



PATIENT PRESENTING CLINICAL SIGNS

Bruno Stravato Gradually elevating ALP over the past year; remainder of lab work unremarkable. ACTH stim to Tenn every 6 months, still inconclusive. r/o Cushing's disease. ALP 639; precortisol 4, post 17.7; estradiol 7.1, post 71.6

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Mixed

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 focal minor dependent mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

SEX

Neutered Male

The residual prostate was symmetrically normal in size (0.69 cm) with uniform parenchyma and slight coarse echotexture.

AGE

6 Years

Normal size and margination was 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. Pinpoint to focal medullary mineral present in both kidneys. Very scant pyelectasia noted in the left kidney. The left kidney measured 4.8 cm. The right kidney measured 4.9 cm.

WEIGHT

14.2 Pounds

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were mildly prominent, yet overtly normal in size, position and shape. The left adrenal gland measured 0.59 cm at the cranial pole and 0.57 cm at the caudal pole. The right adrenal gland measured 0.41 cm at the cranial pole and 0.59 cm at the caudal pole.

INTERPRETED BY

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

Spleen

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

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.

HOSPITAL NAME

Wood River AH

Liver

The liver exhibited subjective mild enlargement with symmetrical to mildly rounded hepatic contour. Generalized mild uniform increased hepatic parenchymal echogenicity noted, exhibiting mild coarse echotexture. No masses or nodules noted. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, non-dependent, non-organized gallbladder walls. The gallbladder walls were normal without evidence of inflammation, as well as no evidence of peripheral gallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

REFERRING VET

Dr. Leah Fischer

INVOICE

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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.

DATE

5/22/22

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.



PATIENT

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

Bruno Stravato

Pancreas

SPECIES

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 was evident.

Canine

Free Abdomen

BREED

No overt lymphadenopathy or peritoneal effusion was present.

Mixed

ULTRASONOGRAPHIC FINDINGS

SEX

- Vacuolar hepatopathy pattern
- Mild gallbladder debris (non-mucocele)
- Subjective mild prominent yet overtly normal bilateral adrenal glands – no evidence of adrenal tumors.
- Minor focal dependent urinary bladder mineral.
- Pinpoint to focal renal medullary mineral.

Neutered Male

AGE

6 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

14.2 Pounds

This patient may be passing small amounts of mineral from the kidneys to the urinary bladder. Urine culture and sensitivity on sterile urine sample suggested if clinically indicated. If the patient is non-clinical for Cushing's syndrome, continued monitoring with hepatosupportive medications including Denamarin and Ursodiol would be reasonable. Correlation with an LDDST could be considered, as this test is considered the screening test of choice if clinical suspicion of non-iatrogenic hyperadrenocorticism, and assuming no evidence of additional non-adrenal illness.

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 DABVP (Canine and Feline)

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/>.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

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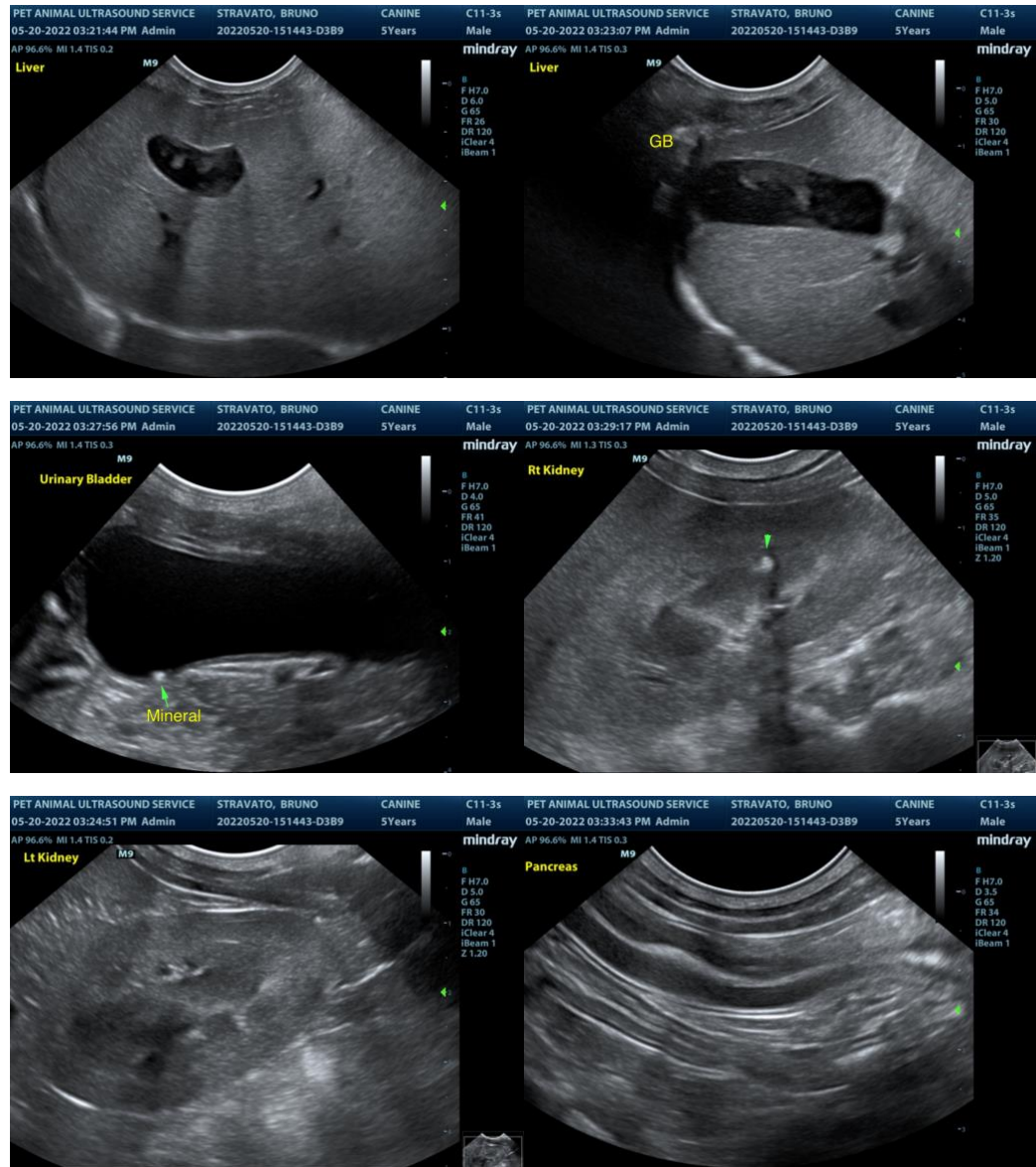
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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 info@SonoPath.com