



PATIENT

Baby Harsono

SPECIES

Canine

BREED

Yorkshire Terrier Mix

SEX

FS

AGE

11 years, 7 months

WEIGHT

10.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Graham Sager-Gellerman, DVM

HOSPITAL NAME

Back Bay Veterinary
Clinic

REFERRING VET

Graham Sager-Gellerman, DVM

INVOICE

17197

DATE

6/29/23

PRESENTING CLINICAL SIGNS

11 yr 7 mo FS Yorkshire terrier mix Historically elevated hepatic values, UPC Chronically on telmisartan (1 mg/kg SID), Denamarin daily Feeding k/d diet

Abnormal PE/Chem/CBC/UA Results: 6/17/23: CBC: thrombocytosis (533K/uL) CHEM: BG wnl, Creat 1.2, BUN 45, Calcium 12.2, TP 7.7, Albumin 4.0, ALT 195 U/L (18-121 U/L), ALP 1687 U/L (5-160 U/L), GGT 14 U/L (0-13 U/L), UPC 0.5 UA: USG 1.041, Trace ketones T4: 1.9 ug/dL (1-4 ug/dL) 4dx, fecal wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. No evidence of mineral or calculi was noted. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

No evidence of pathology in the area of the aortic trifurcation.

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 to moderate loss of corticomodullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Mild nonobstructive medullary mineral to mild renolithiasis was present in both kidneys. The left kidney measured 4.1 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

The bilateral adrenal glands were borderline to mildly prominent in size based on caudal pole width measurement in light of body weight. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.1 cm length x 0.65 cm width at the caudal pole. The right adrenal gland measured 1.6 cm length x 0.67 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent, nondisruptive, hyperechoic nodules were present throughout the cranial to caudal parenchyma. An example of the nodules measured 0.5 cm 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. Hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/ Gallbladder

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



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congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild gallbladder sediment. The cystic and common bile ducts were normal.

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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.

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

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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 were evident.

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10.6 lbs.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Benign splenic nodules - consistent with myelolipomas
- Nonspecific hepatopathy - subjectively benign, suspect vacuolar hepatopathy pattern, potential for inflammatory hepatopathy, hyperplasia, hematopoiesis, or other hepatopathy with infiltrative neoplasia considered less likely
- Mild gallbladder sediment (non-mucocele)
- Bilateral borderline / mild prominent adrenal glands

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The borderline to mild prominent adrenal glands are of unclear clinical significance, given the lack of reported clinical signs consistent with Cushing's Syndrome. Adrenal workup could be considered if clinical signs consistent with Cushing's Syndrome are present or arise.

The addition of Ursodiol to current Denamarin may prove beneficial. Continued monitoring of UPC level going forward is recommended. Given hypercalcemia, screening hepatic FNA cytology could be considered primarily to ensure only benign changes are present and assuming normal clotting status. Rectal palpation, three view chest radiographs, and hypercalcemia panel could also be considered.

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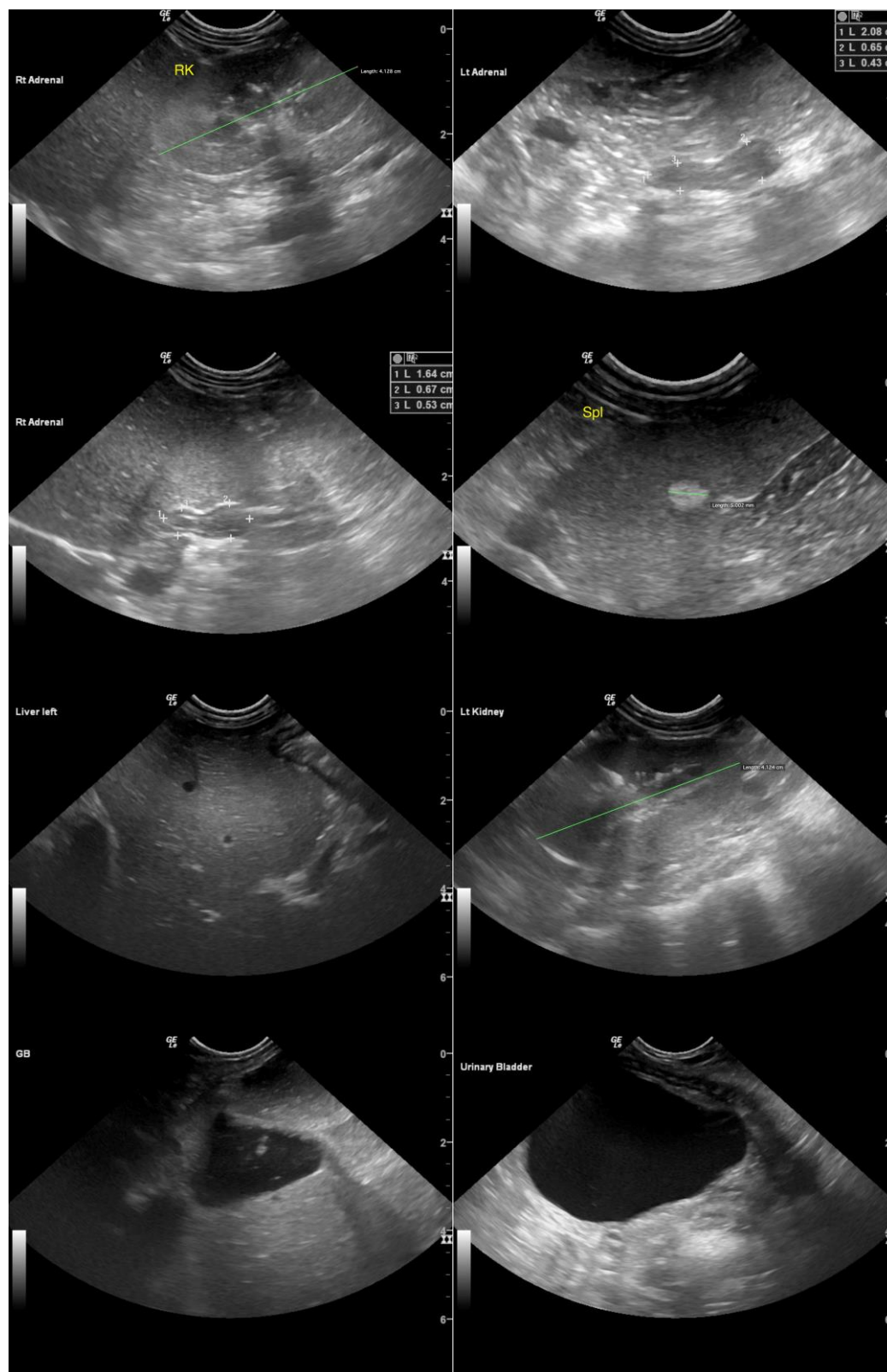
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@sonopath.com