



PATIENT PRESENTING CLINICAL SIGNS

Benny Hafner History: Suspect PU/PD, weight gain, panting Thyrotab .8 BID ALP 1577 T4 2.3 UCCR 14 (nl) CBC mild thrombocytosis PLT 444

SPECIES

Canine

BREED

GSP Mix

SEX

MN

AGE

2012

WEIGHT

73

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Bean Acres MVC

REFERRING VET

Dr. Mirabile

INVOICE

10936ag

DATE

06/24/2022

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 were noted.

Normal size and margination was 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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.1 cm in length. The right kidney measured 7.6 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.76 cm width at the caudal pole and 2.7 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.54 cm width at the caudal pole and 0.78 cm width at the cranial pole.

Spleen

The spleen exhibited mild generalized parenchyma heterogeneity. 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

The liver was mildly enlarged in size with mildly rounded contour. The liver parenchyma was uniform and hypoechoic to the spleen with a moderate coarse echotexture and evidence of parenchymal remodeling. A solitary small hepatic cyst was present in the caudate liver lobe measuring 1.3 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and 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.

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.



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

Benny Hafner **Pancreas**

SPECIES 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 was evident.

Canine

Free Abdomen

BREED No overt lymphadenopathy or peritoneal effusion was present.

GSP Mix

ULTRASONOGRAPHIC FINDINGS

- SEX**
- Vacuolar hepatopathy pattern with minor parenchymal remodeling and a small cyst-subjectively benign
- MN**
- Sonographically unremarkable gallbladder
 - Minor chronic renal changes
- AGE**
- Normal bilateral adrenal glands
 - Subtle heterogeneous spleen-likely age related changes, hematopoiesis, lymphoid hyperplasia or incidental splenitis. No overt splenic neoplastic criteria noted.
- 2012**

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilateral adrenal glands are not overtly consistent with Cushing's syndrome however a full adrenal workup could be considered if clinical signs strongly suggesting of Cushing's are present. Hepatosupportive medications may prove beneficial. Further assessment of the PU/PD may include further renal staging ie urine C/S, baseline UPC +/- leptospirosis titer/PCR if clinically indicated.

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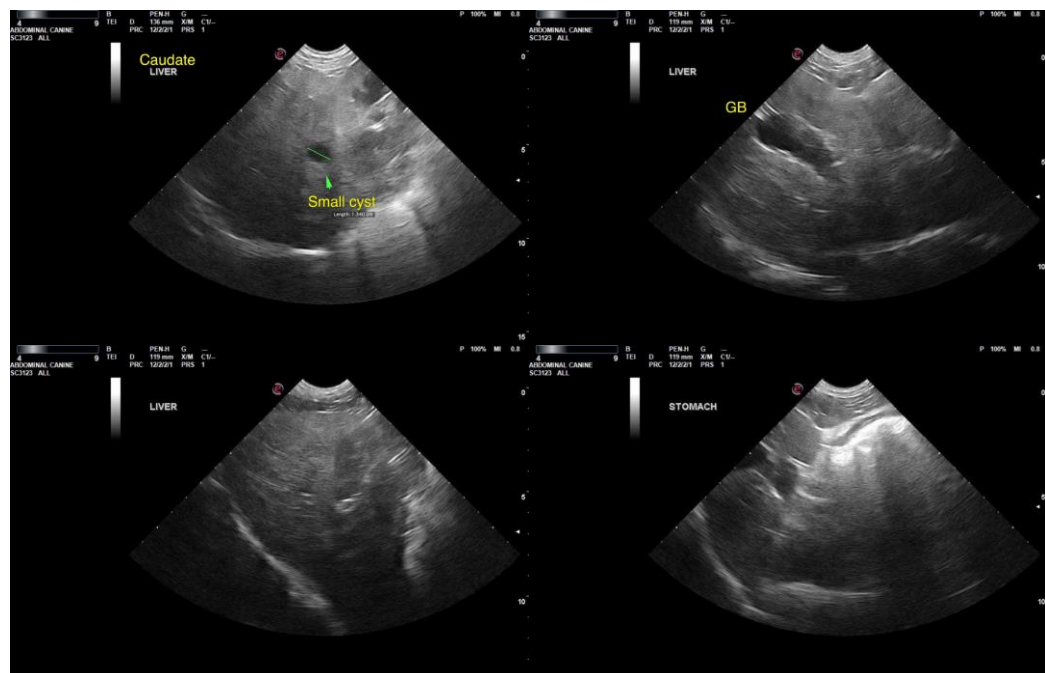
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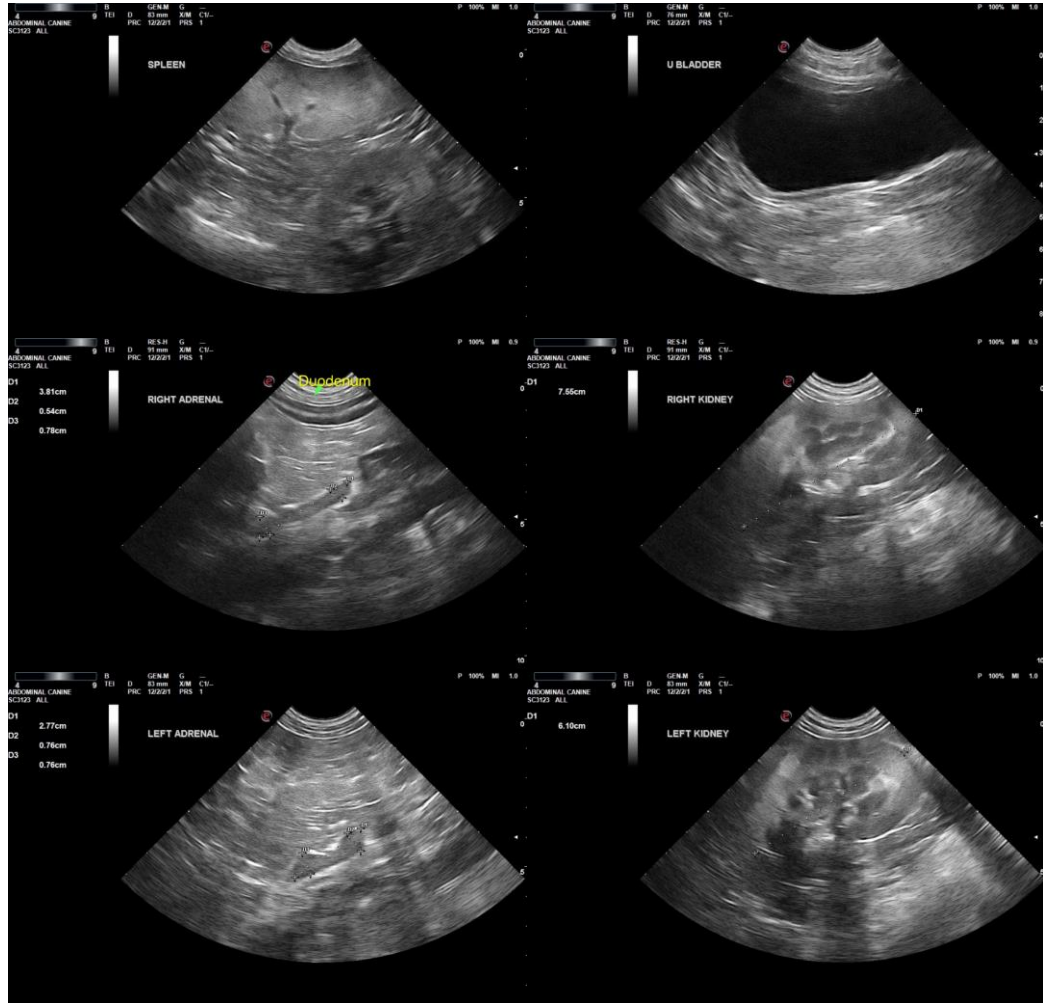
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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