



PATIENT

Lucky Szmidt

SPECIES

Canine

BREED

Lucky

SEX

Neutered Male

AGE

12 Years 9 Months

WEIGHT

23.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Priest

HOSPITAL NAME

Long Valley AH

REFERRING VET

Dr. Lauren Semanchik

INVOICE

15857

DATE

6/2/22

PRESENTING CLINICAL SIGNS

History: History of elevated liver enzymes, possibly cushing's disease patient. PU/PD, polyphagia, overweight. Will likely be pursuing ACTH stim or LDDS test soon.
Abnormal PE/Chem/CBC/UA Results: SDMA 15 (Crea 1.3, BUN 22) CI 106 ALT 230 AST 67 ALP 185 CK 583 USG : 1.013

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended yet with subjective normal tone. Anechoic urine was present. No sediment or calculi noted. The urethra was normal to a depth of 3.0 cm. Aortic trifurcation was normal.

No overt pathology in the area of the residual prostate.

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 symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.0 cm in length. The right kidney measured 4.9 cm in length.

Adrenal Glands

Both adrenal glands were mildly prominent in size yet did not exhibit significant enlargement or neoplastic criteria. The left adrenal gland measured 0.77 cm width at the caudal pole and 0.84 cm width at the cranial pole. The right adrenal gland measured 0.66 cm width at the caudal pole and 0.5 cm width at the cranial pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

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 with primarily anechoic luminal content. The cystic and common bile ducts were normal.

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.



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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.

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

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Pancreas

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

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Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes
- Mildly prominent bilateral adrenal glands- no adrenal tumors
- Benign hepatopathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Overall, the liver was nonspecific yet consistent with benign hepatopathy. Considerations may include metabolic, reactive, vacuolar, steroid hepatopathy, inflammatory/immune mediated disease or other hepatopathy without evidence of neoplastic criteria.

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(Canine and Feline)

Full adrenal work up warranted, given the patients clinical signs. If Cushings syndrome is ruled out, hepatic sampling via initial ultrasound guided FNA, for screening cytology and assuming normal clotting status, could be considered. 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 endemic to the area or potential exposure. Hepatosupportive medications, including Denamarin +/- ursodiol may be of benefit and could be considered.

IMAGING PERFORMED BY

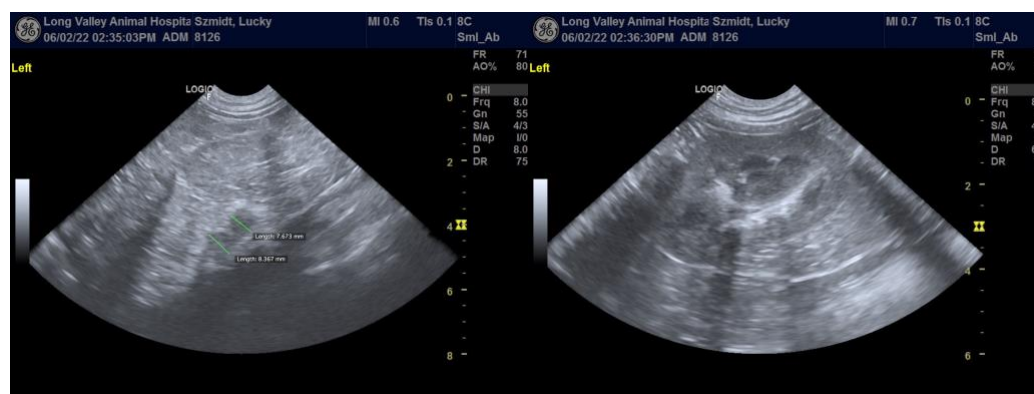
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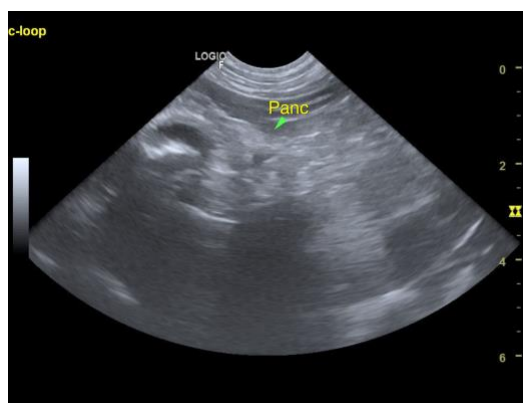
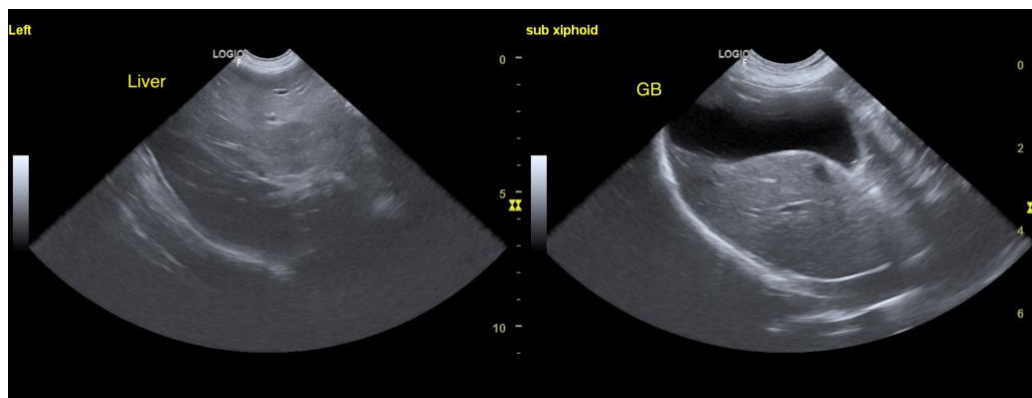
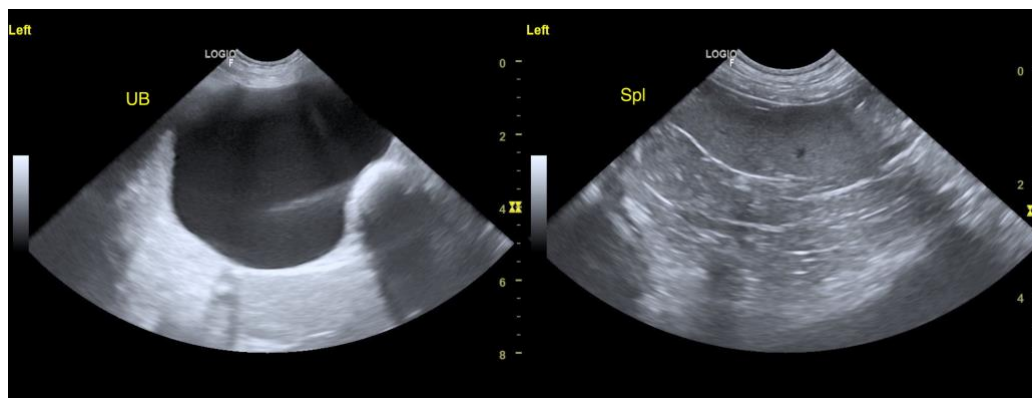
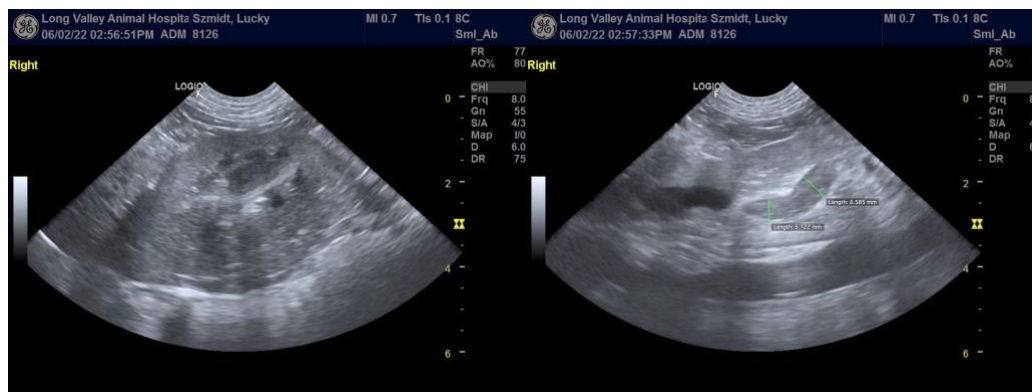
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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