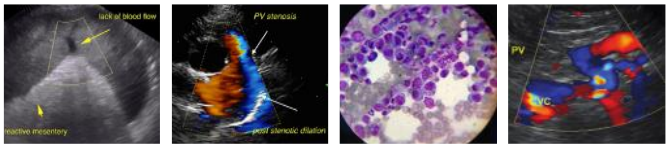
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Jake Fanucci

SPECIES

Canine

BREED

German Shorthair Pointed

SEX

Male Neutered

AGE

8 years

WEIGHT

86 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Tiffany Brady DVM

HOSPITAL NAME

Shiloh Veterinary Hospital

REFERRING VET

Dena Owings DVM

INVOICE

13861

DATE

5/12/22

PRESENTING CLINICAL SIGNS

Recent history of protienuria and ALP elevation Ultrasound as part of work up for possible Cushing's disease.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended in size yet with subjective normal tone containing anechoic urine. The urethra exhibited normal structure and tone to a depth of 2.0 cm.

No overt pathology was noted in the area of the residual prostate.

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 7.6 cm in length. The right kidney measured 7.5 cm in length.

Adrenal Glands

The left and right adrenal glands were indistinctly visualized with the left adrenal gland subjectively measuring 0.86 cm width at the caudal pole and the right adrenal gland subjectively measuring 1.1 cm width at the caudal pole. No overt evidence of adrenal pathology was noted.

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 congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

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.

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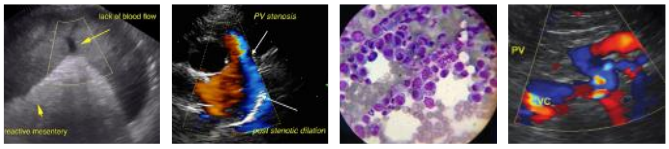

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Normal visible colon wall layers were present with apparent formed feces in lumen.

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.

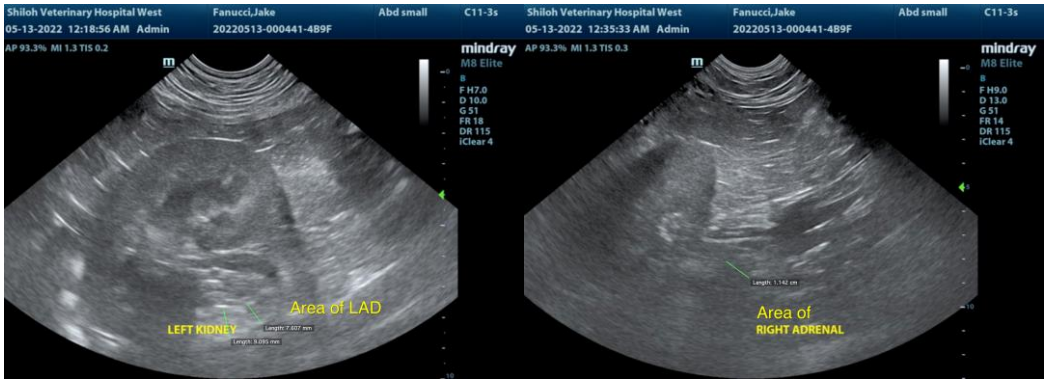
ULTRASONOGRAPHIC FINDINGS

- Vacuolar hepatopathy pattern - subjectively benign
- Sonographically unremarkable bilateral kidneys
- Mildly distended urinary bladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the liver, although nonspecific, Is consistent with vacuolar hepatic changes, given the ALP elevation and without evidence of neoplastic criteria or overt gallbladder disease.

Evidence of obvious pathology associated with the bilateral adrenal glands was not evident, yet the bilateral adrenal glands were indistinctly visualized. Full adrenal workup could be considered if strong clinical suspicion or signs (i.e., PU/PD, polyphagia, etc.,) of adrenal disease are noted. Further renal staging Including culture and sensitivity and baseline UPC is recommended if clinically indicated. Hepatosupportive medications including Denamarin +/- Ursodiol may prove beneficial.



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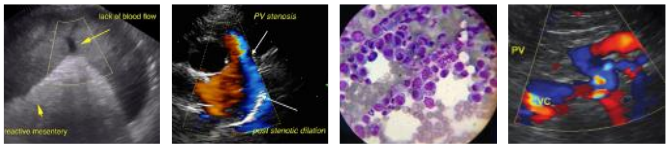

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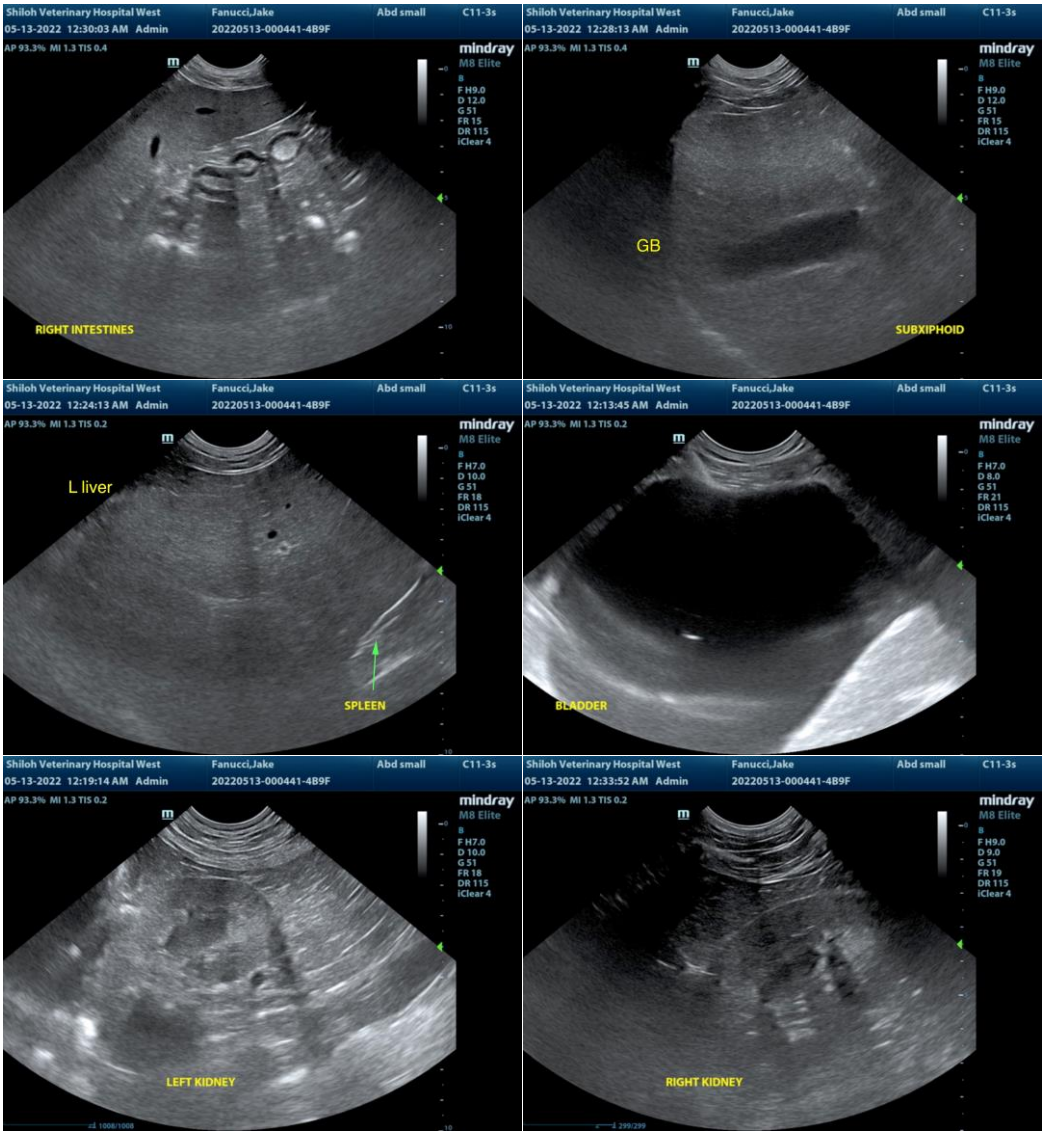

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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