



PATIENT	PRESENTING CLINICAL SIGNS
Rylee Hunt	BCS 6/9, stable heart murmur, moderate dental disease- overall asymptomatic
SPECIES	Abnormal PE/Chem/CBC/UA Results: ALP persistently elevated (~800 IU/L) over last year, LDDS test negative for Cushing's in March (had originally reported PU/PD but no longer present) Valvular regurgitation due to myxomatous degeneration with no chamber dilation diagnosed via echo in April, asymptomatic Current Medications Denamarin
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Terrier Mix	Urinary System
SEX	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 was noted.
FS	
AGE	The area of the aortic trifurcation was free of pathology.
15 years	
WEIGHT	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 loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint to focal areas of mild medullary mineral were noted in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 4.8 cm in length. The right kidney measured 5.2 cm in length.
21 lbs.	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The bilateral adrenal glands were mildly prominent in size with the right adrenal gland slightly enlarged compared to the left. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.9 cm length x 0.63 cm width in the caudal pole. The right adrenal gland measured 2.4 cm length x 0.95 cm width in the caudal pole. No evidence of adrenal parenchymal mineralization was noted.
IMAGING PERFORMED BY	Spleen
Sara Hansen	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	Liver/ Gallbladder
VCA Salem AH	The liver presented mildly 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 containing primarily anechoic content with
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14057	
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PATIENT	mild slightly congealed yet nonorganized hyperechoic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.
Rylee Hunt	
SPECIES	<i>Gastrointestinal</i>
Canine	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta exhibiting subtle progressive distal acoustic shadowing.
BREED	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.
Terrier Mix	
SEX	Normal visible colon wall layers were present with apparent formed feces in lumen.
FS	<i>Pancreas</i>
AGE	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
15 years	<i>Free Abdomen</i>
WEIGHT	No overt lymphadenopathy or peritoneal effusion was present.
21 lbs.	ULTRASONOGRAPHIC FINDINGS
INTERPRETED BY	<i>Primary Findings</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none">• Vacuolar hepatopathy pattern - subjectively benign• Mild gallbladder debris (non-mucocele)• Age-related kidneys exhibiting pinpoint to focal medullary mineral• Bilateral mildly prominent to nonhomogeneous adrenal glands• Mild pancreatic remodeling - likely age-related changes and incidental
IMAGING PERFORMED BY	<i>Secondary Findings</i>
Sara Hansen	<ul style="list-style-type: none">• Gastric ingesta - probable post prandial presentation
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
VCA Salem AH	The bilateral prominent to nonhomogeneous adrenal glands are nonspecific and may indicate age-related or nonfunctional adenomatous changes with potential for benign hyperplasia. No overt evidence of adrenal neoplastic criteria which is thought less likely.
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14057	Given the lack of reported clinical signs suggestive of Cushing's Syndrome, hepatosupportive medications and screening blood pressure to assess for evidence of hypertension, which may potentially allude to emerging adrenal pathology, would be reasonable. Recheck LDDST is suggested if clinical signs consistent with Cushing's Syndrome i.e., recurrent PU/PD, polyphagia, etc., develop.
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PATIENT

Periodic sonographic monitoring of the bilateral adrenal glands for evidence of progressive changes is suggested.

Rylee Hunt

SPECIES

Canine

BREED

Terrier Mix

SEX

FS

AGE

15 years

WEIGHT

21 lbs.

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R. McKenzie Daniel,
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(Canine and Feline)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Salem AH

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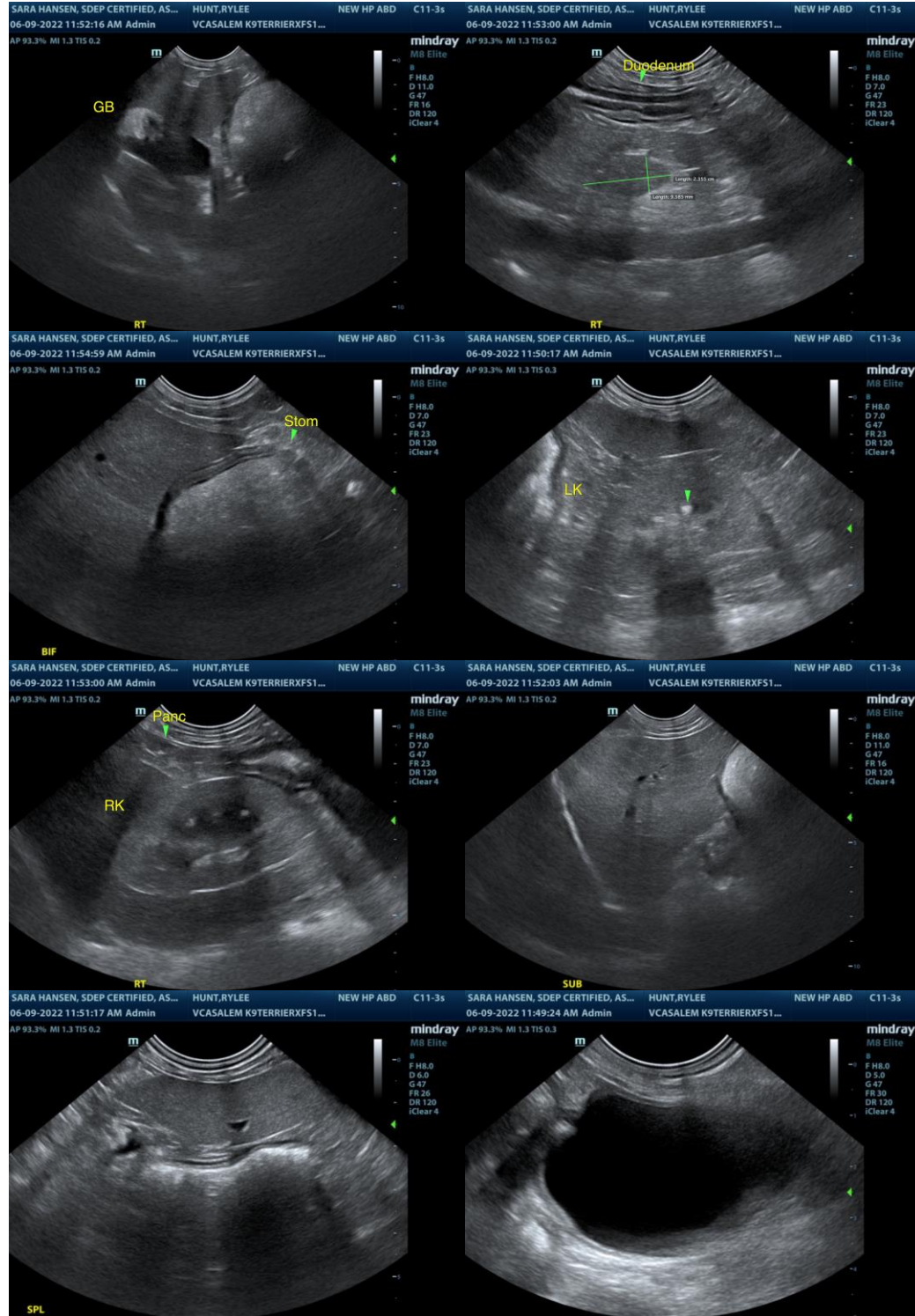
Dr. Tremper

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PATIENT

Rylee Hunt

SPECIES

Canine

BREED

Terrier Mix

SEX

FS

AGE

15 years

WEIGHT

21 lbs.



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.

INTERPRETED BY

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

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