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Clinical Sonography & Telecytology
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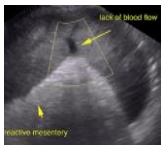

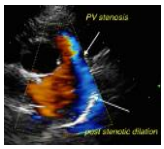

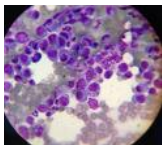
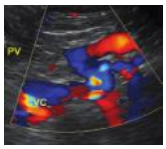

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lilly Gomez

SPECIES

Canine

BREED

Pomeranian Mix

SEX

FS

AGE

7 yr

WEIGHT

16 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Summit Dog and Cat Hospital

REFERRING VET

Dr. Lepkowski

INVOICE

11012ag

DATE

06/29/2022

PRESENTING CLINICAL SIGNS

History: Urinating/drinking more

Abnormal PE/Chem/CBC/UA Results: ALKP 266, ALT 131, AST 78, Chol 355, CK 921, Trig 498, PSL Lipa 198, Microablum >30, Mono 14, Abs Mono 1372, Hemoglobin 23.8, Hematocrit 66 UA: 2+ blood, 1+ glucose, 4+ protein, pH7.5 SG: 1.013

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ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.4 cm in length. The right kidney measured 5.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was prominent in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.79 cm width at the caudal pole and 2.3 cm length. The right adrenal gland was prominent in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.69 cm width at the caudal pole and 2.5 cm length.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary well-defined, mildly asymmetrical, hyperechoic nodule were present adjacent to the hilus measuring 0.88 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 nodule tend to trend benign and is most consistent with benign hyperplasia or myelolipoma.

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 and mildly congealed nonorganized hyperechoic debris. Subtle suspected mucus noted between the debris and inner luminal wall. No evidence of peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

Gastrointestinal

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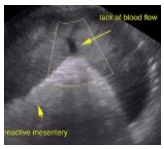
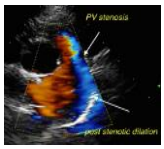
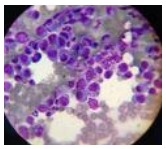
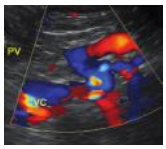

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained ingesta with no signs of ileus, obstruction or foreign material.

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 was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Benign splenic nodule-consistent with benign myelolipoma
- Mildly prominent bilateral adrenal glands-nonspecific
- Hepatopathy-benign
- Mild gallbladder debris-non mucocele
- Gastric ingesta-probable post prandial presentation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A full adrenal work up including LDDST is warranted for this patient given the clinical signs and suspicion for Cushing's syndrome. If Cushing's is ruled out, leptospirosis titer/PCR may be considered if endemic to the area or potential exposure.

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

Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.

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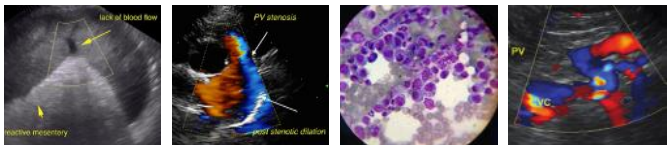

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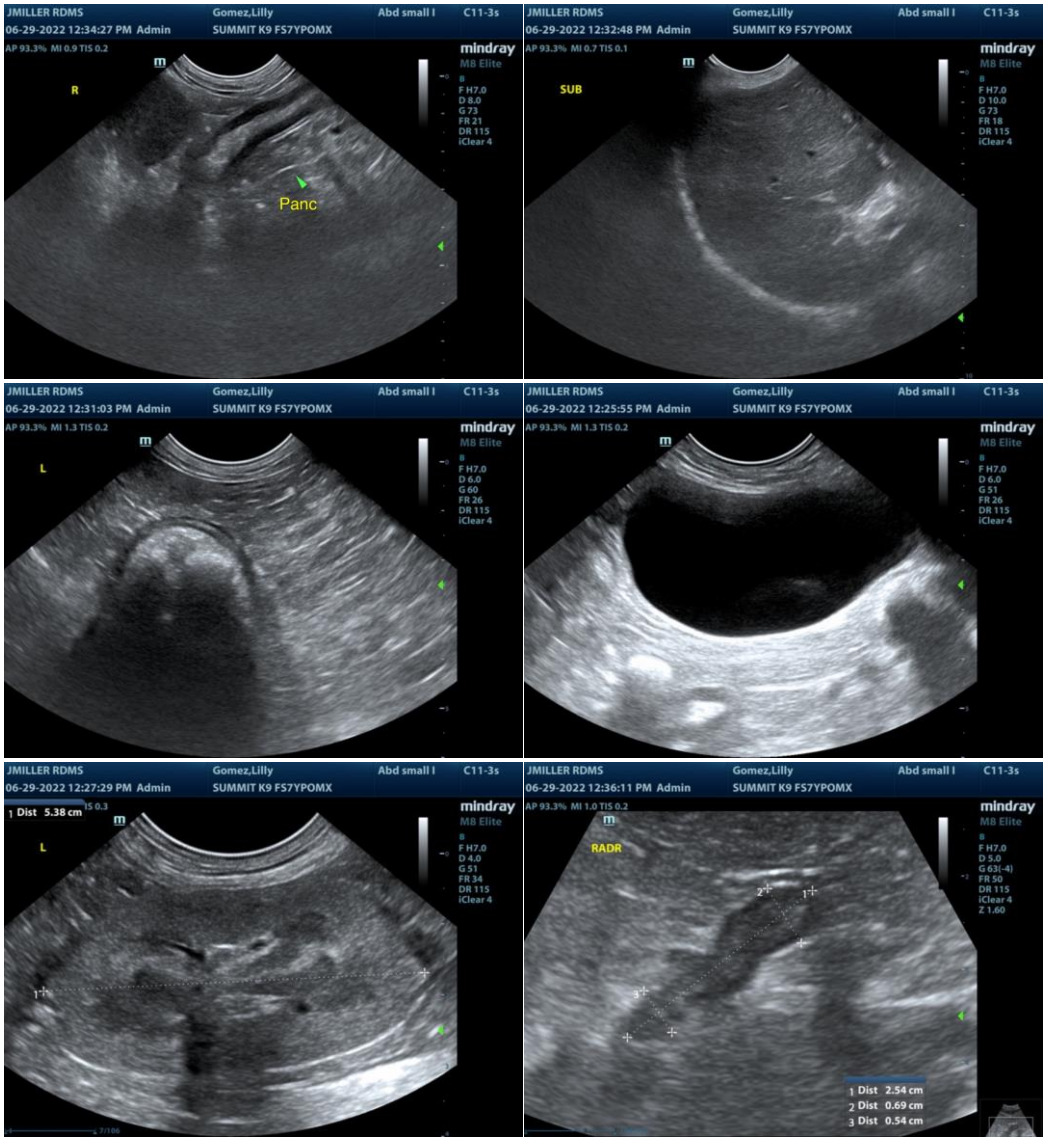

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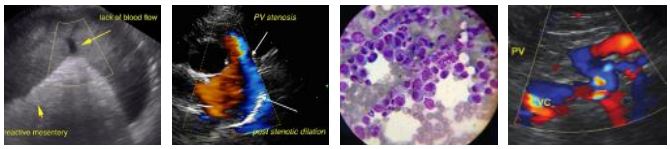

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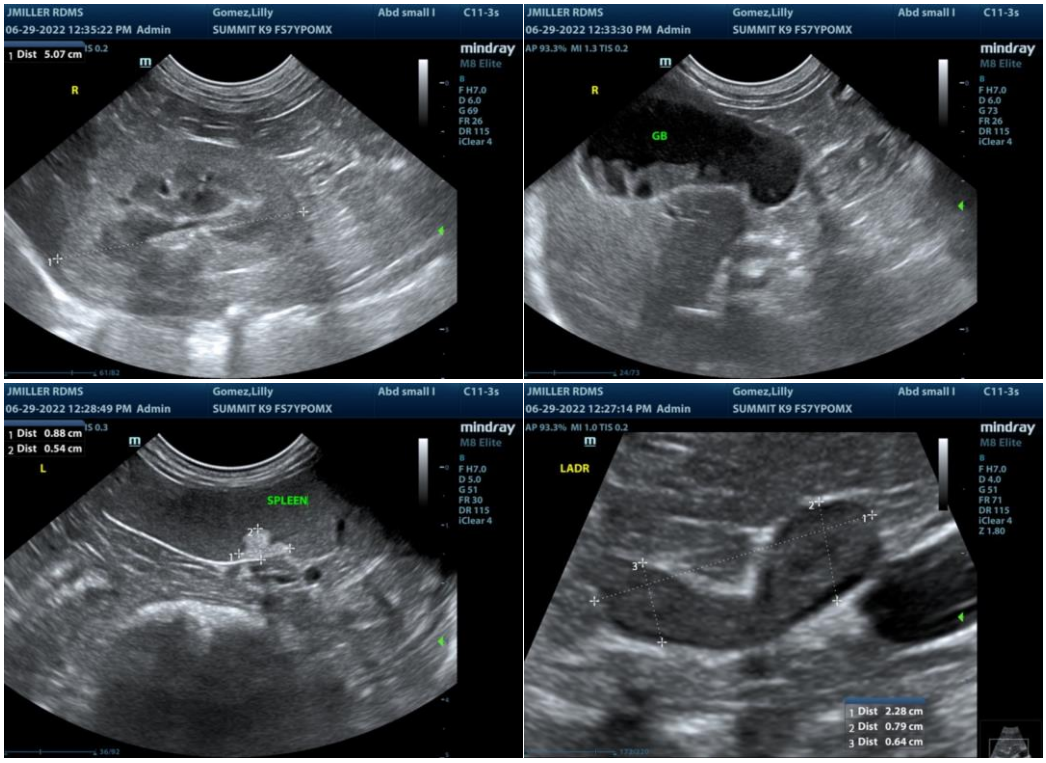

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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