



PATIENT

Teddy Nouillo

SPECIES

Canine

BREED

Maltese - Mix

SEX

MN

AGE

12

WEIGHT

14.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lara Cabugawan

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Lara Cabugawan

INVOICE

17424

DATE

7/27/23

PRESENTING CLINICAL SIGNS

Patient dx with Cushing' ds early this year by rDVM and was placed on Vetoryl 20 mg twice a day ,owner mentioned that she only gave the medication for 2 months due to pet has been vomiting while giving the medication ,no x-rays or ultrasound was ever performed. Pet has been off medication for at least 5 months. O also stated that the pet has distention of the abdomen and excessive panting and PU/PD.

Abnormal PE/Chem/CBC/UA Results: PE- oligodontia / dental calculus remaining teeth, mild distended abdomen . Superchem / CBC / UA test - pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

No evidence of pathology in the area of the aortic trifurcation.

Normal renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.0 cm in length. The right kidney measured 4.3 cm in length. Pinpoint areas of medullary mineral were noted.

Adrenal Glands

Both adrenal glands were mildly enlarged in size exhibiting minor capsule asymmetry with mild nonhomogeneous, nonmineralized parenchyma. The left adrenal gland measured 0.56 cm width at the caudal pole and 0.6 cm width at the cranial pole. The right adrenal gland measured 0.64 cm width at the caudal pole.

Spleen

The spleen exhibited several variably sized mildly expansive uniform mild hypoechoic nodules with an example measuring 1.6 cm diameter. Minor secondary asymmetrical splenic capsule contour was 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 non-distended in size containing primarily anechoic content with mild echogenic gallbladder sediment. The cystic and common bile ducts were normal.



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Gastrointestinal

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.

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 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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly - subjectively benign - sonographically suggestive of vacuolar hepatopathy pattern
- Minor gallbladder sediment (non mucocele)
- Nonspecific splenic nodules - hyperplasia, hematopoiesis, splenitis, emerging neoplasia, all potentials
- Moderate chronic renal changes with pinpoint medullary mineral
- Subjective bilateral mild adrenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The subjective bilateral mild adrenomegaly is suggestive of pituitary-dependent hyperadrenocorticism, given patient history. There is no obvious evidence of adrenal neoplastic criteria.

Assuming normal clotting status, FNA cytology of the splenic nodule using a 25-gauge needle is recommended for further assessment. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.



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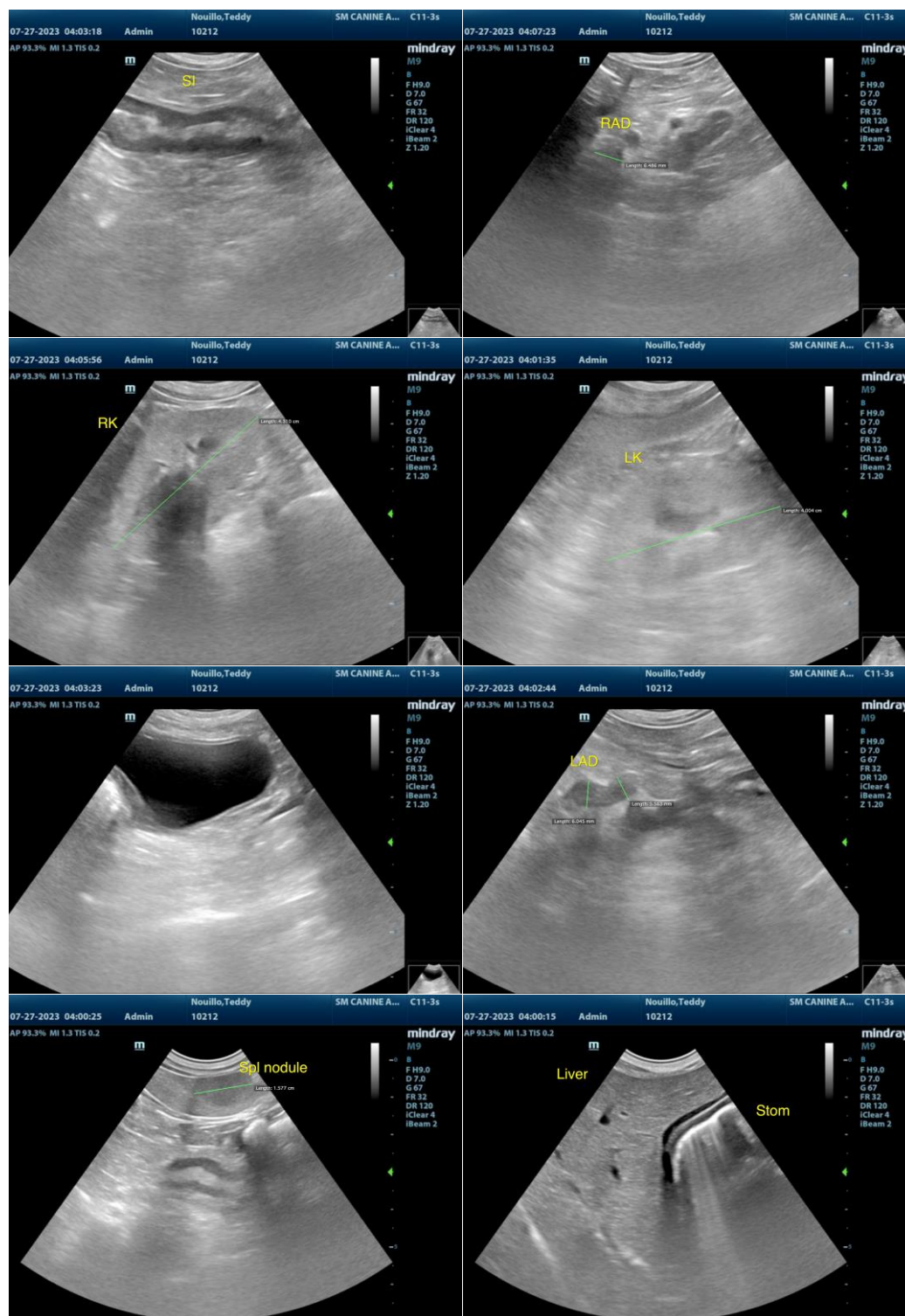
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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