



PATIENT

Cooper Nunez

PRESENTING CLINICAL SIGNS

HYPERADRENOCORTICISM UNDER TREATMENT WITH VETORYL

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: LOW DEX TEST - POSITIVE ACTH SCREENING TEST - PENDING

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Yorkie

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 were noted.

SEX

MN

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 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 3.2 cm in length. The right kidney measured 4.0 cm in length.

AGE

15

The area of the aortic trifurcation was free of pathology.

WEIGHT

10.8

No overt pathology in the area of the residual prostate.

Adrenal Glands

Both adrenal glands exhibited prominent size with symmetrical capsule contour and hypoechoic to mildly non-homogeneous parenchyma. No evidence of mineralization was noted. The left adrenal gland measured 0.55 cm length. The right adrenal gland measured 0.56 cm width at the caudal pole and 0.70 cm width at the cranial pole.

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

Dr. Sharkaway

Liver

The liver was moderately enlarged in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

HOSPITAL NAME

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

INVOICE

11375ag

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.

Normal visible colon wall layers were present with apparent formed feces in lumen.

SPECIES

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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 was evident.

BREED

Yorkie

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

MN

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly exhibiting parenchymal remodeling
- Bilateral prominent adrenal glands-consistent with PDH-no overt evidence of adrenal tumors
- Mild chronic renal changes

AGE

15

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

10.8

A urine C/S on sterile urine sample is suggested given the likelihood of Cushing's syndrome. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.

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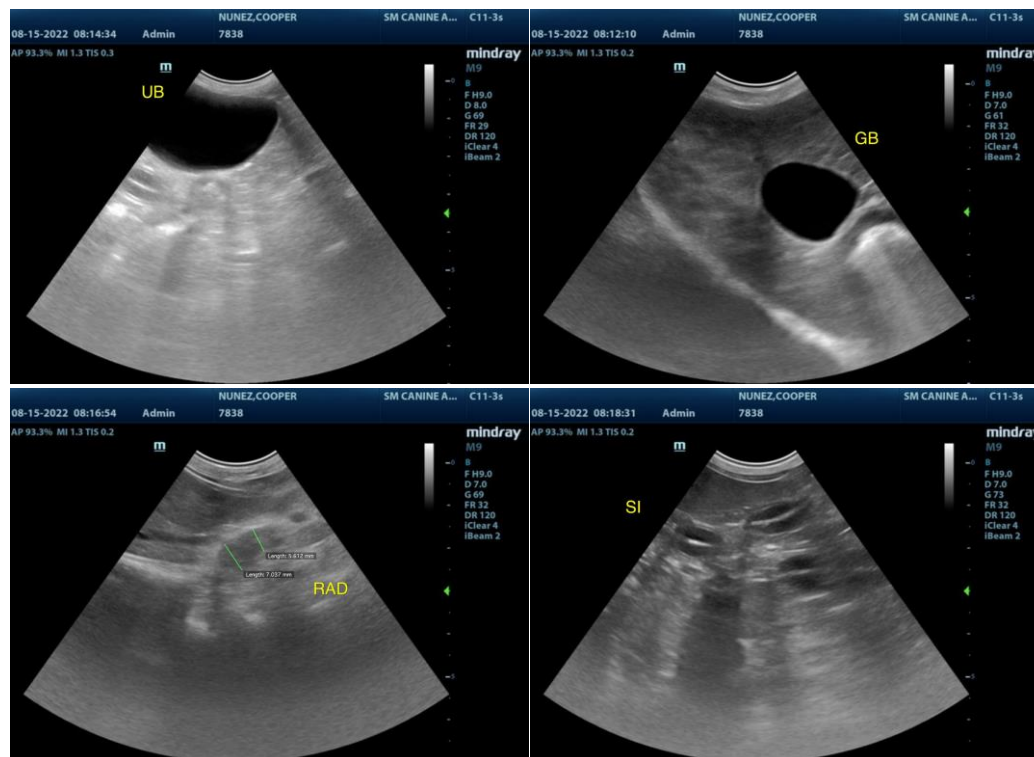
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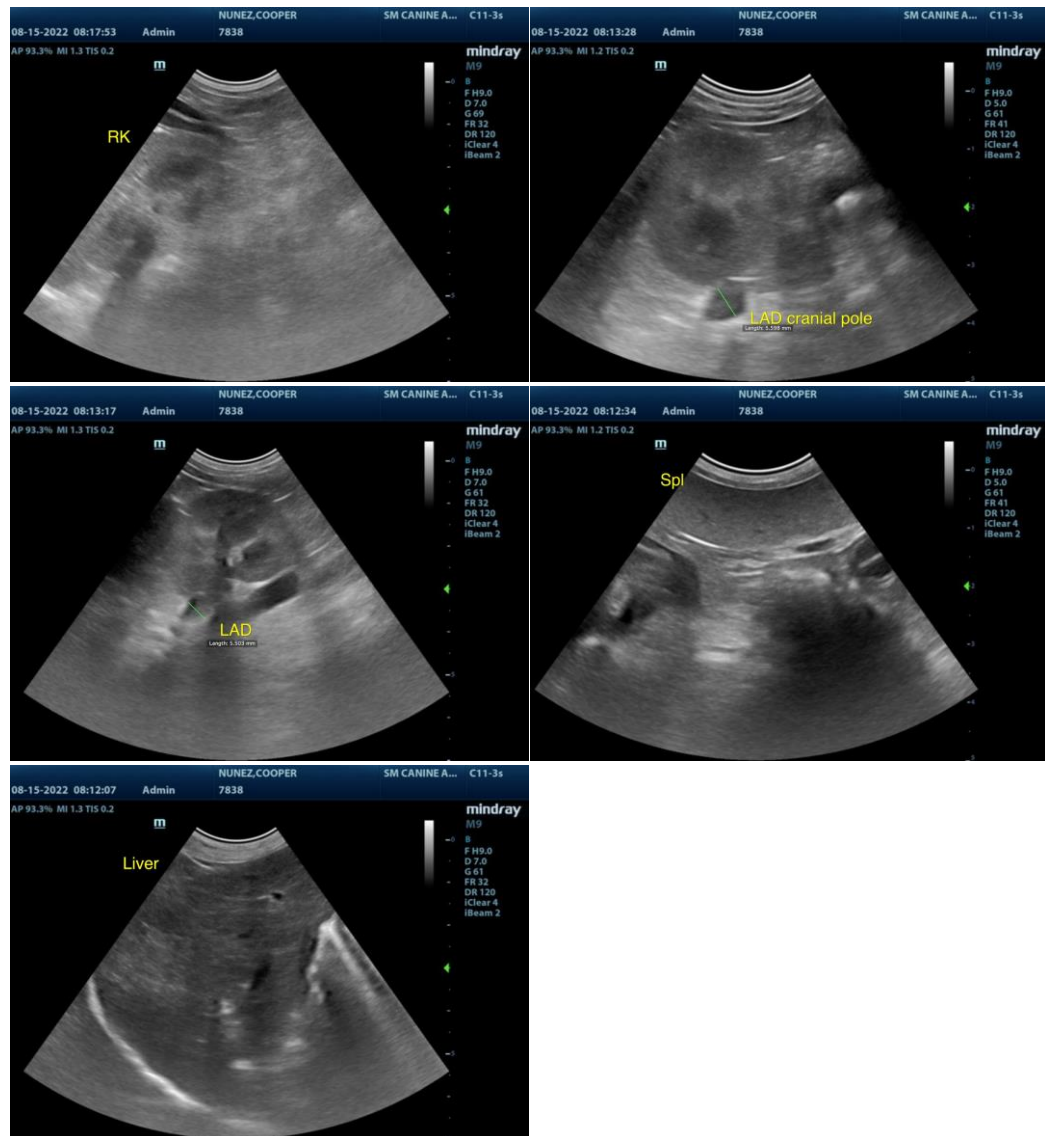
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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