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Clinical Sonography & Telecytology
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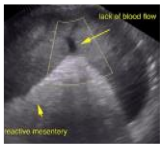

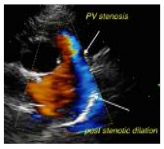

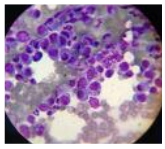
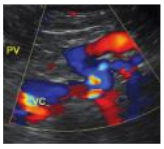


SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

Toby Shampton

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

MN

**AGE**

10y 11m

**WEIGHT**

20

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Mack

**HOSPITAL NAME**

Northside VC

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**INVOICE**

17299

**DATE**

7/19/23

## PRESENTING CLINICAL SIGNS

Patient presented in -Patient is hypothyroid and has been managed on thyro-tabs since 2021 -Patient is PU/PD

Abnormal PE/Chem/CBC/UA Results: -Low Dose Dexamethasone Suppression Test was done on 6/7/23 and came back as negative for Cushing's Disease, but we may re-run if you see evidence supporting it. -Chem Screen last month showed: ALT 362, ALKP >2000 -Patient seemed painful on ultrasound today despite sedation

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

The residual prostate was free of pathology.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.2 cm in length. The right kidney measured 5.2 cm in length. Both kidneys exhibited small cortical cysts.

### *Adrenal Glands*

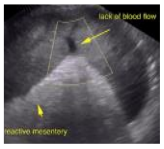
The bilateral adrenal glands were mildly prominent in size based on caudal pole width measurement in light of body weight. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. No evidence of adrenal tumors was noted. The left adrenal gland measured 0.77 cm width at the caudal pole and 0.69 cm width at the cranial pole. The right adrenal gland measured 0.83 cm width at the caudal pole and 0.80 cm width at the cranial pole.

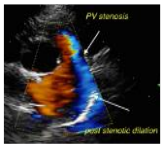
### *Spleen*

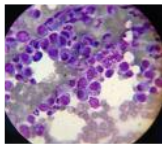
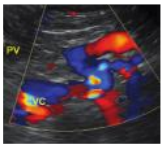
The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

### *Liver/ Gallbladder*

The liver was enlarged in size with a symmetrical to rounded hepatic capsule contour exhibiting generalized mild nonhomogeneous parenchyma with moderate coarse echotexture and mild parenchymal remodeling. Normal hepatic vascular volume was noted with no hepatic masses or nodules visualized. The gallbladder was non-distended in size containing primarily anechoic content



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with mild, dependent to nondependent, focally congealed gallbladder sediment. No evidence of gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

### *Gastrointestinal*

The stomach presented intact mild prominent wall layering primarily owing to prominent gastric mucosa and mildly prominent rugal folds. Minor retained anechoic gastric fluid was noted with no evidence of mechanical pyloric outflow obstruction. The gastric body wall width measured 0.76 cm.

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 pancreas exhibited generalized mild prominent size and capsule asymmetry with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

### *Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes with cortical cysts
- Bilateral prominent nonhomogeneous adrenal glands
- Enlarged, nonhomogeneous liver - vacuolar hepatopathy, nonobstructive cholestasis, inflammatory hepatopathy, hyperplasia, hematopoiesis, mild fibrosis, infiltrative neoplasia (less likely), or other hepatopathy possible
- Mild gallbladder sediment (non-mucocele)
- Heterogeneous pancreas
- Mildly prominent gastric wall with minor retained gastric fluid

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

If strong clinical suspicion for Cushing's Syndrome, recheck LDDST or correlation with ACTH Stimulation test along with assessment of systemic BP could be considered. Assuming normal clotting status, screening hepatic FNA cytology may be indicated. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.

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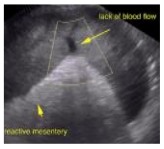
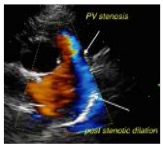
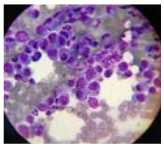
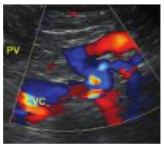

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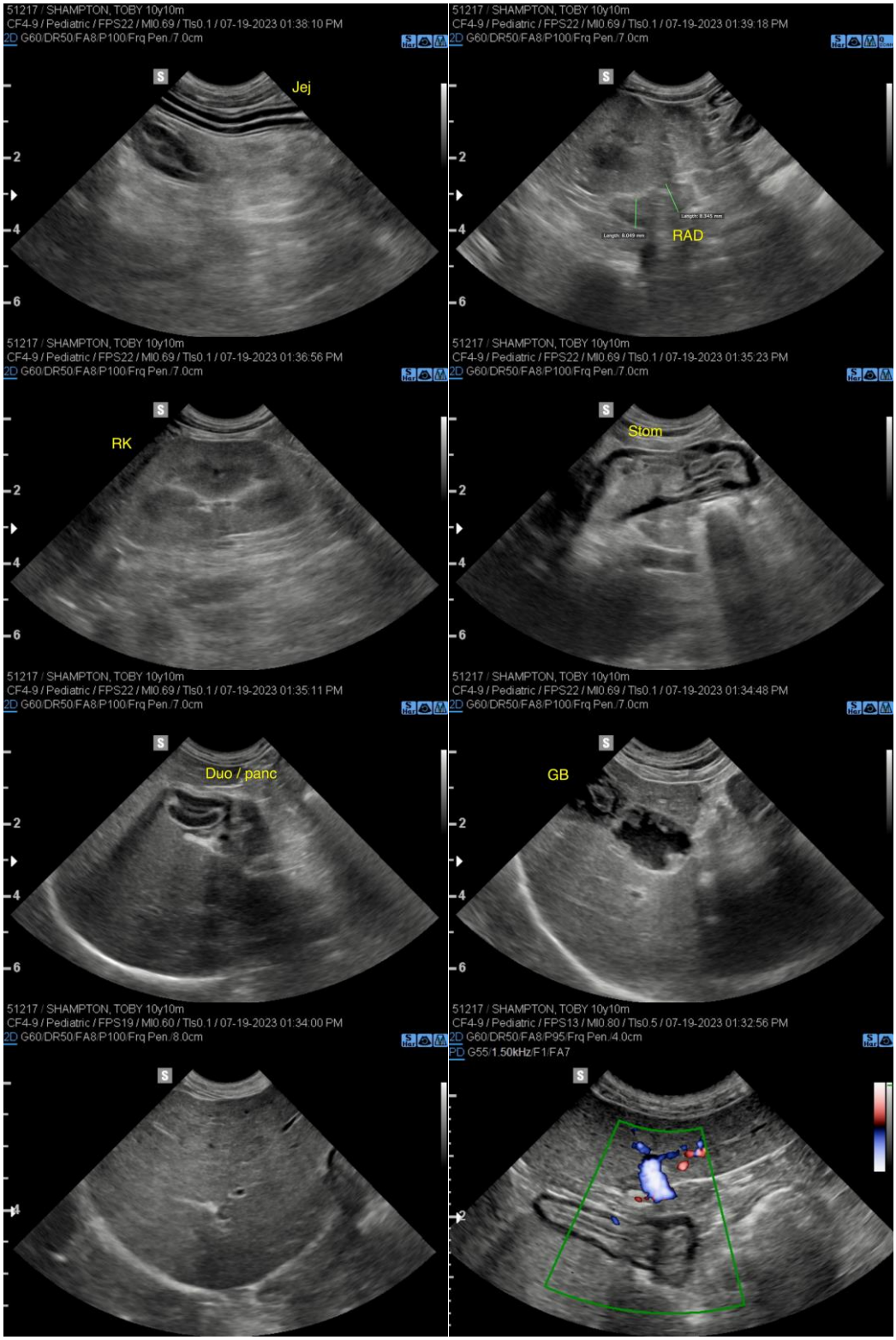

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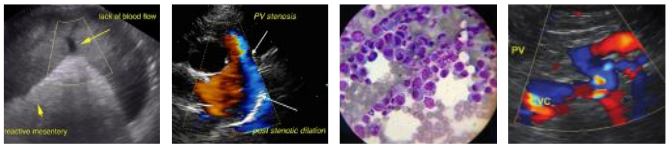


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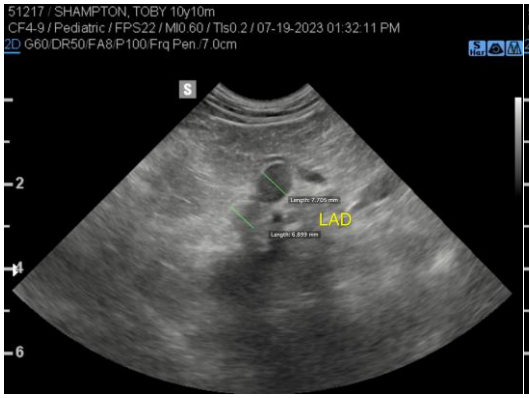



**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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