



PATIENT PRESENTING CLINICAL SIGNS

Lily Santos Vomiting, diarrhea, obese, painful abdomen, untreated Cushings.
Medication: Ursodial

SPECIES
Canine
HCT 66.9, ALP >2,000, ALT 188, GGT 29

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Pitbull The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen with mild dependent lumen mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

SEX
FS The area of the aortic trifurcation was free of pathology.

AGE
2008 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. Mild areas of medullary mineral were noted in both kidneys. Pinpoint cortical hyperechoic foci, which may indicate pinpoint areas of cortical microinfarction, fibrosis, or mineralization, were noted. The left kidney measured 7.3 cm in length. The right kidney measured 8.2 cm in length.

WEIGHT
87.6

INTERPRETED BY *Adrenal Glands*

R. McKenzie Daniel, DVM, DABVP (Canine and Feline) The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.8 cm length x 0.63 cm width at the caudal pole.

A mineralized right adrenal mass exhibiting nonhomogeneous parenchyma was present measuring 6.0 cm x 4.4 cm.

IMAGING PERFORMED BY
Rebekah Jakum, CVT
ARDMS/RVT

Spleen

The spleen exhibited normal size and contour with generalized mild parenchyma heterogeneity exhibiting multiple pinpoint hyperechoic parenchyma foci, which may indicate pinpoint areas of splenic microinfarction, fibrosis, or mineralization.

HOSPITAL NAME

Brodheads ville VC

Liver/ Gallbladder

REFERRING VET

Dr. Goldstein The liver was enlarged exhibiting rounded to mildly asymmetrical hepatic capsule contour. Generalized nonhomogeneous, mild nonuniform, hyperechoic omentum was present exhibiting moderate coarse echotexture. Intermittent subtle nondisruptive hypoechoic hepatic intraparenchymal nodules were noted.

INVOICE

14814 The gallbladder was non-distended in size containing primarily anechoic content with mild gallbladder sediment. The cystic and common bile ducts were normal.

DATE
8/15/23



PATIENT *Gastrointestinal*

Lily Santos The stomach presented mildly prominent wall layering secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach contained a mild amount of variably echogenic ingesta sonographically suggestive of food.

SPECIES

Canine 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. Minor segmental hyperechoic mucosal speckling was noted. No obstructive pattern was noted.

BREED

Pitbull Normal visible colon wall layers were present with formed to semi-formed fecal matter.

SEX

FS

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

AGE

2008

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

87.6

- Mineralized right adrenal mass - consistent with neoplastic criteria
- Enlarged nonhomogeneous mildly nodular liver - suspect chronic vacuolar hepatopathy, potential for inflammatory hepatopathy, and infiltrative neoplasia (thought less likely) possible
- Mild gallbladder sediment (non-mucocele)
- Chronic renal changes exhibiting mild medullary mineral and suspect bilateral cortical microinfarction / fibrosis
- Pinpoint hyperechoic splenic foci - benign
- Mild gastroenteritis pattern
- Mild pancreatic remodeling - no sonographic evidence of active pancreatitis, age-related changes, potential for low-grade / chronic pancreatitis possible

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

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BrodheadsVille VC

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal CT could be considered if further clarification of the right adrenal mass is required. Continued as-needed hepato-gastrointestinal support is recommended. Concurrent empirical therapy for possible low-grade / chronic pancreatitis may be considered if cranial abdominal or subxiphoid discomfort on palpation.

REFERRING VET

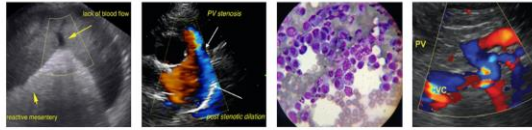
Dr. Goldstein

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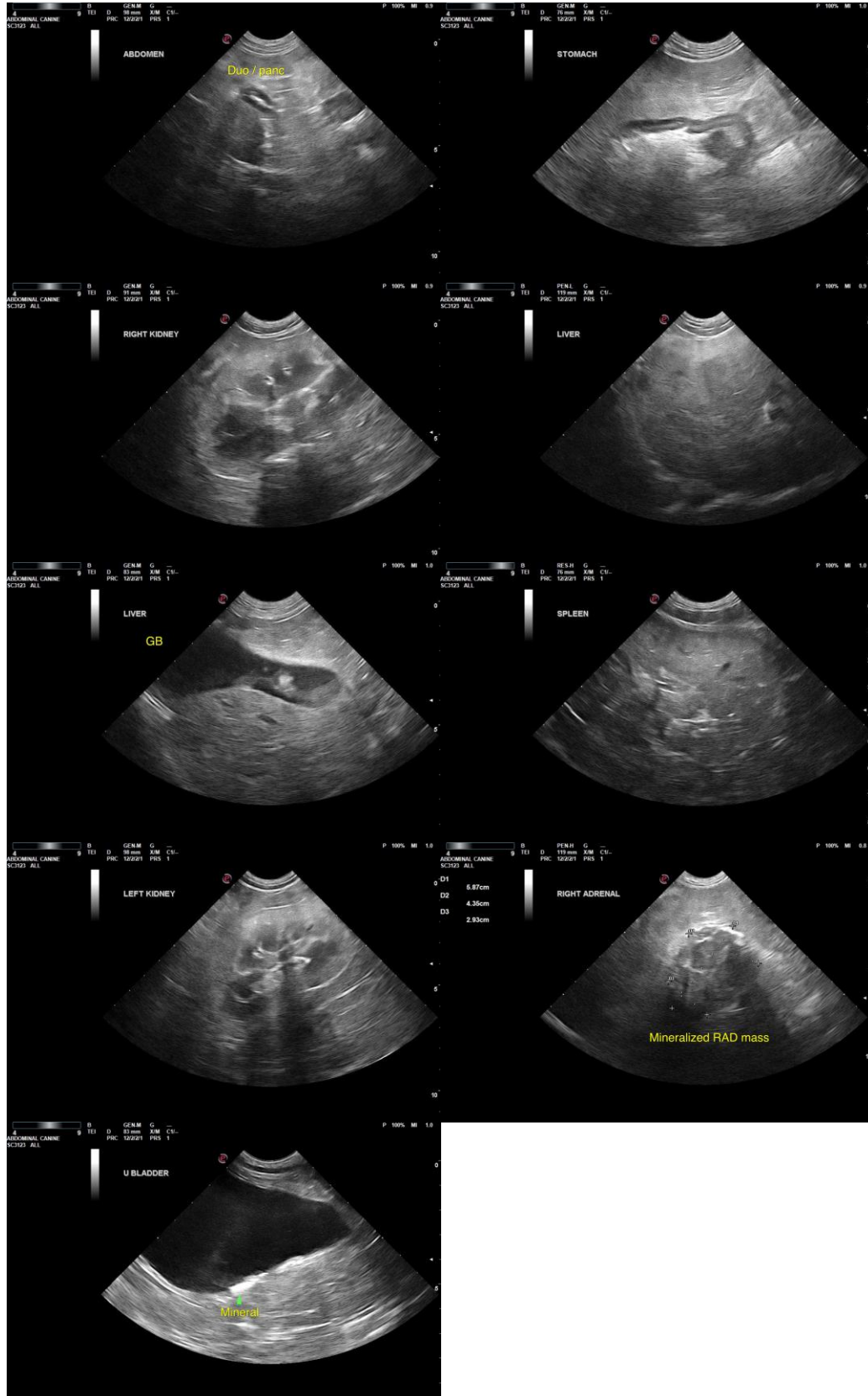
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PATIENT

Lily Santos

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.

SPECIES

Canine

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.

BREED

Pitbull

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
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