



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Gooch Burton	Chronic history of PUPD, intermittent soft stool and chronically elevating ALP. Abdomen appears potty and tense on palpation. Has screened negative for Cushings disease twice on LDDS tests since January 2022. ALP is 3083 (5-160) and last documented check was November 2021 with result of 628 (5-160).
<b>SPECIES</b>	
Canine	Abnormal PE/Chem/CBC/UA Results: ALP - 3083 (5-160) ALT - 127 (18-121) GGT - 14 (0-13)
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Wheaton	<b>Urinary System</b>
<b>SEX</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 were noted.
Neutered Male	
<b>AGE</b>	Residual prostate was free of pathology.
11 Years	
<b>WEIGHT</b>	The area of the aortic trifurcation was free of pathology.
19.7 kg	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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The right kidney measured 4.7 cm. Potential mild right kidney underestimated size. The left kidney measured 6.3 cm. Minor areas of medullary mineral noted in both kidneys.
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. No evidence of tumors. The left adrenal gland measured 2.5 cm length x 0.62 cm caudal pole width. The right adrenal gland measured 2.9 cm length x 0.60 cm caudal pole width.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Kelly Reschny	The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.
<b>HOSPITAL NAME</b>	<b>Liver</b>
East Plains AH	The liver presented moderate enlargement with maintained symmetrical capsule contour. Uniform hepatic parenchyma exhibiting mild generalized increased parenchyma echogenicity with mild to moderate coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. No hepatic masses or nodules visualized. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.
<b>REFERRING VET</b>	
Dr. Cumming	
<b>INVOICE</b>	
46908	
<b>DATE</b>	
4/25/23	



**PATIENT**

**Gastrointestinal**

Gooch Burton

The visualized gastric walls were sonographically normal. The lumen of the stomach contained mild to moderate shadowing gastric ingesta.

**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.

**BREED**

Wheaton

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

**SEX**

Neutered Male

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

**AGE**

11 Years

**ULTRASONOGRAPHIC FINDINGS**

- Hepatopathy exhibiting mild parenchyma hyperechogenicity, non-specific – vacuolar hepatopathy, inflammatory disease, hyperplasia, hematopoiesis, or other hepatopathy, with infiltrative neoplasia less likely.
- Gallbladder debris (non-mucocele).
- Chronic renal changes with minor medullary mineral.
- Mild pancreatic remodeling.
- Structurally unremarkable gastrointestinal tract/colon with shadowing gastric ingesta.

**WEIGHT**

19.7 kg

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Urinalysis with potential additional renal staging to include screening culture and sensitivity and baseline UPC level (if clinically indicated) is recommended.

**IMAGING PERFORMED BY**

Kelly Reschny

The bilateral adrenal glands may be classified as borderline prominent in size based on caudal pole with measurement, yet no evidence of significant adrenal pathology as an obvious contributing factor.

**HOSPITAL NAME**

East Plains AH

Leptospirosis titers/PCR could be considered if endemic to the area, or potential exposure, yet thought less likely, given no current evidence of renal component.

**REFERRING VET**

Dr. Cumming

Assuming normal clotting status, screening hepatic FNA cytology may be considered, primarily to assess for evidence of inflammatory criteria. Hepatosupportive medications including Denamarin and Ursodiol (if tolerated) 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/>.

**DATE**

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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>



**PATIENT**

Gooch Burton

**SPECIES**

Canine

**BREED**

Wheaton

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

19.7 kg

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**IMAGING  
PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

East Plains AH

**REFERRING VET**

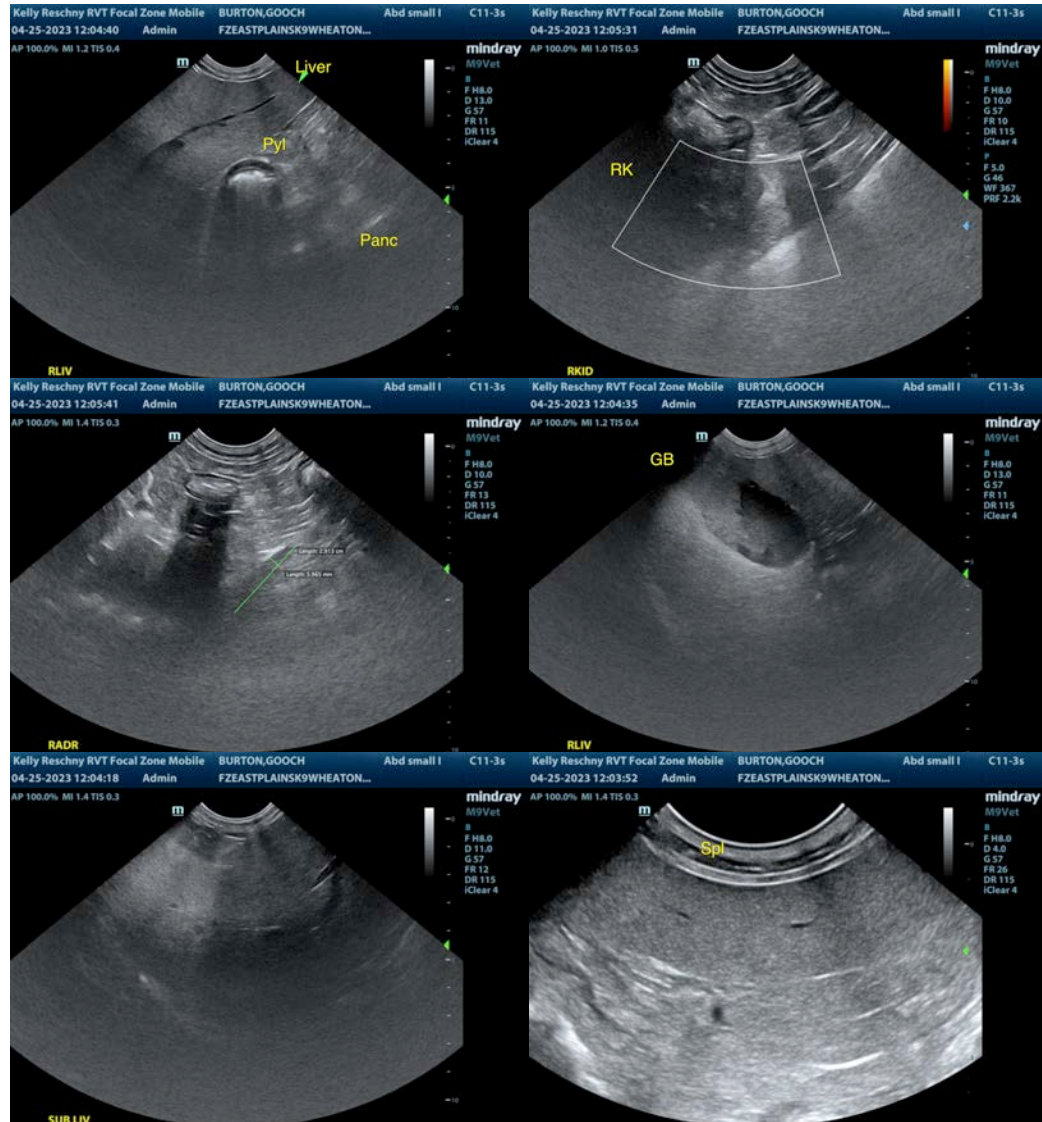
Dr. Cumming

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**PATIENT**

Gooch Burton

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Canine

**BREED**

Wheaton

**SEX**

Neutered Male

**AGE**

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**WEIGHT**

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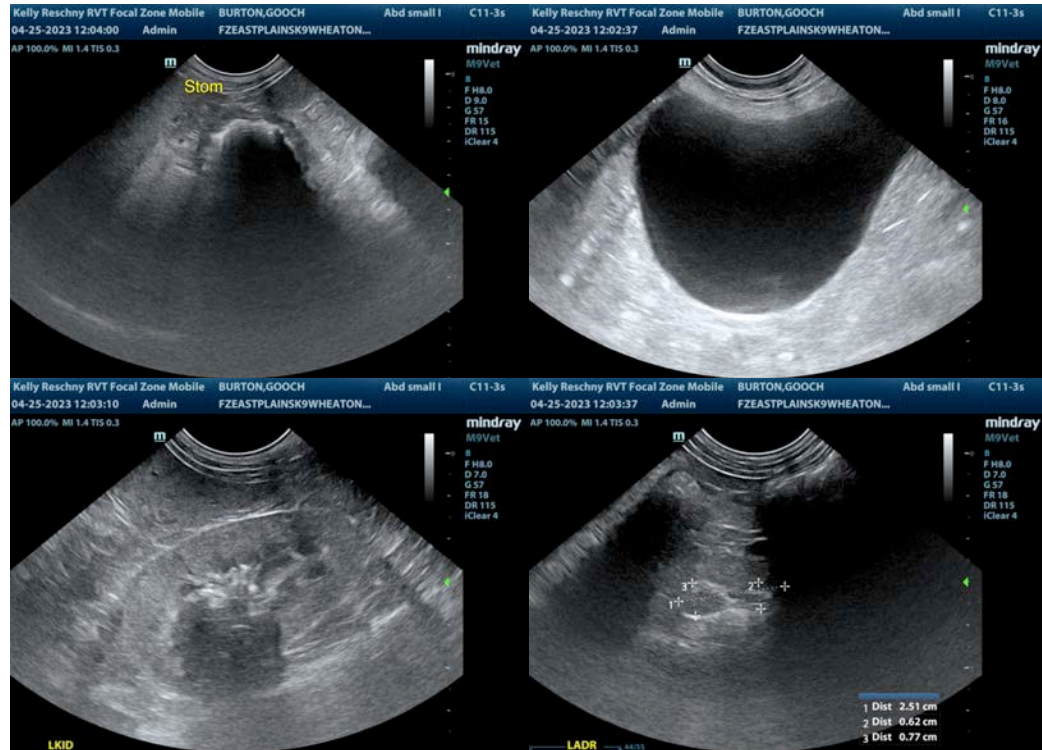
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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