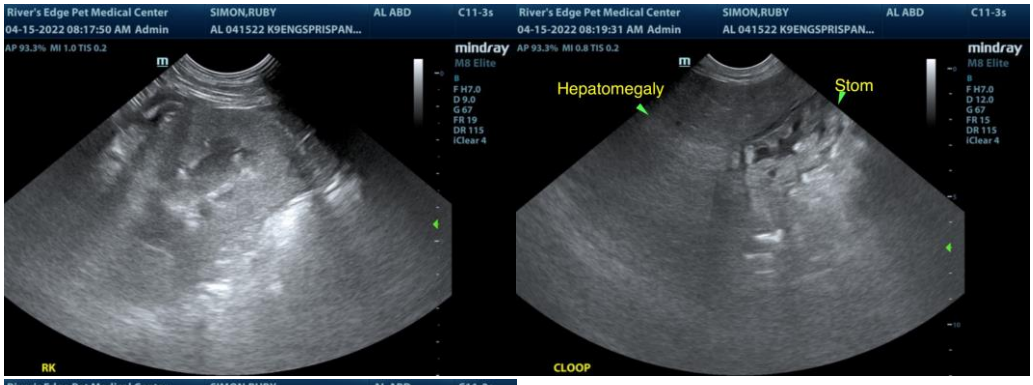

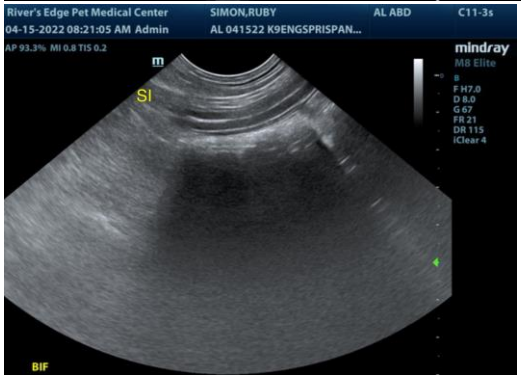

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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