



PATIENT PRESENTING CLINICAL SIGNS

Dexter Mirabile History: PU/PD, polyphagic, decreased activity, panting, symptoms for ~1 year Thyrotabs .7 BID
Abnormal PE/Chem/CBC/UA Results:

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine *Urinary System*

BREED The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5 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.

SEX 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 7.1 cm in length. The right kidney measured 6.8 cm in length.

MN

AGE 9 yr The area of the aortic trifurcation was free of pathology.

The residual prostate was free of pathology measuring 0.83 cm in diameter.

WEIGHT *Adrenal Glands*

75 lb Both adrenal glands normal to mildly prominent in size with symmetrical capsule contour and overall normal position and shape. Normal parenchyma echogenicity was present. The left adrenal gland measured 0.99 cm width at the caudal pole and 0.82 cm width at the cranial pole. The right adrenal gland measured 0.87 cm width at the caudal pole and 0.67 cm width at the cranial pole. No adrenal tumors were observed.

INTERPRETED BY

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

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.

HOSPITAL NAME

Bean Acres MVC

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.

REFERRING VET

Dr. Mirabile

INVOICE *Gastrointestinal*

10939ag 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.

DATE
06/24/2022

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.

Dexter Mirabile **Pancreas**

The right pancreatic limb exhibited normal size with mild heterogeneous to subjective hyperechoic parenchyma. 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.

SPECIES

Canine

Free Abdomen

BREED

No overt lymphadenopathy or peritoneal effusion was present.

Pitbull

Rapid view of the heart revealed subjective mild LV wall hypertrophy with normal LA size.

SEX

ULTRASONOGRAPHIC FINDINGS

MN

- Hepatopathy-subjectively benign
- Normal gallbladder

AGE

- Normal to mildly prominent bilateral adrenal glands-no evidence of neoplastic criteria
- Mild age related kidneys

9 yr

- Heterogeneous to mildly hyperechoic right pancreas-age related variant remodeling or early fibrosis owing to previous inflammation possible

WEIGHT

75 lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

The hepatic presentation was most consistent with benign hepatopathy with considerations including vacuolar hepatopathy, inflammatory/immune mediated disease or other hepatopathy. Even without significant adrenal enlargement the previous LDDST is suggestive of Cushing's syndrome which may fit with the patient's clinical signs. Recheck LDDST for further assessment and possible definitive diagnosis could be considered.

IMAGING

PERFORMED BY
Rebekah Jakum, CVT
ARDMS/RVT

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

If strong clinical concern for Cushing's syndrome, Vetoryl trial could be considered. Three view chest radiographs are suggested to rule out concurrent thoracic pathology.

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Assessment of systemic BP to rule out hypertension is recommended.

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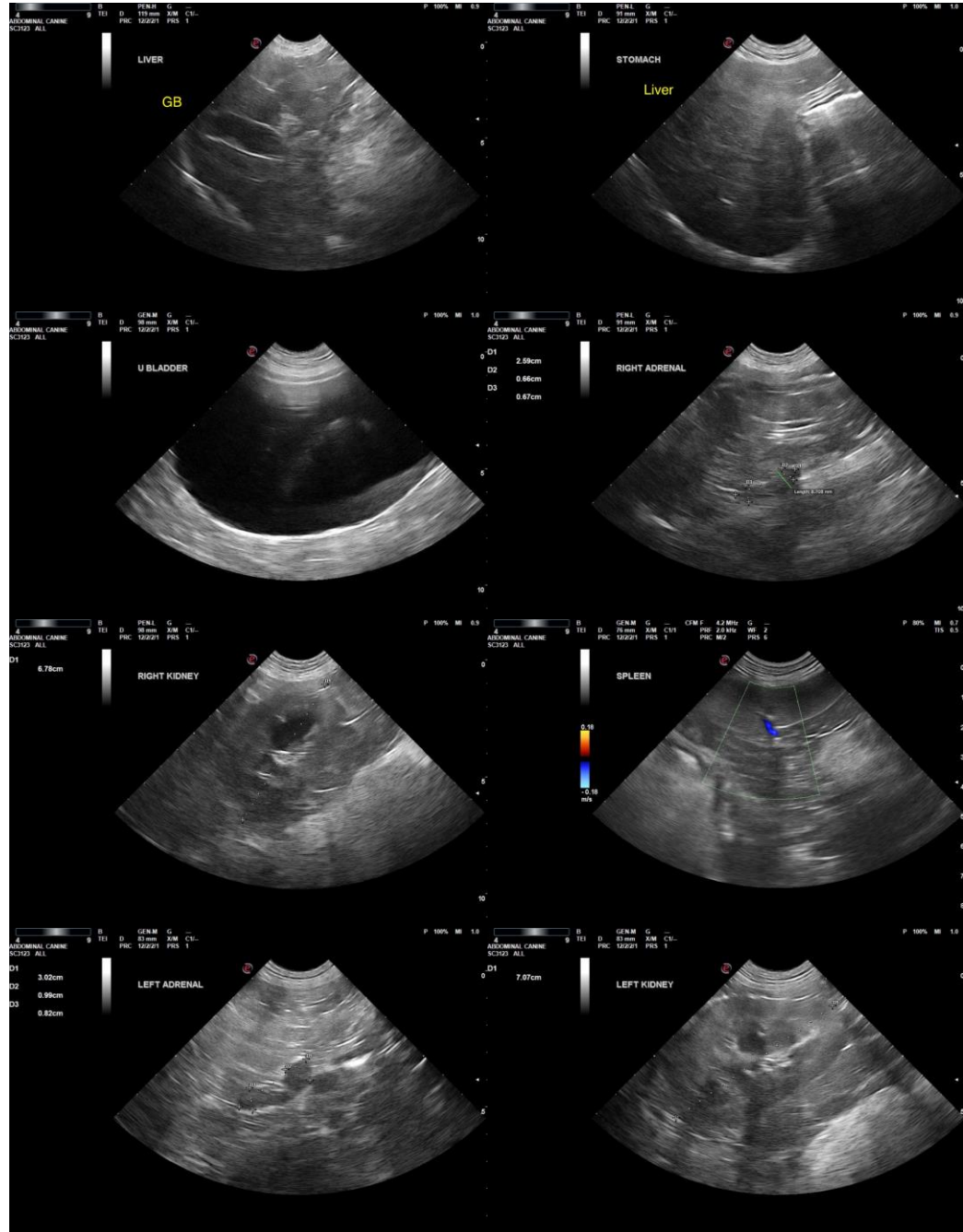
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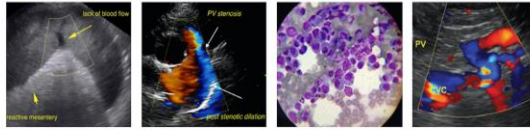
06/24/2022



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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