



PATIENT	PRESENTING CLINICAL SIGNS
Toffee Savadier	decreased app, weight loss, breaths heavy, grade 5 murmur Current meds: Clopidogrel, telmisartan, optimimmune, adequan, apoquel, famotidine
SPECIES	Abnormal PE/Chem/CBC/UA Results: alb 2.1, TP 4.2, BUN 55, creat 1.3, WBC 23.7K
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Brussels Griffon	Urinary System
SEX	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.
FS	
AGE	No evidence of pathology in the area of the aortic trifurcation.
14 years	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 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 4.4 cm in length. The right kidney measured 4.5 cm in length.
WEIGHT	
10.2 lbs	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was enlarged in size with primarily maintained symmetrical capsule contour and capsule integrity. Generalized nonhomogeneous left adrenal parenchyma was noted without overt evidence of parenchymal mineralization. The left adrenal gland measured 3.7 cm length x 1.7 cm width at the cranial pole and 1.5 cm width at the caudal pole. The right adrenal gland was not definitively visualized.
IMAGING PERFORMED BY	Spleen
Val Shumskaya	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	Liver/ Gallbladder
HoHoKus Vet	The liver exhibited generalized enlargement and maintained a symmetrical mildly rounded hepatic contour. Generalized primarily uniform to subtly nonhomogeneous increased hepatic parenchyma echogenicity was present with mild coarse echotexture and normal hepatic vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. No visualized hepatic masses or nodules were noted.
REFERRING VET	
Dr. Scott	
INVOICE	
16771	
DATE	
5/9/23	The gallbladder was non-distended containing moderate congealed yet nonorganized mildly hyperechoic debris occupying the majority of the gallbladder lumen. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. 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. The lumen of the stomach was empty with no 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 pancreas base and right pancreatic limb exhibited subtle prominent size with symmetrical capsule contour and nonhomogeneous mildly hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly exhibiting mild parenchyma hyperechogenicity - nonspecific
- Moderate nonorganized yet congealed gallbladder debris - potential early / emerging gallbladder mucocele
- Moderate chronic renal changes
- Left adrenomegaly - functional vs. nonfunctional adenomatous change, benign hyperplasia, neoplasia i.e., pheochromocytoma or other possible
- Possible mild chronic active pancreatitis right pancreas
- Structurally unremarkable gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the borderline hypoalbuminemia, a baseline UPC level is suggested if evidence of proteinuria on urinalysis. Potential concern for left pheochromocytoma may be indicated if the patient is hypertensive and pending echocardiographic assessment. Urine catecholamine levels may be considered. Potential bilateral adrenal pathology cannot be definitively excluded. The decreased appetite is not overtly consistent with Cushing's Syndrome, yet a full adrenal workup could be considered if clinical signs suggestive of Cushing's Syndrome are present.

Hepatosupportive medications including Ursodiol may be considered if evidence of cholestasis arises. A sonographic reassessment of the right adrenal gland potentially under sedation pending echocardiographic assessment would likely be ideal. A GI panel to include PLI/TLI/Cobalamin/Folate, as well as a thorough muscular/skeletal/neurologic examination to assess for occult disease as a contributing factor to the weight loss is warranted.



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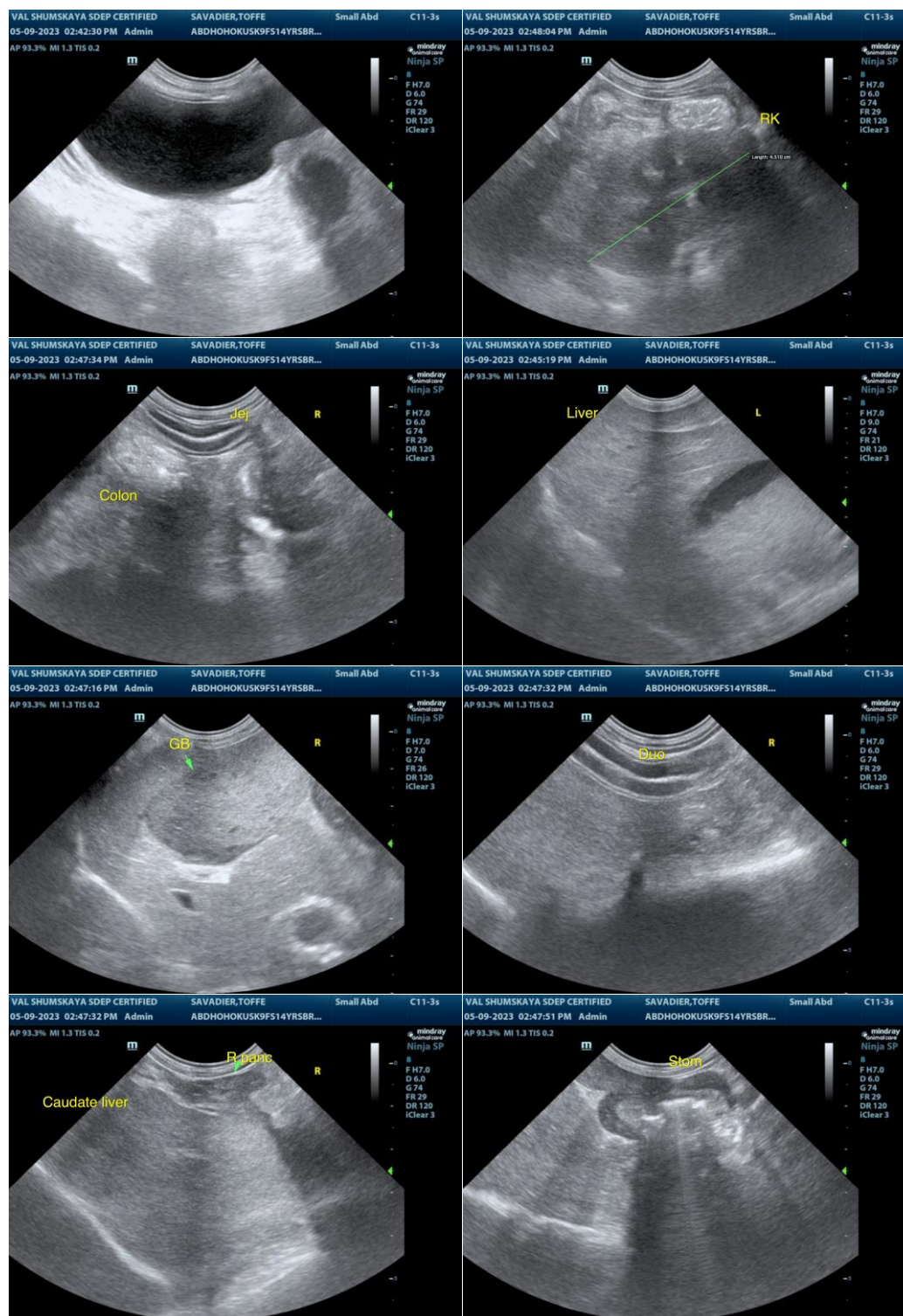
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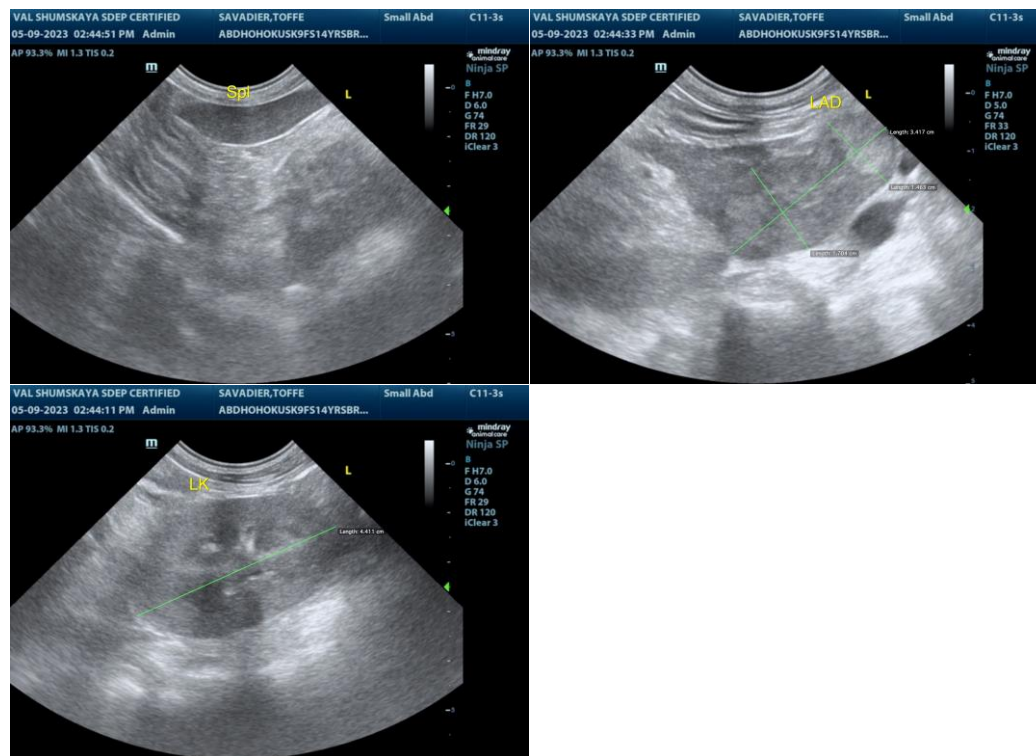
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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