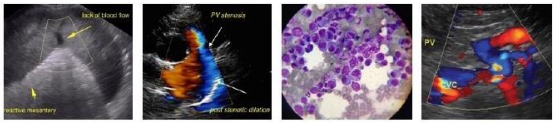


PATIENT

Zoey Bassindale

SPECIES

Canine

BREED

PomXChi

SEX

FS

AGE

13 years

WEIGHT

4.8 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Grand River Veterinary Hspital

REFERRING VET

Dr. Day

INVOICE

13606

DATE

4/5/22

PRESENTING CLINICAL SIGNS

Mildly distended abdomen Painful belly - hunched back Pu/Pd otherwise BAR O says appetite normal, no v/d, no c/s no fever
Abnormal PE/Chem/CBC/UA Results: Urine - spG 1.011, pH normal and no signs of infection
Lepto witness test negative Urine cortisol/creatinine screening test - positive for hyperadrenocortisism
ALT 544 18 - 121 U/L AST 58 16 - 55 U/L ALP 6,421 5 - 160 U/L GGT 188 0 - 13 U/L Bilirubin - Total 2.7 0.0 - 5.2 µmol/L Cholesterol 15.5 3.4 - 8.9 mmol/L Triglyceride 1.8 10.23 - 1.71 mmol/L Amylase 685 337 - 1,469 U/L Lipase 1,039 0 - 250 U/L

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

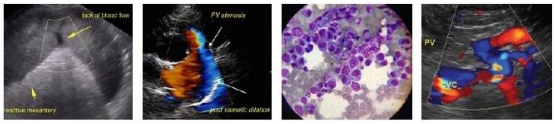
The bilateral adrenal glands were mildly prominent in size with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.60 cm width at the caudal pole and 0.58 cm width at the cranial pole. The right adrenal gland measured 0.78 cm width at the caudal pole and 0.98 cm width at the cranial 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/ Gallbladder

The liver exhibited generalized enlargement and symmetrical to mildly swollen hepatic contour with mild uniform increased hepatic parenchyma echogenicity exhibiting mild coarse echotexture compared to the spleen and falciform fat. The gallbladder was non-distended in size with moderate, nondependent yet nonorganized echogenic luminal debris along with multiple areas of small mineral to small choleliths present primarily in the area of the mid to caudal lumen and gallbladder neck. No



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evidence of inflammatory gallbladder criteria or peripheral gallbladder inflammation was noted. The common bile duct was normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta exhibiting progressive distal acoustic shadowing.

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

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild chronic renal changes
- Bilateral prominent adrenal glands
- Benign hepatopathy - steroid / vacuolar hepatopathy, inflammatory hepatopathy or other possible without evidence of neoplastic criteria
- Heterogeneous pancreas - probable age-related or a patient variant, potential for low-grade to chronic pancreatitis possible
- Moderate gallbladder debris and nonobstructive mineral / small choleliths (non-mucocele)

Secondary Findings

- Gastric ingesta - probable post prandial presentation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

LDDST is recommended given the elevated UCCR for definitive diagnosis or rule-out of pituitary-dependent hyperadrenocorticism. No evidence of adrenal neoplastic tumors was noted.

Hepatosupportive medications may prove beneficial.

Full urinary work-up Including urinalysis and urine culture and sensitivity is suggested, given the polyuria / polydipsia and if definitively diagnosed hyperadrenocorticism.

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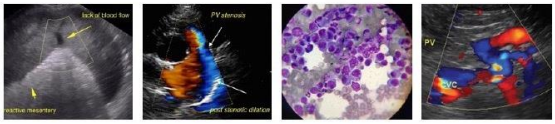

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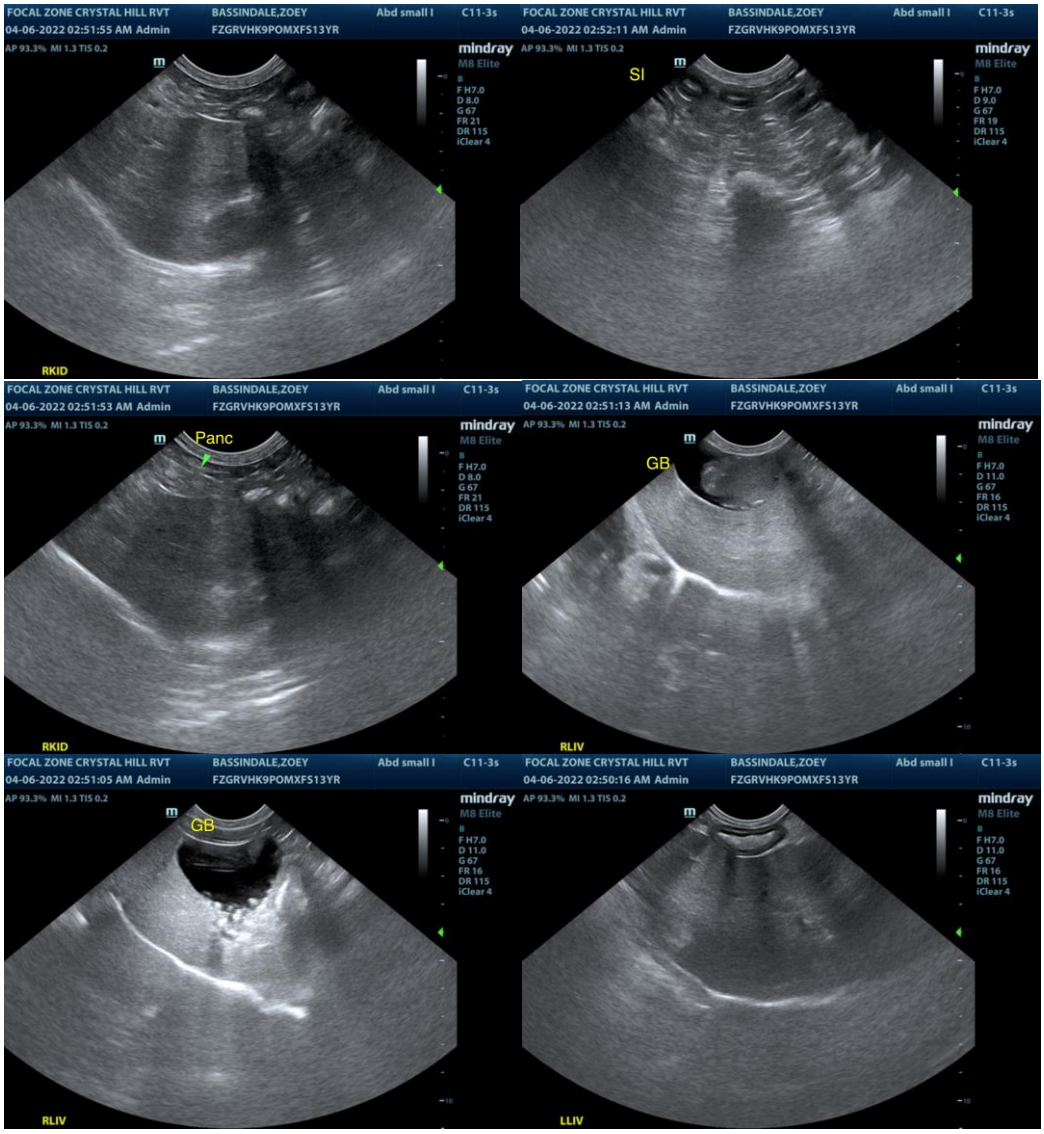

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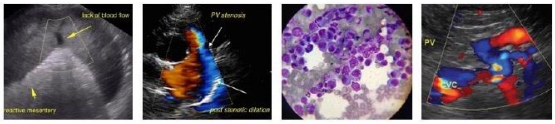

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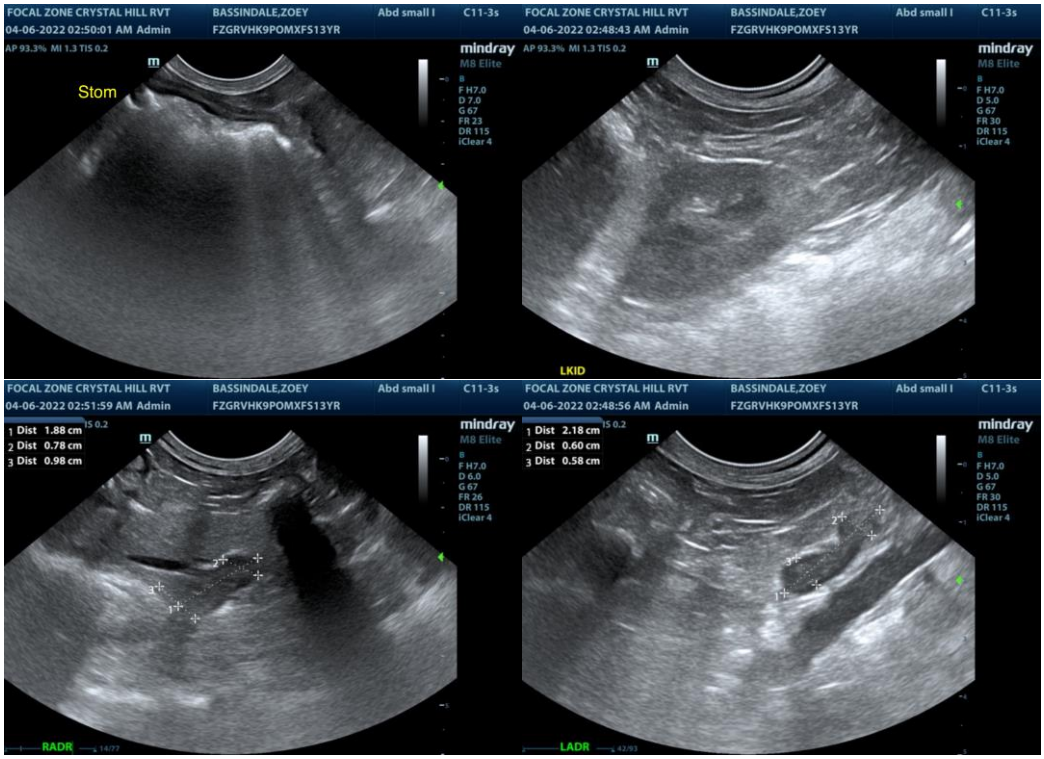

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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