



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Peanut Potter  
**SPECIES** History Cushing's disease, regulated on Vetoryl 15 mg SID. Currently, significant weight loss and on/off diarrhea (was 10 lg 2 oz 6 months ago on same food and medications). Recent BW: increased ALT (271), GGT (41), and increased phosphorus (7.4) with normal kidney values. Also on metronidazole, denamarin and probiotic.

**CANINE** Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** Chihuahua

**Urinary System**

The urinary bladder exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen with no uroliths or sediment. Potential discreet to pinpoint dependent luminal mineral, potentially adhered, yet not definitive. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

**SEX** Spayed Female

The kidneys were normal in size and margination with maintained 1:3 cortex to medulla ratio. Minor loss of corticomedullary border demarcation. The left kidney measured 4.4 cm. The right kidney measured 4.7 cm.

**AGE** 7 Years

**Adrenal Glands**

Bilateral symmetrical adrenal gland enlargement with hypoechoic to mildly non-homogeneous, pinpoint hyperechoic parenchyma was present. The left adrenal gland measured 1.0 cm at the cranial pole and 1.2 cm at the caudal pole. The right adrenal gland measured 0.59 cm at the cranial pole and 0.79 cm at the caudal pole.

**WEIGHT** 7 lb 7 oz

**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.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**Liver**

The liver exhibited potential for mild enlargement. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was distended in size. Concurrent mild cystic biliary duct distention. Anechoic content primarily noted in the gallbladder and cystic biliary duct with mild non-dependent yet non-organized, non-mineralized gallbladder and cystic biliary duct debris. The common bile duct was overtly normal without evidence of concurrent dilation.

**HOSPITAL NAME**

Chase Vet Clinic

**Gastrointestinal**

**REFERRING VET**

Dr. Catherine Caffarella

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. Gastric body wall measured 0.32 cm.

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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. Duodenum wall measured 0.39 cm. Jejunum wall measured 0.25 cm.

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

**DATE**

5/23/22



**PATIENT** *Pancreas*

Peanut Potter

The pancreas was normal in size and contour with subtly heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

**SPECIES**

Canine

*Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

**BREED**

Chihuahua

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Spayed Female

**AGE**

7 Years

**WEIGHT**

7 lb 7 oz

- Distended gallbladder and cystic biliary duct containing mild luminal debris (non-mucocele).
- Benign hepatopathy.
- Overtly normal gastrointestinal tract.
- Bilateral adrenomegaly exhibiting hypoechoic to subtle non-homogeneous parenchyma – more prominent in the left adrenal gland, consistent with probable PDH.
- Early minor age related kidneys.
- Subtle heterogeneous pancreas – likely patient or early age related variant. No evidence of active pancreatic inflammation.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

Recheck ACTH stimulation test suggested if not recently done. Overall, an obvious or definitive cause of the patient's weight loss and gastrointestinal signs was not definitively evident. Pending reassessment of ACTH stimulation test, potential considerations may include structurally insignificant inflammatory bowel disease, low-grade to chronic pancreatitis, dietary intolerance/food hypersensitivity, occult parasitism, or other gastrointestinal disease.

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

Further assessment may include GI panel to include PLI, TLI, cobalamin and folate. 3-view chest radiographs suggested to rule out occult thoracic pathology as a contributing factor. Limited antigen or hydrolyzed diet trial with potential long-term dietary therapy and assessment of caloric plane, pending additional diagnostics, with continued as needed GI supportive care, may prove beneficial.

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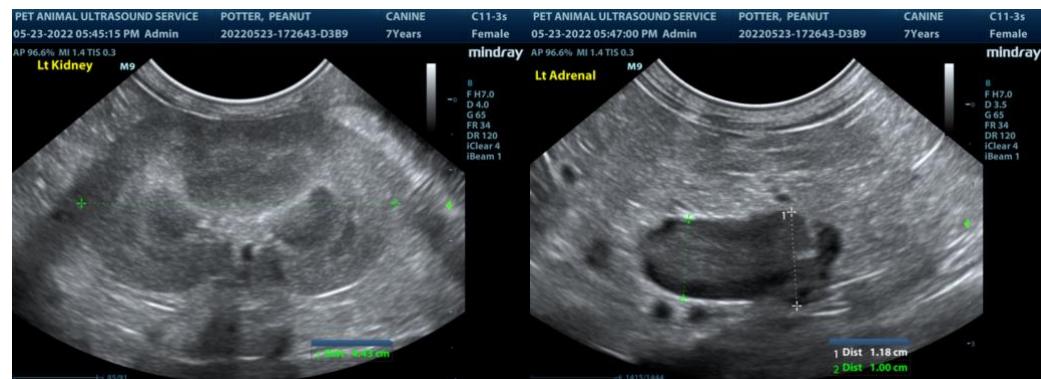
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 Caffarella

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**PATIENT**

Peanut Potter

**SPECIES**

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**BREED**

Chihuahua

**SEX**

Spayed Female

**AGE**

7 Years

**WEIGHT**

7 lb 7 oz

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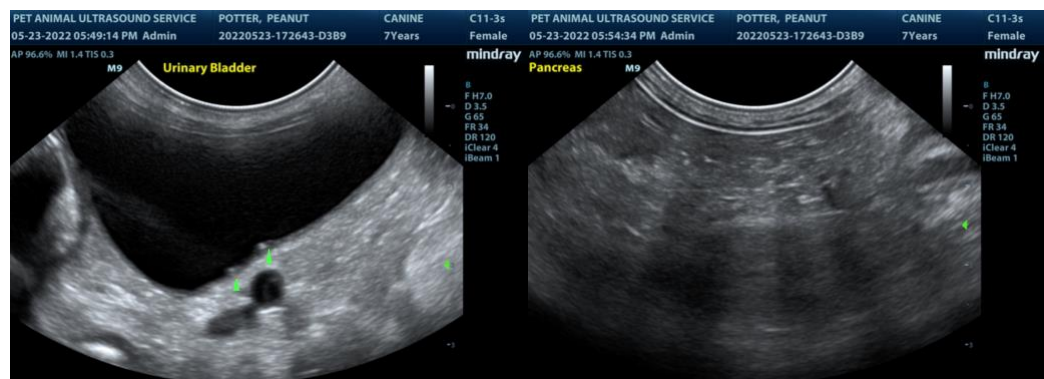
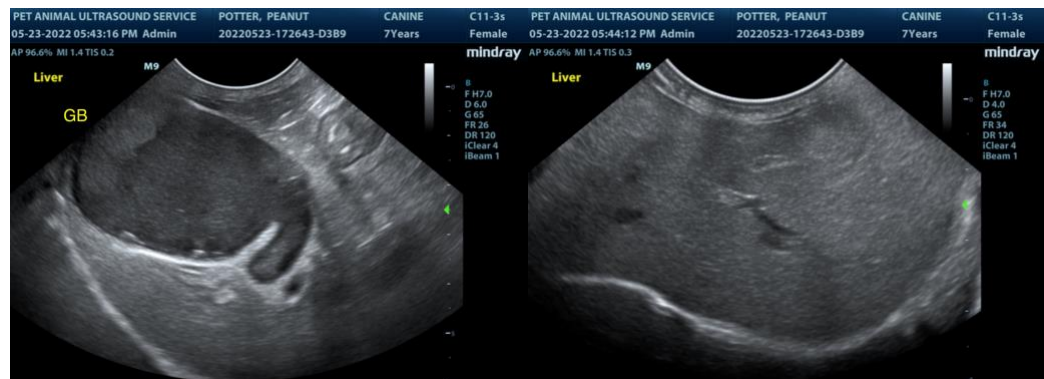
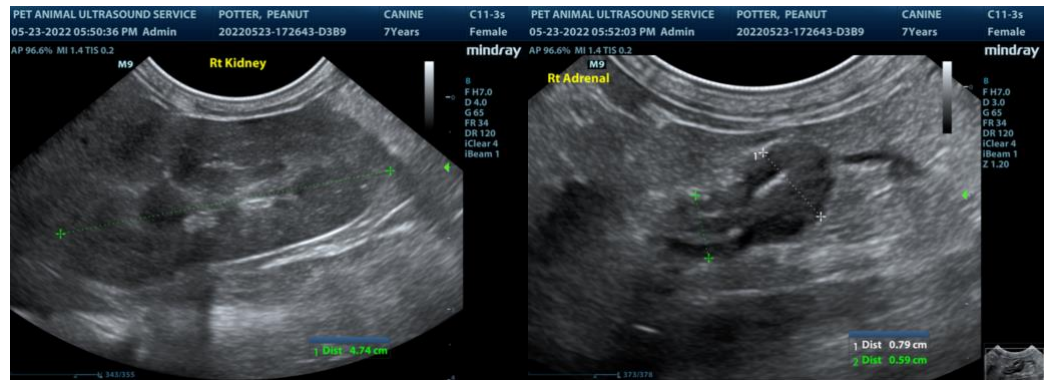
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**PATIENT**

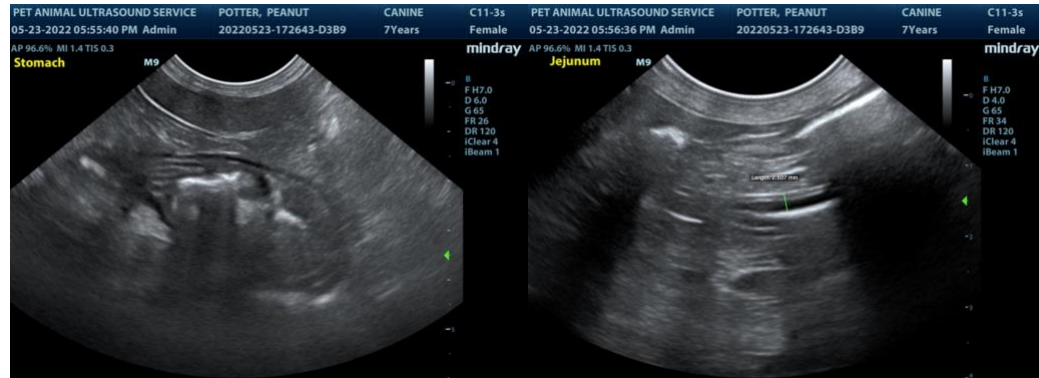
Peanut Potter

**SPECIES**

Canine

**BREED**

Chihuahua



**SEX**

Spayed Female

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.

**AGE**

7 Years

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.

**WEIGHT**

7 lb 7 oz

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