

PATIENT

Lily Hoglund

PRESENTING CLINICAL SIGNS

SPECIES

Canine

History: "Lily" Penny Hoglund 13 year old Corgi mix female spayed 15.05kg Previous vets ultrasound confirms unilateral adrenomegally but does not describe an adrenal mass, just an enlarged left adrenal gland and atrophy of the right adrenal. Very suspect for ADH. Scheduled for a low dose dex test tomorrow. Urine collected by cysto (blood in urine). Specific gravity of 1.025.

BREED

Corgi Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

FS

The trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone to a depth of 3 cm. Anechoic urine was present in the lumen with mild to moderate mineral. Mildly prominent bladder walls with asymmetrical luminal surface contour were noted. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of neoplastic changes were noted.

AGE

13yr

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some mild increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.5 cm in length. The right kidney measured 4.9 cm in length.

WEIGHT

15kg

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. A well-defined, hyperechoic nodule was present in the cranial and caudal left adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The cranial nodule measured 1.4 cm x 1.0 cm. The caudal nodule measured 0.9 cm x 0.82 cm. The left adrenal gland measured 0.92 cm width at the caudal pole and 1.1 cm width at the cranial pole.

IMAGING BY

Loetitia Saint-Jacques,
LVT

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. A well-defined, hyperechoic nodule was present in the cranial right adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The cranial right nodule measured 1.1 cm x 0.66 cm. The right adrenal gland measured 0.45 cm width at the caudal pole and 0.8 cm width at the cranial pole.

HOSPITAL NAME

Roundhill Animal Hospital

Spleen

REFERRING VET

Dr. Carl Kelly

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

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PATIENT

Lily Hogleund extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

SPECIES *Liver*

Canine The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. Potential for intraparenchymal cyst in the deep liver. 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 and moderate nondependent hyperechoic mobile debris. The cystic and common bile ducts were normal.

BREED

Corgi Mix

SEX *Gastrointestinal*

FS 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.

AGE

13yr

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.

WEIGHT

15kg

Pancreas

The parenchyma of the pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

INTERPRETED BY

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

IMAGING BY

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LVT

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

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ULTRASONOGRAPHIC FINDINGS

- Bilateral irregular to nodular adrenal glands
- Vacuolar hepatopathy pattern
- Moderate non dependent mobile gallbladder debris
- Chronic pancreatitis pattern
- Bilateral chronic renal changes with pinpoint medullary mineral
- Mild cystitis with mild to moderate luminal mineral

REFERRING VET

Dr. Carl Kelly

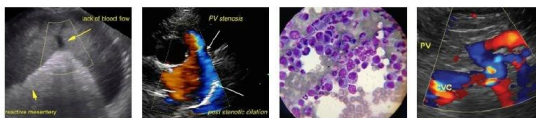
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Lily Høglund The bilateral adrenal glands appeared nodular to mildly irregular. Considerations may include functional vs nonfunctional adenoma, benign hyperplasia, while the potential for emerging neoplastic criteria could be possible. Screening BP is recommended. A full adrenal workup is recommended if clinical signs consistent with Cushing's syndrome are present. Sonographic monitoring of the bilateral adrenal glands is recommended for evidence of progressive irregular to nodular changes with initial recheck ideally in 6 weeks.

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A urine C/S on sterile urine sample is recommended. this patient may potentially be passing small amounts of mineral from the kidneys into the urinary bladder.

Potential for very early non inflamed mucocele is possible. Hepatosupportive medications including Ursodiol with monitoring for evidence of increasing cholestasis is suggested.

SEX

FS

AGE

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WEIGHT

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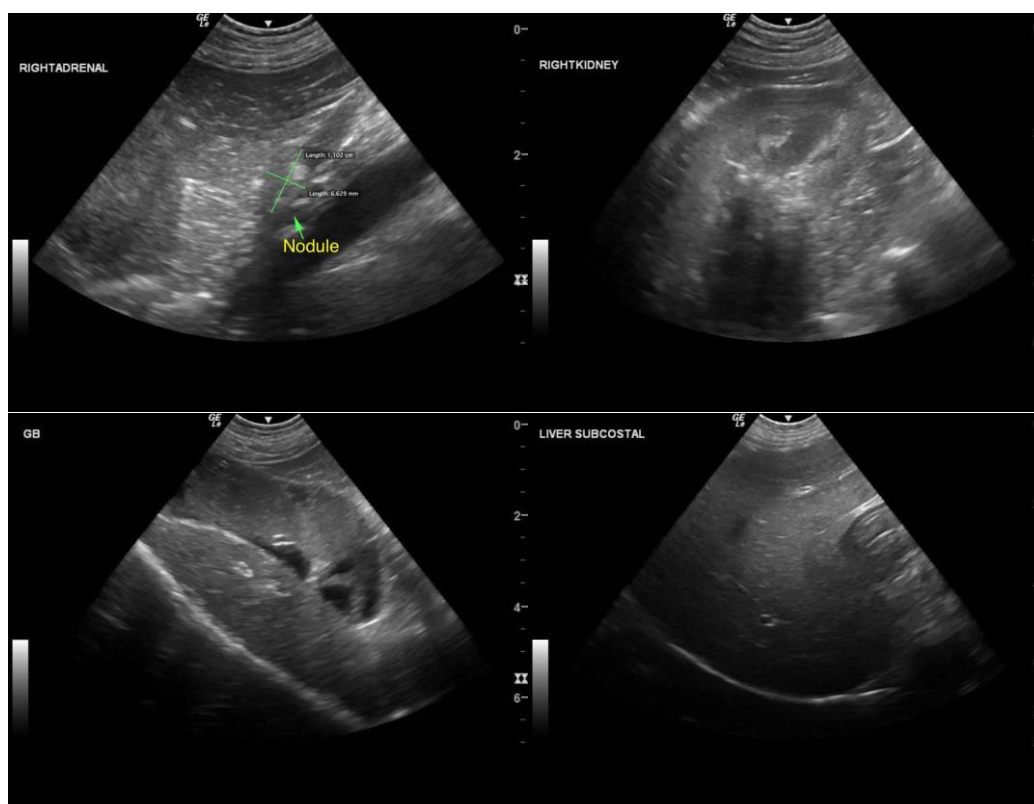
Dr. Carl Kelly

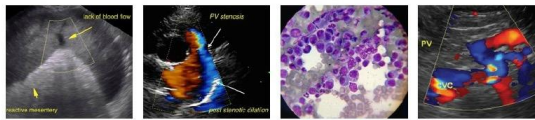
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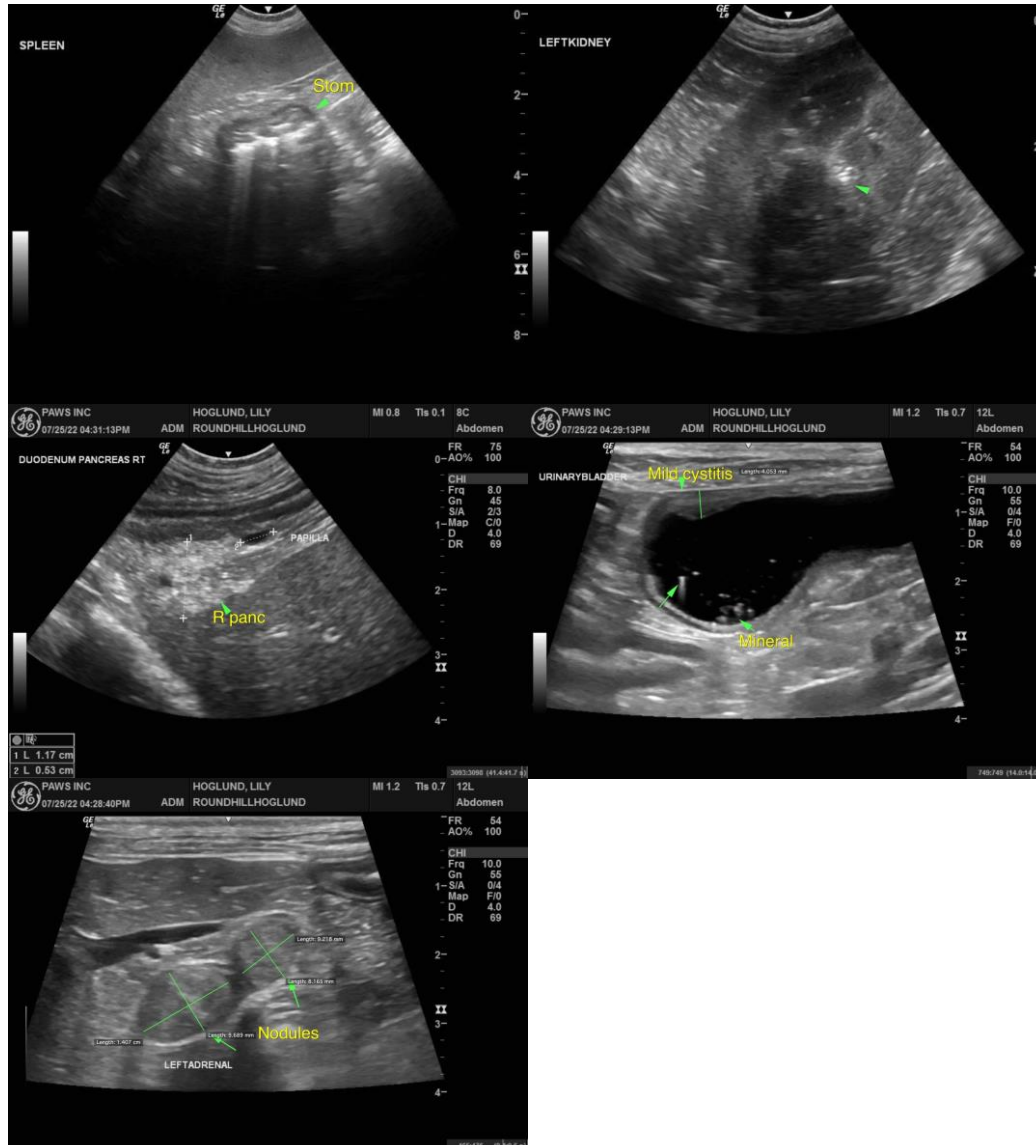
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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