

PATIENT

Miley Galligan

SPECIES

Canine

BREED

Shepherd Mix

SEX

Spayed Female

AGE

12 years

WEIGHT

53.4 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Pamela Harrigan, RDMS

HOSPITAL NAME

Airport AH

REFERRING VET

Asha Gudluru, DVM

INVOICE

12109

DATE

8/10/21

PRESENTING CLINICAL SIGNS

Chronic elevation of ALP and ALT values. Has been on Denamarin supplement since 2018. Also hypothyroid.

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 area of the aortic trifurcation was free of pathology.

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. A solitary, nonspecific, indistinct, cortical nodule without evidence of renal capsule distortion was present in the left kidney measuring approximately 1.2 cm in diameter. No evidence of pelvic dilation was present. The left kidney measured 6.0 cm in length. The right kidney measured 6.1 cm in length.

Adrenal Glands

The bilateral adrenal glands presented prominent size with nonhomogeneous to mildly echogenic parenchyma including a subtle, non-expansive, echogenic emerging right adrenal nodule. The right adrenal gland measured 0.86 cm width at the caudal pole and 0.91 cm width at the cranial pole. The subtle to emerging right adrenal nodule measured 1.0 cm x 0.85 cm. The left adrenal gland measured 0.92 cm width at the caudal pole and 1.1 cm width at the cranial pole.

Spleen

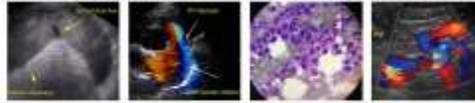
The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature 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 presented increased in size. Primarily uniform increased parenchyma echogenicity with moderate coarse echotexture was present. Minor evidence of parenchymal remodeling was noted. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild, nondependent, nonorganized, echogenic biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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.



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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. The duodenum wall measured 0.52 cm width. The jejunum wall measured 0.44 cm width.

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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.

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Free Abdomen

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No effusion was present.

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Focal, mesenteric and medial Iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a mesenteric lymph node measured 0.50 cm width. An example of a medial iliac lymph node measured 0.47 cm width. These lymph nodes were not consistent with inflammatory or neoplastic criteria and are likely incidental.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Chronic hepatopathy with mild generalized parenchyma hyperechogenicity - steroid or other vacuolar hepatopathies, chronic hepatitis / cholangiohepatitis, early fibrosis, with less likely potential for hepatic neoplasia possible
- Mild gallbladder debris (non-mucocele)
- Bilateral prominent adrenal glands with parenchyma heterogeneity and subtle to emerging right adrenal nodule - suspect potential emerging right adrenal adenoma
- Nonspecific left kidney cortical nodule - infarction, atypical cyst with cortical mineralization, granuloma, with less likely potential for emerging renal neoplastic nodule possible

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Asha Gudluru, DVM

Screening urine cortisol: creatinine ratio +/- LDDST may be considered if clinical suspicion for hyperadrenocorticism. Screening blood pressure is recommended.

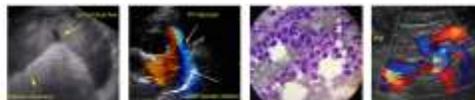
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If adrenal disease is excluded, hepatic sampling via ultrasound guided FNA assuming normal clotting status could be considered for cytology. The addition of Ursodiol to current Denamarin is recommended and may prove beneficial. Sonographic monitoring of the bilateral adrenal glands, specifically of the emerging right adrenal nodule, as well as the nonspecific left kidney nodule, is recommended with an initial recheck In 4-6 weeks.

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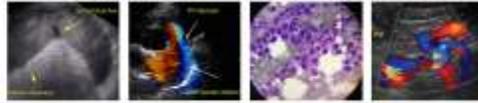
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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