



PATIENT PRESENTING CLINICAL SIGNS

Bailey Leiby Elevated liver values ALP 603 ALT 419 PLT 441. Medication: prednisone, Denamarin

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SPECIES

Canine

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor dependent lumen mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

BREED

Shih Tzu Mix

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. No evidence of pelvic dilation was present. Pinpoint to minor focal areas of bilateral medullary mineral were present. The left kidney measured 4.7 cm in length. The right kidney measured 5.0 cm in length.

SEX

FS

The area of the aortic trifurcation was free of pathology.

AGE

2013

Adrenal Glands

The bilateral adrenal glands exhibited enlarged size with capsule asymmetry and non-homogenous nodular parenchyma. The left adrenal gland measured 2.6 cm x 1.5 cm.

WEIGHT

28.9

A well-defined, hyperechoic nodule was present in the right adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 2.3 cm x 1.5 cm. The overall right adrenal gland measured 2.0 cm width at the caudal pole and 3.2 cm length.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

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 non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

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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.

DATE

07/17/2023

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.



PATIENT *Pancreas*

Bailey Leiby 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.

SPECIES *Free Abdomen*

Canine No omental masses, overt lymphadenopathy or peritoneal effusion was present.

BREED

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ULTRASONOGRAPHIC FINDINGS

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- Hepatopathy- sonographically consistent with benign hepatopathy criteria.
- Normal gallbladder.
- Bilateral nodular adrenomegaly- functional vs non-functional adenoma, benign hyperplasia, potential for emerging neoplasia i.e., pheochromocytoma possible.
- Chronic age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A screening BP is advised to assess for evidence of hypertension which may allude to emerging adrenal neoplastic criteria i.e., pheochromocytoma. A full adrenal work up is advised. Hepatosupportive medications such as current Denamarin and Ursodiol due to its antioxidant and immunomodulatory effects within the liver would be warranted, although these medications may not result in decreased hepatic enzyme levels. Sonographic monitoring of the bilateral adrenal glands for evidence of progressive enlargement or parenchymal changes with recheck in 4-6 weeks is recommended.

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For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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ARDMS/RVT

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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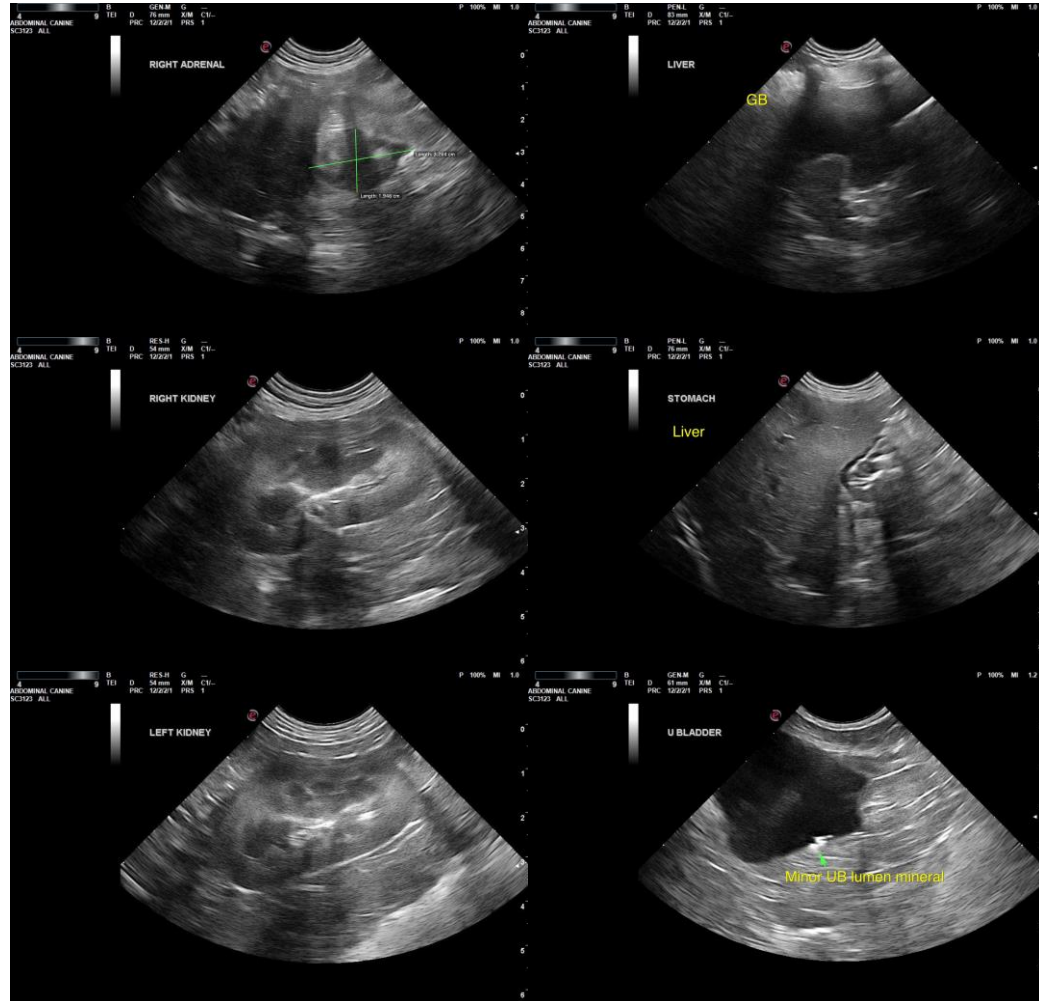
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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