



**PATIENT**

Jasper Dempsey

**SPECIES**

Canine

**BREED**

Husky

**SEX**

MN

**AGE**

9 years

**WEIGHT**

62.50 lbs.

**PRESENTING CLINICAL SIGNS**

history of addisons, on pred and florineff, has had some Hx of decreased energy, laboured efforts and increased RR, on PE is QAR slightly pale pink MM, slightly potty abd and slight fluid wave Pred 5 mg, florinef 0.1 mg, uRSO , Amoxil  
Abnormal PE/Chem/CBC/UA Results: Awaiting results.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen with mild indistinct nondependent particulate 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.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Subjective mild nonspecific increased medullary echogenicity was present with mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.9 cm in length. The right kidney measured 7.8 cm in length.

**Adrenal Glands**

The bilateral adrenal glands were Indistinctly visualized owing to isoechoic echogenicity compared to adjacent omentum and subjective subnormal size. The left adrenal gland subjectively measured 0.49 cm width at the caudal pole. The right adrenal gland subjectively measured 0.32 cm width at the caudal pole.

**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 was mild enlarged with the ventral caudal liver at the level and mildly caudal to the gastric axis. Normal hepatic parenchyma echogenicity and maintained symmetrical capsule contour exhibiting moderate coarse parenchyma echotexture were present. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Tansley Woods VH

**REFERRING VET**

Dr. Wimmers

**INVOICE**

13930

**DATE**

5/24/22



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**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, nonshadowing ingesta most consistent with post prandial presentation without 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.

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 omental masses, lymphadenopathy or peritoneal free fluid were present.

**ULTRASONOGRAPHIC FINDINGS**

- Mild urinary bladder sediment
- Age-related renal changes
- Subjective subnormal bilateral adrenal glands - consistent with history of Addison's Disease and current Prednisone therapy
- Mild hepatomegaly - subjectively benign
- Mild gastric ingesta - consistent with probable recent meal ingestion

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Largely unremarkable abdomen without evidence of significant abdominal visceral pathology.

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

The mild hepatomegaly is nonspecific yet not consistent with significant hepatic disease or neoplastic criteria. Correlation with pending hepatic enzyme assessment is suggested. If clinically indicated, hepatosupportive medications +/- ultrasound guided FNA of the liver, for screening cytology and assuming normal clotting status, could be considered.

Three view chest radiographs to assess for or rule out thoracic pathology, as well as an assessment of cardiopulmonary status, given the patient's decreased energy and increased resting respiration rate, is recommended if not done.



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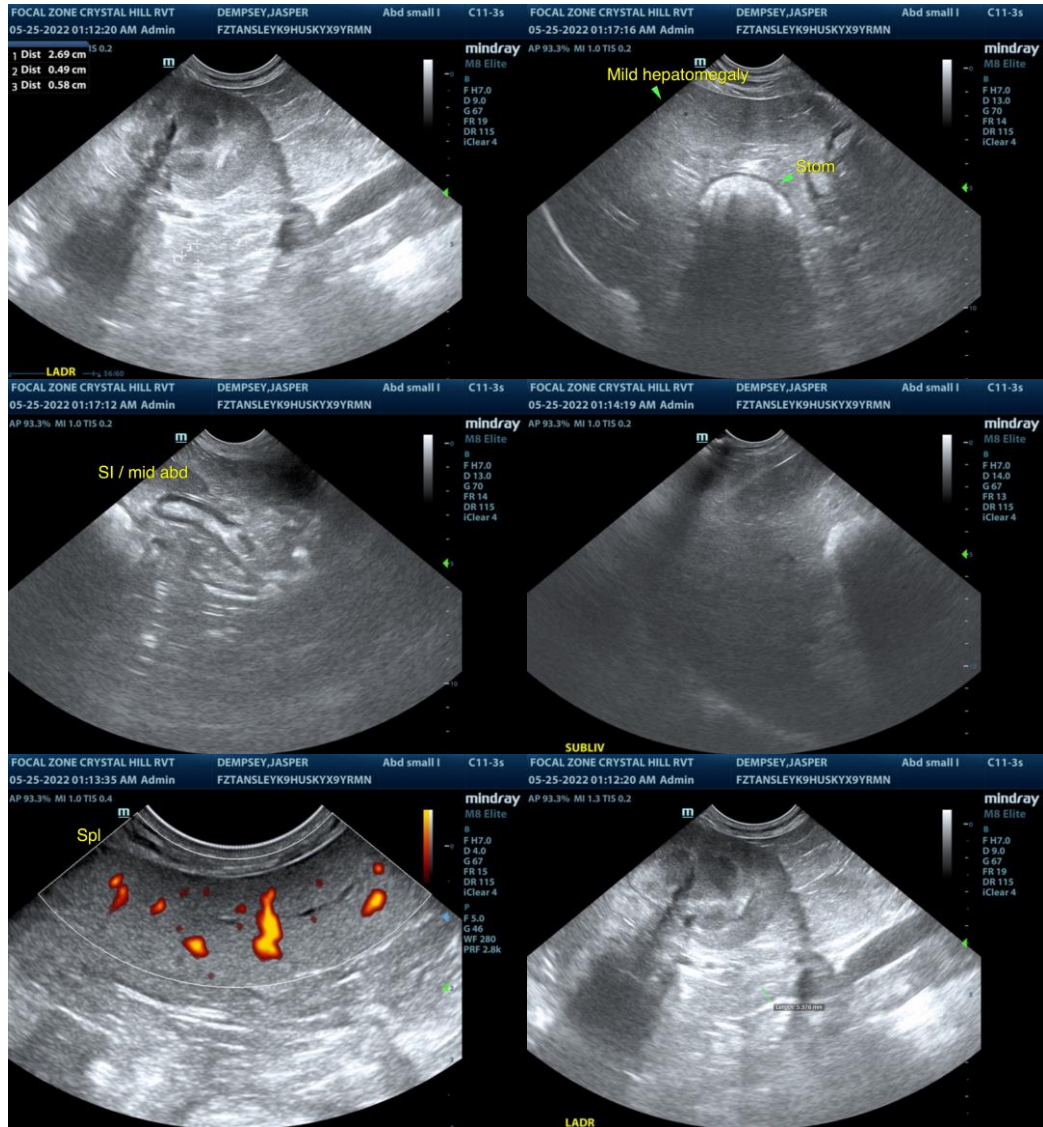
Dr. Wimmers

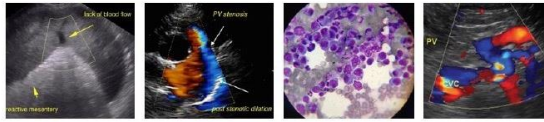
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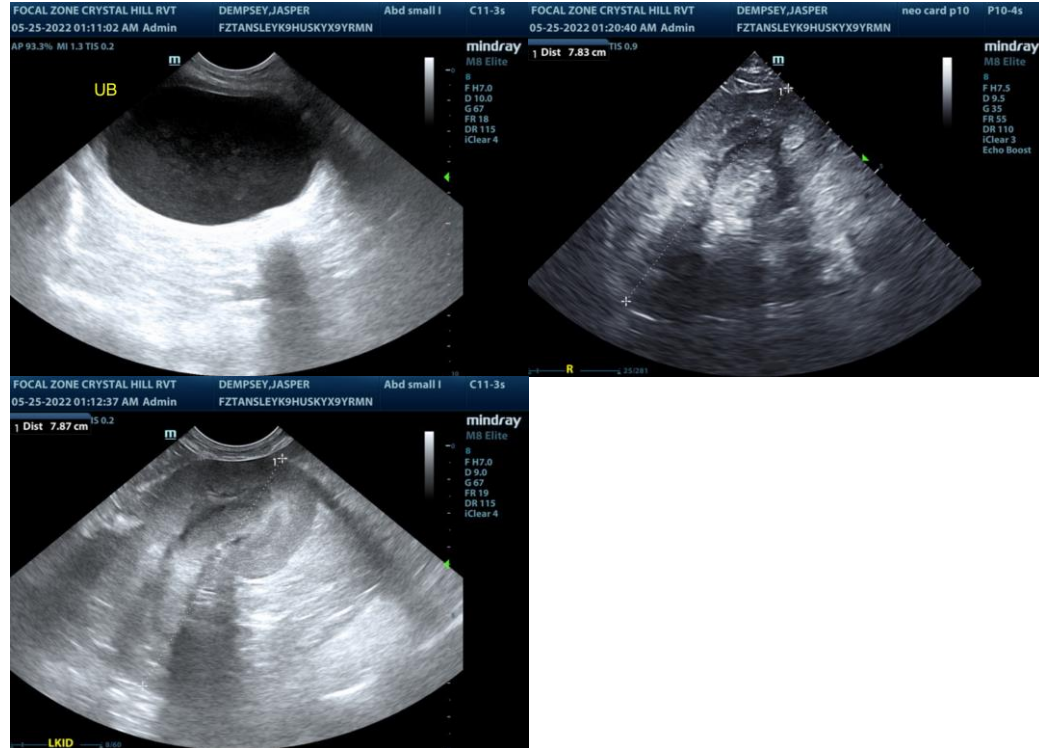
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
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