

**PATIENT**

Lulu Gilliam

**SPECIES**

Canine

**BREED**

English Bulldog

**SEX**

SF

**AGE**

9 years

**WEIGHT**

40 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Jennifer Duster

**INVOICE**

14004

**DATE**

6/3/22

**PRESENTING CLINICAL SIGNS**

Presented for unresolving skin issues

Abnormal PE/Chem/CBC/UA Results: A biopsy revealed calcinosis cutis. A LDDST was done May 31st and the results can not differentiate between pituitary-dependent and adrenal-dependent.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, and cystourethral junction 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 was noted.

The area of the aortic trifurcation was free of pathology.

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 6.0 cm in length. The right kidney measured 5.6 cm in length.

**Adrenal Glands**

The bilateral adrenal glands were prominent in size exhibiting subtle areas of capsule asymmetry and mild nonhomogeneous yet nonmineralized parenchyma. The right adrenal gland measured 0.8 cm width at the cranial pole and 0.85 cm width at the caudal pole. The left adrenal gland measured 0.82 cm width at the cranial pole and 0.91 cm width at the caudal pole. No evidence of adrenal neoplastic criteria.

**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/ 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 congestion. The gallbladder was mildly subnormal in size, likely owing to the presence of gastric ingesta, with primarily anechoic luminal content. The cystic and common bile ducts were normal.

**PATIENT*****Gastrointestinal***

Lulu Gilliam

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate ingesta exhibiting distal acoustic shadowing. The stomach was otherwise normal.

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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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***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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SF

***Free Abdomen*****AGE**

9 years

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS****WEIGHT**

40 lbs.

- Bilateral prominent to mild nonhomogeneous adrenal glands - consistent with PDH, no evidence of overt neoplastic criteria
- Vacuolar hepatopathy pattern

**INTERPRETED BY****INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

Sonographic monitoring of the bilateral adrenal glands for evidence of progressive enlargement is likely ideal. Screening blood pressure is recommended to assess for evidence of hypertension. Urine culture and sensitivity on a sterile urine sample may be considered if not done.

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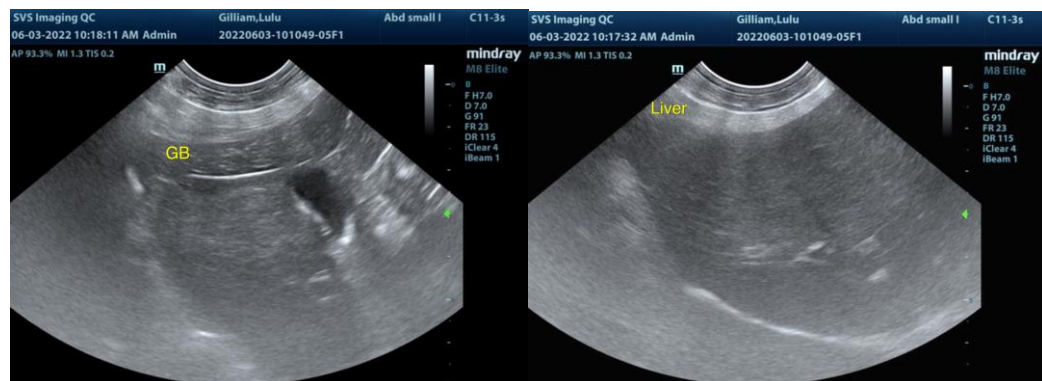
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IMAGING PERFORMED BY

svsmobileimaging.com 309-737-3070



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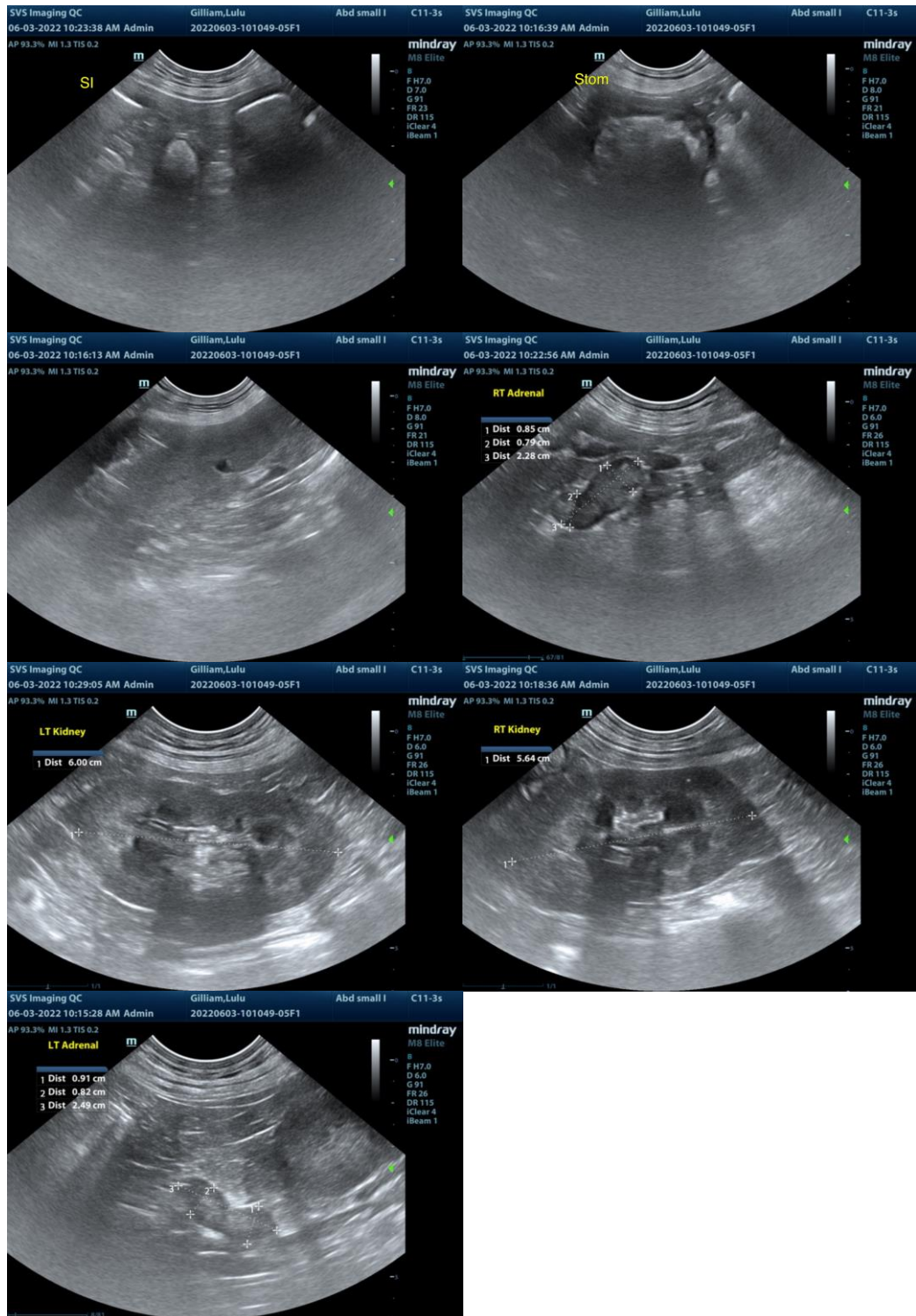
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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**

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