



PATIENT

Tabby Catanzaro

SPECIES

Canine

BREED

Whippet

SEX

Spayed Female

AGE

13 Years 7 Months

WEIGHT

9.8 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Mack

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Mack

INVOICE

16367

DATE

6/27/22

PRESENTING CLINICAL SIGNS

History: Patient originally presented for dental but pre-anesthetic bloodwork showed elevated BUN
Abnormal PE/Chem/CBC/UA Results: Chem: BUN 59mg/dl CBC: nsf U/A: WBC 1/HPF, RBC 2/HPF, SG 1.018, PRO 30, BLD 50

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 were noted. Aortic trifurcation was normal.

The left kidney was normal in size. Subtle evidence of mild cortical hypertrophy was present. Adequate yet mild loss of corticomedullary border demarcation present. No evidence of pyelectasia. The left kidney measured 3.3 cm in length.

The right kidney was normal in size. Subtle evidence of mild cortical hypertrophy was present. Adequate yet mild loss of corticomedullary border demarcation present. No evidence of pyelectasia. The right kidney measured 3.8 cm in length.

Adrenal Glands

The left adrenal gland was mildly enlarged in size, exhibiting primarily homogeneous cranial and caudal pole nodular changes. The left adrenal gland measured 1.8 cm in length x 0.95 cm at the cranial pole and 0.79cm at the caudal pole. An example of left adrenal nodule in the cranial pole measured 1.0 cm x 0.95 cm.

The right adrenal gland was mildly enlarged in size with mild asymmetrical contour and nonhomogeneous nonmineralized parenchyma, measuring 1.7 cm in length x 1.2 cm at the cranial pole and 1.0 cm at the caudal pole.

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.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



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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.

Pancreas

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Whippet

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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Bilateral nonspecific chronic renal changes
- Mildly enlarged nonhomogeneous to nodular adrenal glands
- Minor hepatic parenchymal remodeling
- Mild gallbladder debris (non-mucocele)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Given the elevated BUN without reported elevated creatinine levels, conservative to early CKD therapy, pending additional urinary work up would be reasonable.

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The overall appearance of the bilateral adrenal glands was nonspecific, considerations may include suspected adenomatous change, benign hyperplasia, lipogranulomas, while the possibility of emerging neoplastic criteria, specifically in the left adrenal gland cannot technically be excluded. Screening blood pressure to assess for evidence of hypertension, which may allude to a pheochromocytoma is suggested.

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The lack of reported clinical signs, i.e., PU/PD, polyphagia, as well as the hepatic presentation was not consistent with Cushings syndrome. Pending additional diagnostics, continued monitoring of renal parameters, as well as ideally sonographic monitoring of the bilateral adrenal glands, specifically the left adrenal gland for evidence of progressive nodular changes would be ideal.

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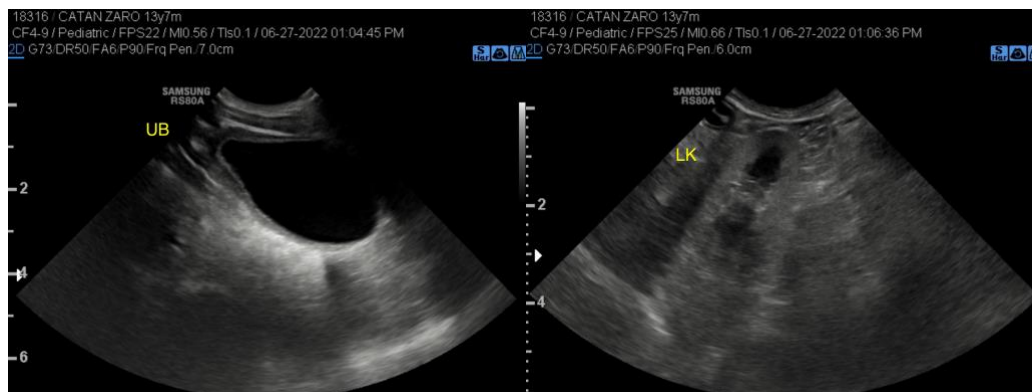
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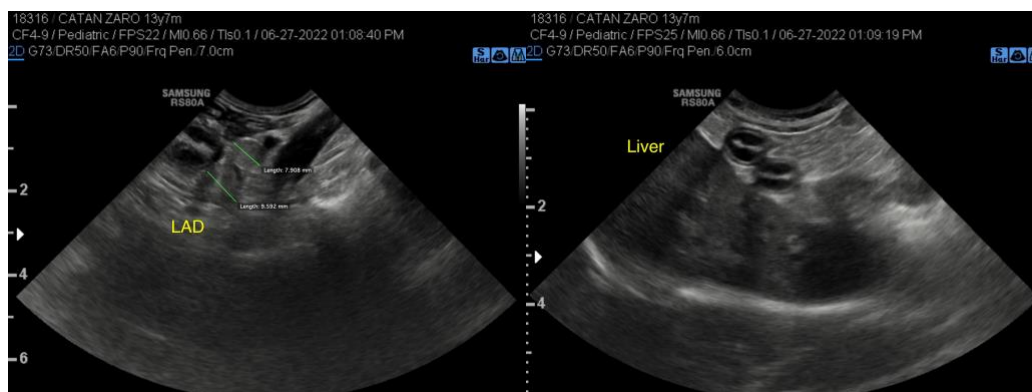
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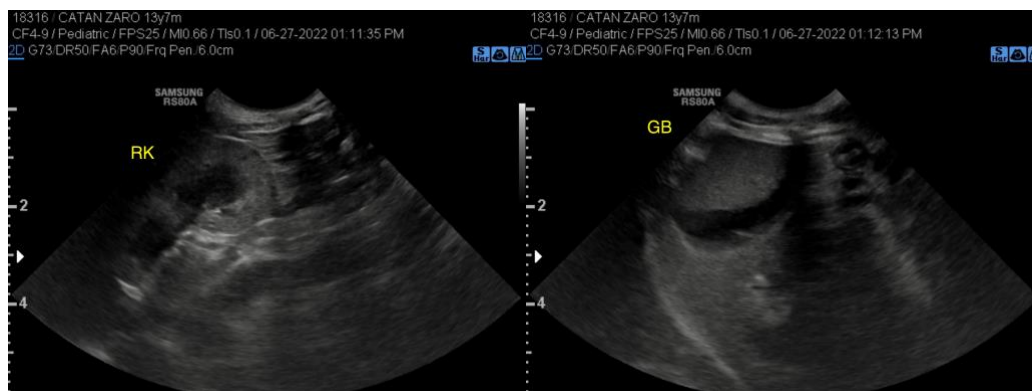
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The information and recommendations provided are based on the images presented by the



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referring veterinarian. 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