



PATIENT

Paris Whitehouse

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

9 years

WEIGHT

20.7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Wendy Turner

HOSPITAL NAME

Pennsauken AH and
Urgent Care

REFERRING VET

Dr. Wendy Turner

INVOICE

13969

DATE

6/1/22

PRESENTING CLINICAL SIGNS

Polydipsia and excessive panting 3 months ago for duration of 6 weeks.

Abnormal PE/Chem/CBC/UA Results: BCS 6/9, otherwise PE unremarkable. Chem (attached): Alb 4.4 (2.7-3.9), ALP 188 (5-160). Lyme positive, low C6 (11). USG 1.015 with quiet sediment (first morning urine).

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. No overt pathology was noted in the area of the uterine remnant.

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 mild loss of corticomedullary border demarcation expected for the age of the patient. Multifocal pinpoint to small hyperechoic cortical foci were present in both kidneys. No evidence of pyelectasia was present. The left kidney measured 4.7 cm in length. The right kidney measured 5.4 cm in length.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. No evidence of adrenal tumors was noted. The left adrenal gland measured 1.7 cm length x 0.52 cm width at the caudal pole. The right adrenal gland measured 2.1 cm length x 0.59 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. An echogenic nodule was present in the medial parenchyma cranial to the hilus measuring 0.77 cm in diameter. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/ Gallbladder

The liver presented mildly 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 with primarily anechoic luminal content. 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 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.

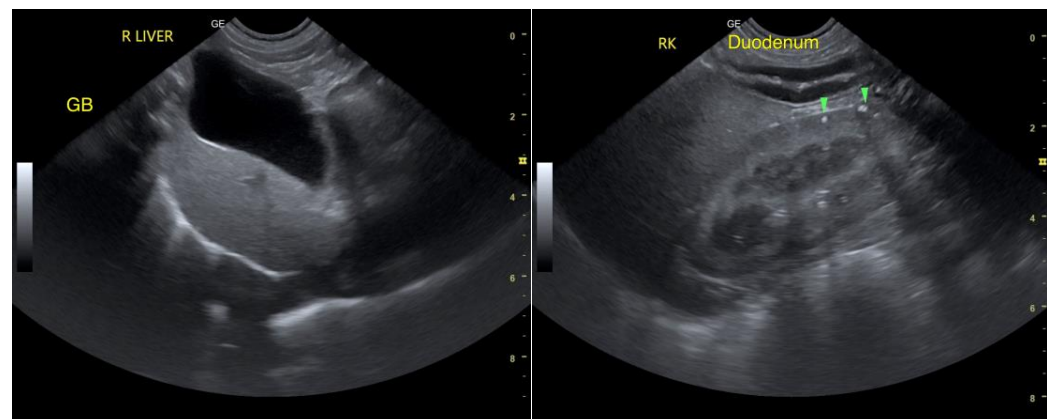
ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes exhibiting hyperechoic cortical foci - cortical foci although nonspecific may indicate areas of cortical fibrosis, microinfarction, or mineralization
- Benign splenic nodule - consistent with myelolipoma, possible splenic mineralization
- Vacuolar hepatopathy pattern
- Normal bilateral adrenal gland size

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although no evidence of adrenal pathology, full adrenal workup including LDDST may be considered to assess for or rule out Cushing's Syndrome as a small percentage of patients with Cushing's Syndrome may exhibit relatively normal-appearing adrenal glands.

Likewise, screening urine culture and sensitivity and baseline UPC could be considered, given decreased urine specific gravity which may indicate concurrent polyuria, and for baseline renal staging.





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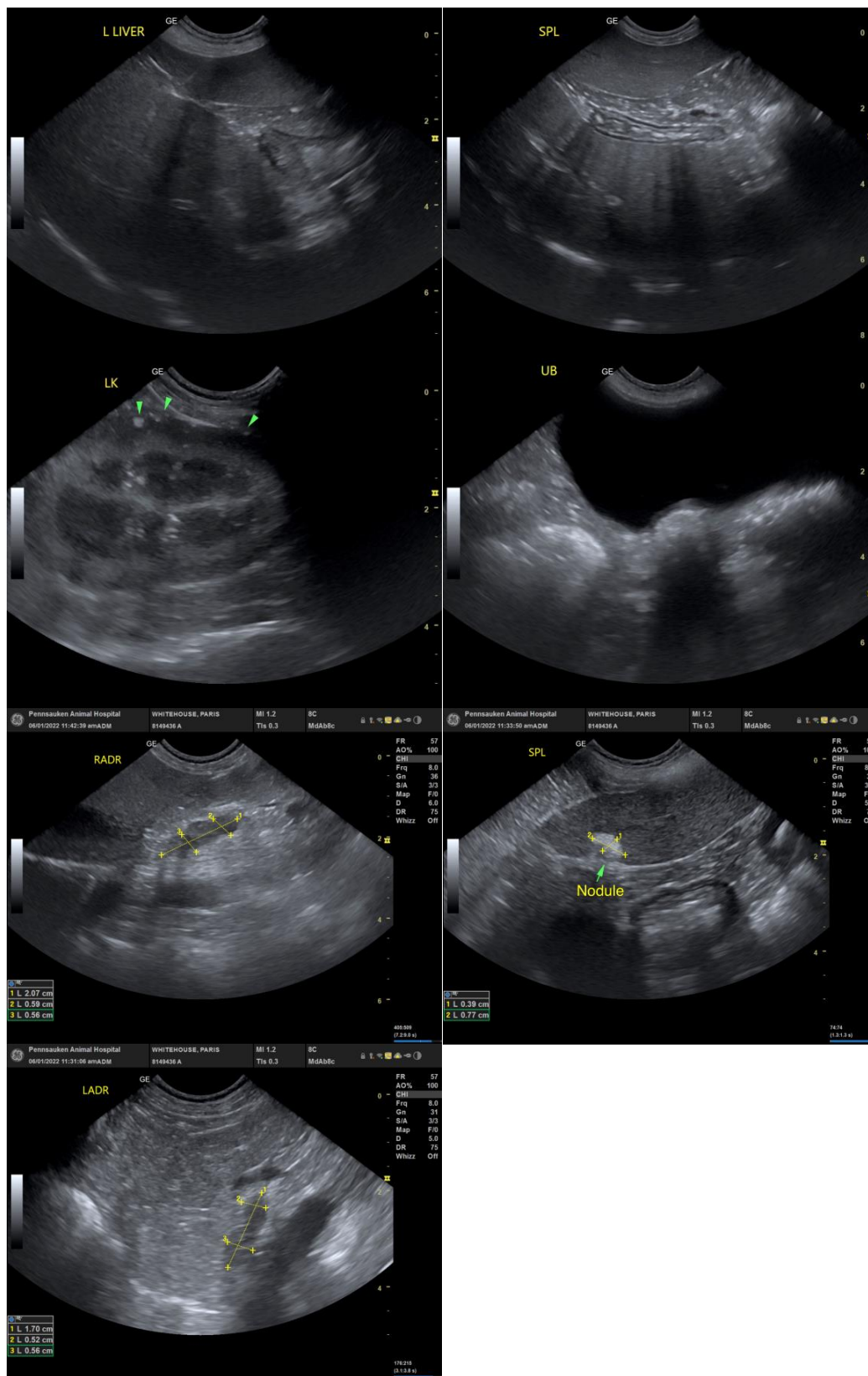
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com