

PATIENT

Owlie Jorgensen

SPECIES

Canine

BREED

Shih Tzu

SEX

FS

AGE

9 years

WEIGHT

22 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Sara Hansen

HOSPITAL NAME

Q Street AH

REFERRING VET

Dr. Bretschneider

INVOICE

13816

DATE

5/5/22

PRESENTING CLINICAL SIGNS

polyuria/ polydypsia, off and on loss of appetite, persistent loose stool, off and on panting
Abnormal PE/Chem/CBC/UA Results: Alk Phos 828, low dose dex test Pre = 2.1 (1-5 n), 4 hour = 1.7 (0 -1.4 n), 8 hour = 1.9 (0 -1.4 n) consistent with Cushings

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.

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 4.8 cm in length. The right kidney measured 5.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.3 cm length x 0.63 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.8 cm length x 0.66 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 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 containing primarily anechoic content with mild nondependent nonorganized luminal gallbladder debris. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained nonshadowing chyme was present. The gastric body wall width measured 0.34 cm.

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. The jejunum wall width measured 0.30 cm. The duodenum wall width measured 0.44 cm.

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
- Mild gallbladder debris (non-mucocele)
- Overtly normal gastrointestinal tract and colon
- Subjectively normal bilateral adrenal glands

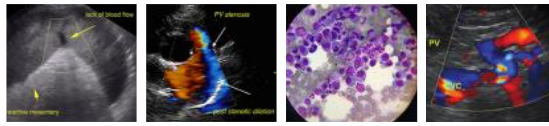
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subjectively, the bilateral adrenal glands were not overtly consistent with hyperplasia or pituitary-dependent hyperadrenocorticism. Given the previous LDDST, consideration for possible retest in 4-6 weeks could be considered. Likewise, the gastrointestinal signs i.e., one and off loss of appetite Instead of polyphagia were not overtly consistent with hyperadrenocorticism.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Leptospirosis titers / PCR could be considered if clinically indicated or potential exposure.

Given the persistent loose stool, dietary intolerance / food hypersensitivity, dysbiosis, parasitism, structurally insignificant inflammatory bowel, low-grade to chronic pancreatitis (both of which may present as sonographically normal), could be contributing factors to the patient's gastrointestinal signs. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Hepatosupportive medications including Denamarin and Ursodiol are recommended.

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/>.



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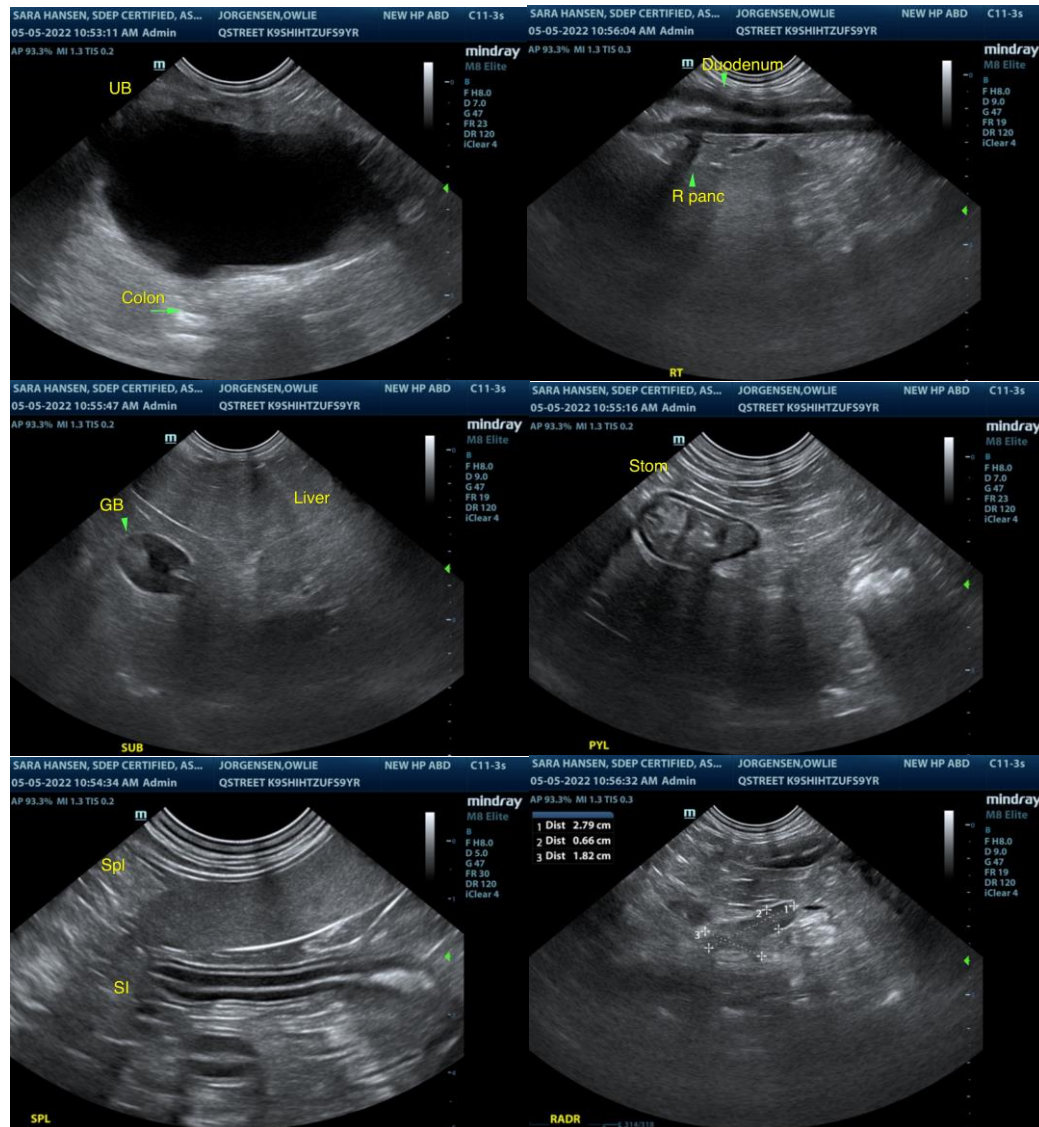
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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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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