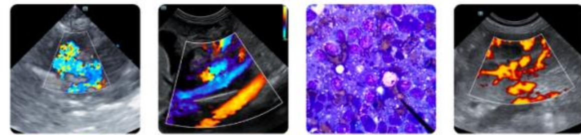


PATIENT
Asterix Moraes

SPECIES
Canine

BREED
Miniature Poodle

SEX
Neutered Male

AGE
6 Years

WEIGHT
4.6 kg

INTERPRETED BY
R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY
Farzaneh Azizi

HOSPITAL NAME
Eagleson Veterinary Clinic

REFERRING VET
Dr. Karissa Romans

INVOICE
14918

DATE
04/07/26

PRESENTING CLINICAL SIGNS

History of Addison's. Presenting complaint/reason for imaging: Seizures, markedly elevated liver enzymes. Type of History: Presented for evaluation after experiencing his first seizure for approximately 5 minutes. Historical Conditions: Diagnosed with Addison's disease approximately 1 year ago. The owner reports a history of a liver issue that developed after starting medications for Addison's disease. A recent blood test was performed by the regular veterinarian, but the results have not yet been received. Current Medications: Prednisone, dose not specified. Florinef liquid, administered in the morning.

Abnormal PE/Chem/CBC/UA Results: Urea: 1.9 (low; reference >2.5) - Alkaline Phosphatase (ALP): 1895 (high; reference <212) - Gamma-Glutamyl Transferase (GGT): 34 (high; reference <11) - Alanine Aminotransferase (ALT): 1914 (high; reference <125) - v

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 change were noted.

No obvious visualized prostatic pathology.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild indistinct corticomedullary border demarcation was also present. The left kidney measured 3.8 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized, consistent with patient's history.

Spleen

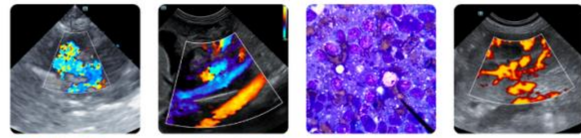
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

Liver & Gallbladder

The liver presented subjective normal size with areas of mild asymmetrical caudal hepatic capsule contour and maintained homogenous parenchyma. No definitive visualized hepatic mass or nodules with subjective adequate vascular volume.

The gallbladder was non distended in size with moderate congealed biliary sludge. The common bile duct was not visualized. No evidence of wall edema.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, nonshadowing ingesta without signs of obstruction or foreign material.

The visualized segments of small intestine exhibited intact wall layering and overall maintained wall layer ratio with empty lumen to the level of the colon.

Normal visible colon wall layers were present with semi formed to possible soft fecal matter.

Pancreas

The pancreas was prominent in size with capsule asymmetry and isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Mildly prominent pancreatic duct.

Free Abdomen

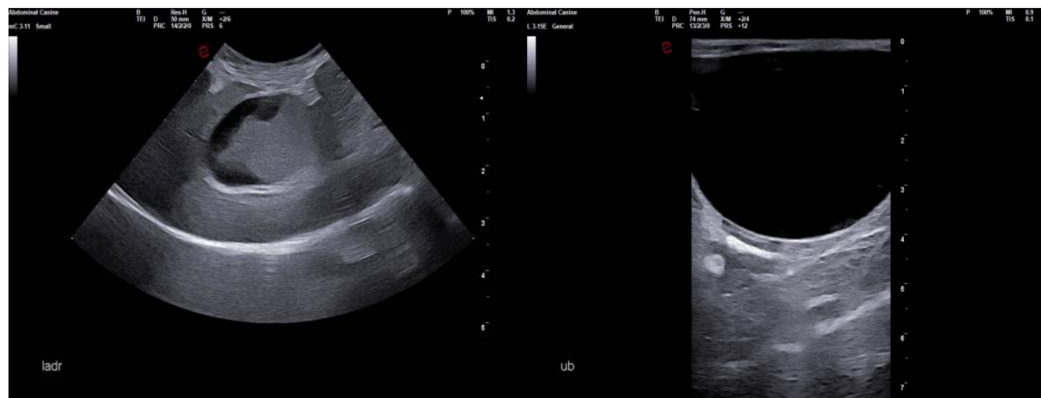
No overt lymphadenopathy was present. Generalized nonhomogenous mildly hyperechoic omentum with mild volume of peritoneal effusion.

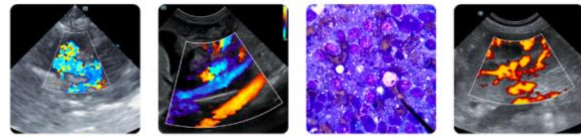
ULTRASONOGRAPHIC FINDINGS

- Nonspecific hepatopathy exhibiting subjective adequate vascular volume.
- Congealed nonorganized gallbladder debris- not consistent with mature mucocele.
- Nonspecific mild chronic renal changes.
- Nonvisualized adrenal glands- consistent with patient's history.
- Enlarged nonhomogenous pancreas with prominent pancreatic duct.
- Mild volume peritoneal effusion and mild omental hyperechogenicity.
- Overtly normal gastrointestinal tract with mild nonshadowing gastric ingesta- most consistent with food echogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, hepatic FNA cytology and bile acid profile is recommended. A definitive intrahepatic or extrahepatic shunt was not overtly visualized. Given seizure activity and pending bile acid profile, advanced imaging may be considered if elevated post-prandial bile acids. Although no reported gastrointestinal signs, suspect chronic to chronic active pancreatitis. Correlation with the spec cPL is suggested. Effusion analysis cytology +/- culture/sensitivity if effusion inflammatory component is recommended.





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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