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Clinical Sonography & Telecytology
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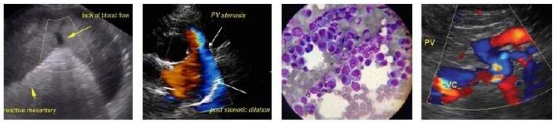


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Scout Watson

SPECIES

Canine

BREED

Beagle X

SEX

MN

AGE

11 years

WEIGHT

28.1 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Beatties PH Ancaster

REFERRING VET

Dr. Pandya

INVOICE

16518

DATE

4/5/23

PRESENTING CLINICAL SIGNS

Increased water intake and urination. Patient seems hot and seeks out cold spots to lay in house. Seems lethargic. High stress in clinic. No meds. Rule out tumor.

Abnormal PE/Chem/CBC/UA Results: High ALP which led Dr. perform LDDS test with confirmed Cushings disease.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. Mild nonuniform thickening of the urinary bladder wall was present. Multiple, primarily small, dependent calculi were present along with suspect adhered pinpoint to focal areas of ventroapical luminal mineral. No evidence of urinary bladder tumors was noted. The ventroapical urinary bladder wall measured 0.77 cm. The urethra exhibited normal structure and tone to a depth of 4.0 cm.

The residual prostate was free of pathology.

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. The left kidney measured 5.0 cm in length. The right kidney measured 5.7 cm in length.

Adrenal Glands

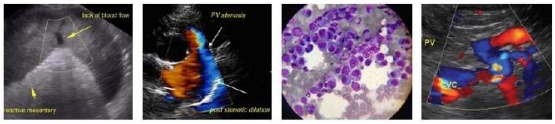
Bilateral symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.79 cm width at the caudal pole and 0.91 cm width at the cranial pole. The right adrenal gland measured 1.1 cm width.

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 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



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congestion. The gallbladder was non-distended in size containing anechoic content with minor, nonorganized, mildly echogenic gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented normal wall layering with a normal wall layer ratio. The stomach contained a moderate amount of strongly shadowing ingesta to potential nonspecific echoes. An example of a nonspecific gastric luminal echo in the area of the pylorus measured 2.2 cm in diameter. No evidence of mechanical pyloric outflow obstruction was noted.

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 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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

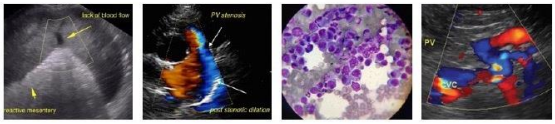
ULTRASONOGRAPHIC FINDINGS

- Mild cystitis with dependent to adhered mineral / calculi
- Mild chronic renal changes
- Bilateral prominent adrenal glands - most consistent with pituitary-dependent hyperadrenocorticism, given patient history
- Benign hepatopathy - sonographically consistent with vacuolar hepatopathy pattern
- Minor gallbladder debris (non-mucocele)
- Strongly shadowing nonspecific gastric ingesta / echoes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine C/S on a sterile urine sample is suggested to assess for or rule out underlying infection. Cystotomy with urinary bladder flush +/- urinary bladder wall biopsies, if confirmed infection, are warranted. No overt evidence of intraabdominal neoplastic criteria was noted. In conjunction with potential therapy for Cushing's Syndrome, hepatosupportive medications may prove beneficial.

The strongly shadowing gastric ingesta or potential echoes are nonspecific and may indicate recent meal ingestion with dense ingesta, treats, etc. The possibility of non-obstructive gastric foreign material cannot be excluded. Radiographic or sonographic monitoring for evidence of gastric emptying vs. persistent retained ingesta following documented fast is recommended.



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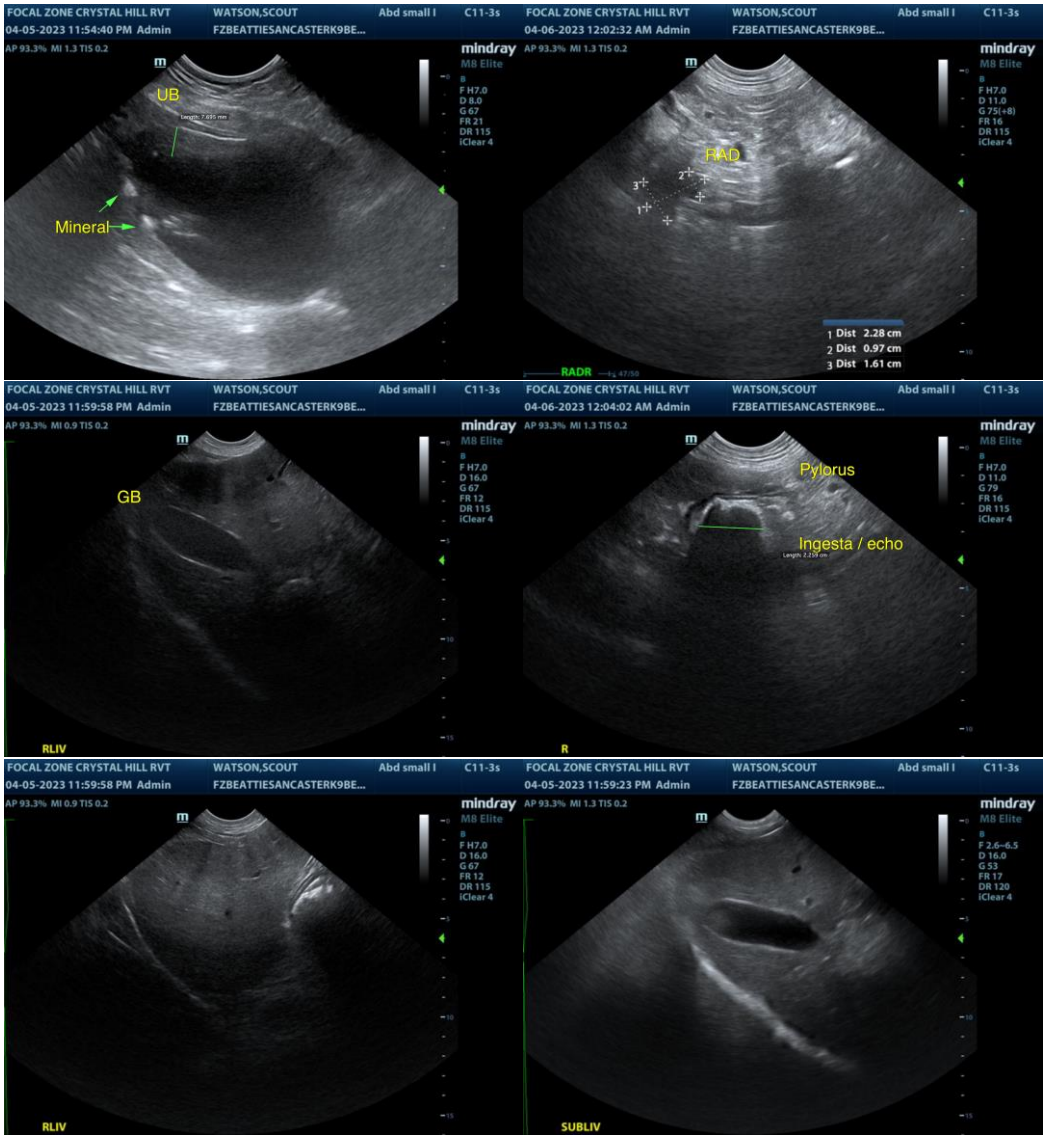
For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

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



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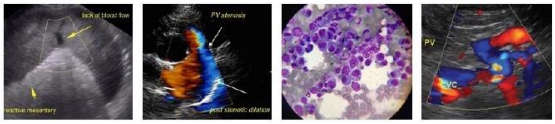

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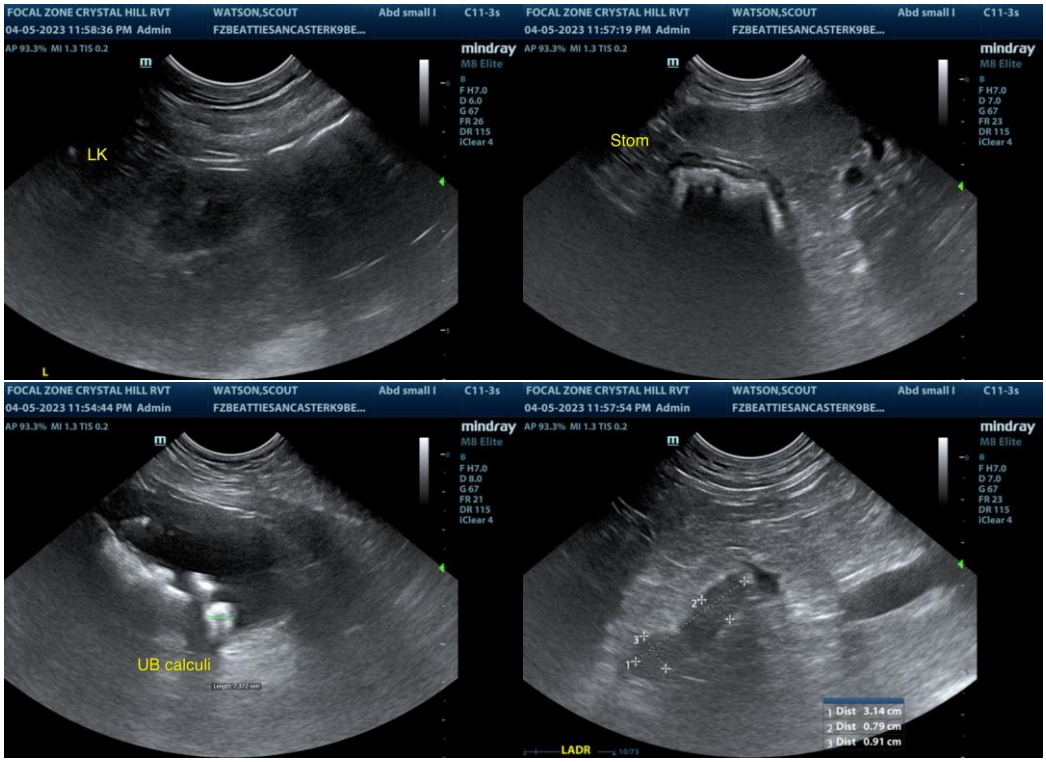

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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