



PATIENT

Muffin Thanasack

SPECIES

Canine

BREED

Silky Terrier

SEX

F/S

AGE

13 yr, 2 mo

WEIGHT

14 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Graham Sager-Gellerman, DVM

HOSPITAL NAME

Back Bay Veterinary
Clinic

REFERRING VET

Erin Carey, DVM

INVOICE

16542

DATE

4/7/23

PRESENTING CLINICAL SIGNS

Inappropriate urination, polyuria (USG 1.020), polydipsia (75-115ml/kg/day intake). Suspect polyphagia vs normal hunger from caloric restriction. Gained 0.5 lbs over past 2 weeks.

Abnormal PE/Chem/CBC/UA Results: USG 1.020, protein 1+, BUN 32 (H), rest of CBC/Chem21 unremarkable, urine culture negative

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 or pyelectasia was present. The left kidney measured 3.8 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

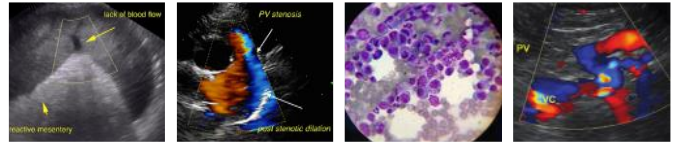
The bilateral adrenal glands were borderline to mild prominent in size based on caudal pole width measurement in light of body weight yet maintained symmetrical capsule contour with homogeneous adrenal parenchyma. Normal adrenal position was noted with no evidence of adrenal tumors. The left adrenal gland measured 0.67 cm width at the caudal pole and 0.51 cm width at the cranial pole. The right adrenal gland measured 0.60 cm width at the caudal pole and 0.68 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 mild enlargement. 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. An intermittent, discrete, subtly hyperechoic intraparenchymal nodule was noted. The nodule was consistent with discrete hyperplasia or lipogranuloma. 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 containing primarily anechoic content with minor, echogenic, nonorganized gallbladder debris. The cystic and common bile ducts were normal.



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Gastrointestinal

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.

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

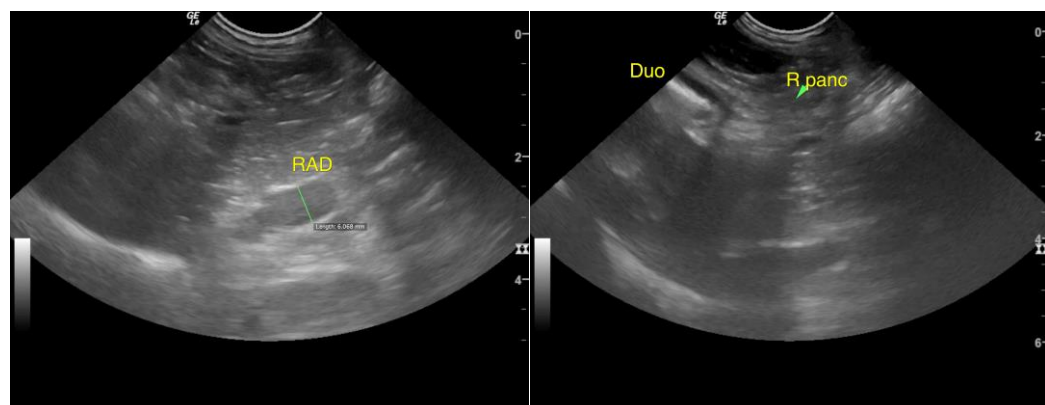
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild age-related kidneys
- Mild hepatomegaly with benign intraparenchymal nodule
- Minor gallbladder debris (non-mucocele)
- Subjective borderline / mild prominent adrenal glands
- Mild pancreatic remodeling - likely age-related change, incidental

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepato-adrenal presentation is of unclear clinical significance in light of the patient's clinical signs, yet without evidence of hepatic enzyme elevations and current urine specific gravity. A full adrenal workup could be considered if strong clinical suspicion for Cushing's Syndrome. Consideration for possible atypical hyperadrenocorticism may be indicated if persistent / progressive clinical signs, decreased urine specific gravity, and negative adrenal testing. Baseline UPC level is suggested given the mild proteinuria. No evidence of intraabdominal neoplastic criteria was noted.





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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