



PATIENT

Pebbles Deus

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

11 years

WEIGHT

36.9 lbs.

PRESENTING CLINICAL SIGNS

Dog has been diagnosed with HAC (PD) since 2021. Started treatment on dec 2022 vetoryl 10 mg cap bid. ACTH stims performed at regular intervals to monitor for adrenal suppression and has been stable, clinical signs had been controlled but treatment was stopped given elevation in SDMA, repeat abdominal us to scan for renal/urinary system and liver evaluation. Dog has had persistently elevated hepatic values, suspect from HAC but want to better evaluate. Urinalysis, with UPC, non proteinuric, Chem 10, mildly elevated BUN, normal SDMA. On presentation today dog is BAR, TPR wnl, dog has been having episodes of diarrhea.

Urine specific gravity - 1.030, BUN 36, Creatinine 1.5

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 changes was noted.

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

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 5.8 cm in length. The right kidney measured 6.4 cm in length.

IMAGING PERFORMED BY

Julissa Diaz

Adrenal Glands

The left adrenal gland was mildly prominent, based on caudal pole width measurement in light of body weight. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.83 cm width in the cranial pole and 0.77 cm width in the caudal pole. The right adrenal gland was not definitively visualized.

HOSPITAL NAME

Centro Veterinario
Del Norte

Spleen

REFERRING VET

Dra. G. Cidre

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent, nondisruptive, hyperechoic nodules were present primarily in the medial parenchyma, consistent with benign myelolipomas or possible emerging splenic mineralization. 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 or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

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Liver/ Gallbladder

The liver exhibited generalized enlargement with regional nonuniform hyperechoic parenchyma to mass lesion noted in the subjective area of the mid to right liver measuring approximately 9.0 cm in diameter. Concurrent, separate, nondisruptive, well-demarcated intraparenchymal nodules were



PATIENT	present exhibiting similar echogenicity. An example of an intraparenchymal nodule measured 2.0 cm in diameter. Concurrent intact hepatic parenchyma exhibiting normal echogenicity with moderate coarse echotexture was noted.
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SPECIES	The gallbladder was non-distended in size containing anechoic content with nonorganized hyperechoic mild gallbladder debris primarily in the cranial lumen. No evidence of inflammatory criteria was noted. The cystic and common bile ducts were normal.
Canine	
BREED	Gastrointestinal
Mixed	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.
SEX	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.
FS	
AGE	Normal visible colon wall layers were present with apparent formed feces in lumen.
11 years	Pancreas
WEIGHT	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.
36.9 lbs.	
INTERPRETED BY	Free Abdomen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No overt lymphadenopathy or peritoneal effusion was present.
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Julissa Diaz	<ul style="list-style-type: none"> • Hepatomegaly exhibiting nonuniform hyperechoic parenchyma to mass lesion mid to right liver, concurrent separate similar echogenic intraparenchymal nodules • Mild gallbladder debris (non-mucocele) • Mild chronic renal changes • Mildly prominent left adrenal gland • Small benign splenic nodules • Sonographically unremarkable gastrointestinal tract / colon
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Centro Veterinario Del Norte	Considerations for the regional to lobar nonuniform hyperechoic parenchyma to mass lesion, as well as concurrent, separate hepatic intraparenchymal nodules, may include hyperplasia, lipogranuloma, or similar while potential low-grade neoplasia is possible. Screening FNA cytology of the nonuniform hyperechoic liver parenchyma is recommended for further clarification, assuming normal clotting status. Hepatosupportive medications may prove beneficial.
REFERRING VET	No overt evidence of adrenal neoplastic criteria was noted.
Dra. G. Cidre	As-needed gastrointestinal support and early CKD therapy are recommended.
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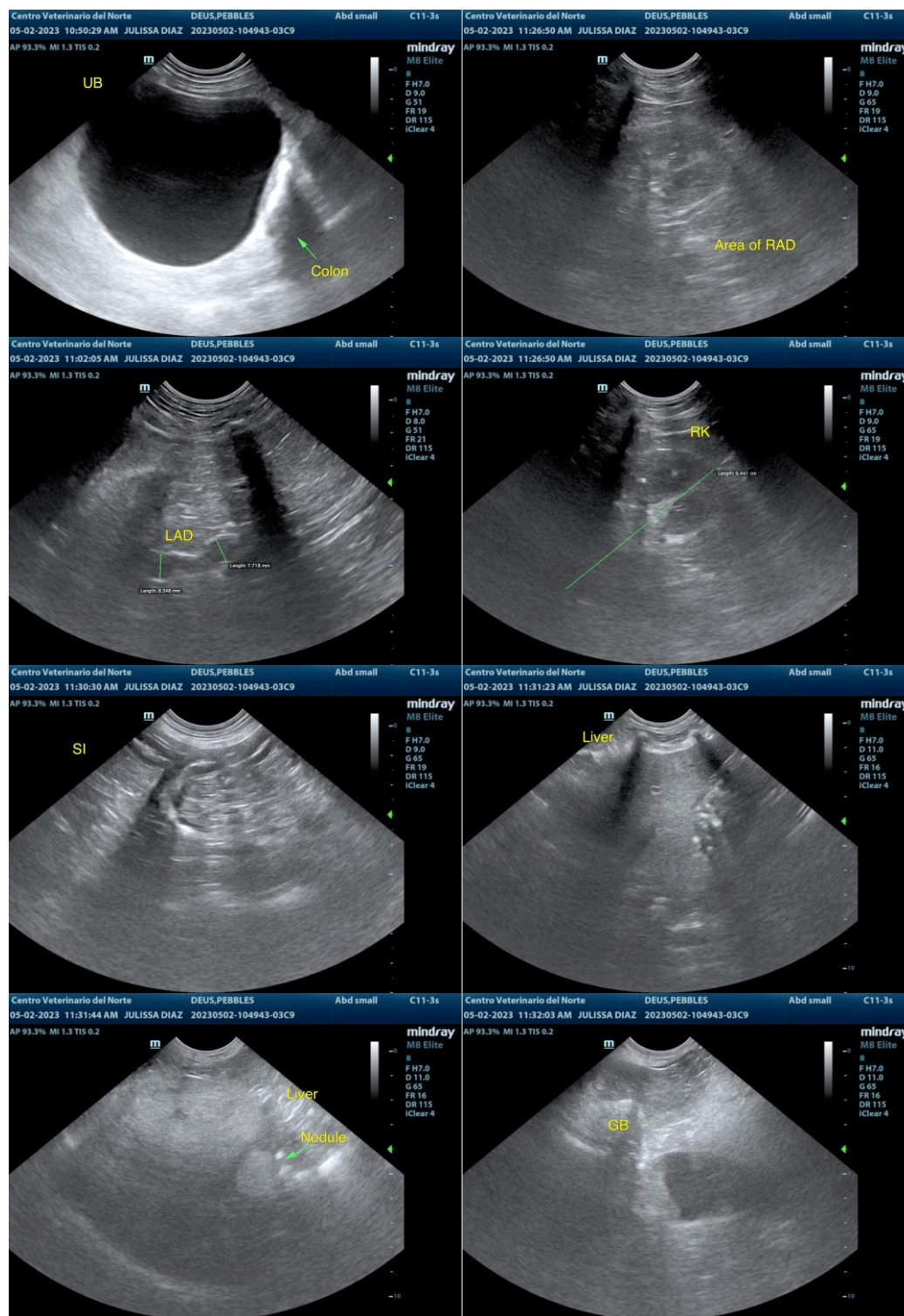
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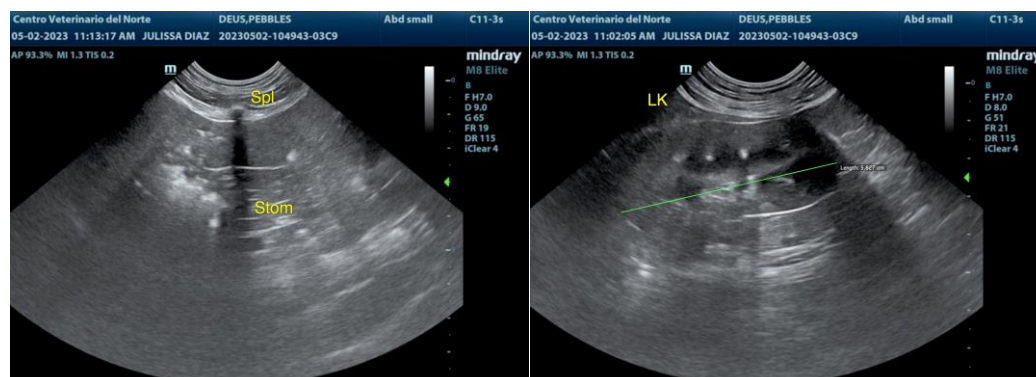
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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