



**PATIENT PRESENTING CLINICAL SIGNS**

Jerzey Galowitch 2 week duration decreased appetite, lethargic, history of Cushings.  
 Medication: Pepcid, metronidazole, gabapentin

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine **Urinary System**

**BREED** The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

**SEX** The residual prostate was free of pathology.

MN The area of the aortic trifurcation was free of pathology.

**AGE** 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. No evidence of pelvic dilation was present. The left kidney measured 7.4 cm in length. The right kidney measured 8.2 cm in length.

**WEIGHT** 80.4

**Adrenal Glands**

Bilateral symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 4.1 cm length x 1.1 cm width at the caudal pole. The right adrenal gland measured 4.1 cm length x 1.1 cm width at the caudal pole.

**INTERPRETED BY**

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

**Spleen**

The spleen exhibited mild enlargement yet maintained a symmetrical capsule contour with mild splenic folding. Subtle generalized splenic parenchyma heterogeneity was noted with normal splenic vascularity. There were no splenic masses or nodules noted.

**IMAGING PERFORMED BY**  
 Rebekah Jakum, CVT  
 ARDMS/RVT

**Liver/ Gallbladder**

The liver was enlarged in size with areas of minor capsule asymmetry and generalized nonhomogeneous, focally nodular parenchyma. An example of a hyperechoic nodule measured 1.6 cm in diameter. Intermittent small thinly walled intraparenchymal cysts were present. The gallbladder was non-distended in size containing primarily anechoic content with mild gallbladder sediment. The cystic and common bile ducts were normal.

**HOSPITAL NAME**

Stanglein Veterinary  
 Clinic

**REFERRING VET**

Dr. Green

**Gastrointestinal**

**INVOICE** The stomach presented intact borderline prominent wall layering. The stomach was primarily empty with mild lumen gas. There was no evidence of retained ingesta, fluid, or foreign material. The gastric body wall width measured 0.50 cm.

**DATE** 8/17/23 The small intestine presented generalized intact wall layering and maintained subjective normal 1:3 muscularis/mucosa ratio. Mild segmental intestinal ileus to retained nonshadowing ingesta / chyme



**PATIENT**

Jerzey Galowitch

was noted with no obstructive pattern. Concurrent mild segmental subjective increased intestinal gas pattern noted.

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

**SPECIES**

Canine

***Pancreas***

The pancreas base and right pancreatic limb exhibited prominent size with capsule asymmetry. Nonhomogeneous parenchyma with mild right limb pancreatic duct dilation was present.

**BREED**

Pitbull

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

MN

**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

- Bilateral mild adrenomegaly - consistent with pituitary-dependent hyperadrenocorticism, no adrenal tumors
- Nonspecific mild gastroenteritis pattern with mild segmental nonobstructive jejunal ileus / retained chyme
- Prominent nonhomogeneous pancreas base / right pancreatic limb - suspect chronic to chronic active pancreatitis
- Enlarged nonhomogeneous focally nodular to cystic liver - likely consistent with benign criteria, chronic vacuolar hepatopathy given patient's history, inflammatory disease, hyperplasia, hematopoiesis, fibrosis, probable intermittent benign lipogranulomas and small intraparenchymal cysts
- Gallbladder sediment (non-mucocele)
- Mildly enlarged folded spleen - nonspecific, incidental hyperplasia, hematopoiesis, splenitis suspected

**AGE**

2013

**WEIGHT**

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***Secondary Findings***

- Mild chronic renal changes

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recheck ACTH stimulation test is suggested if undergoing current therapy for Cushing's Syndrome. Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation, which may correlate with suspect chronic to chronic active pancreatitis, +/- Spec cPL is recommended. Screening hepatosplenic FNA cytology assuming normal clotting status and using a 25-gauge needle, is warranted primarily to ensure only benign hepatosplenic parenchymal changes and enlargement are present. Three-view chest radiographs are suggested if not done to rule out occult intrathoracic pathology as a contributing factor. As-needed gastrointestinal support is recommended.

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**INVOICE**

14857

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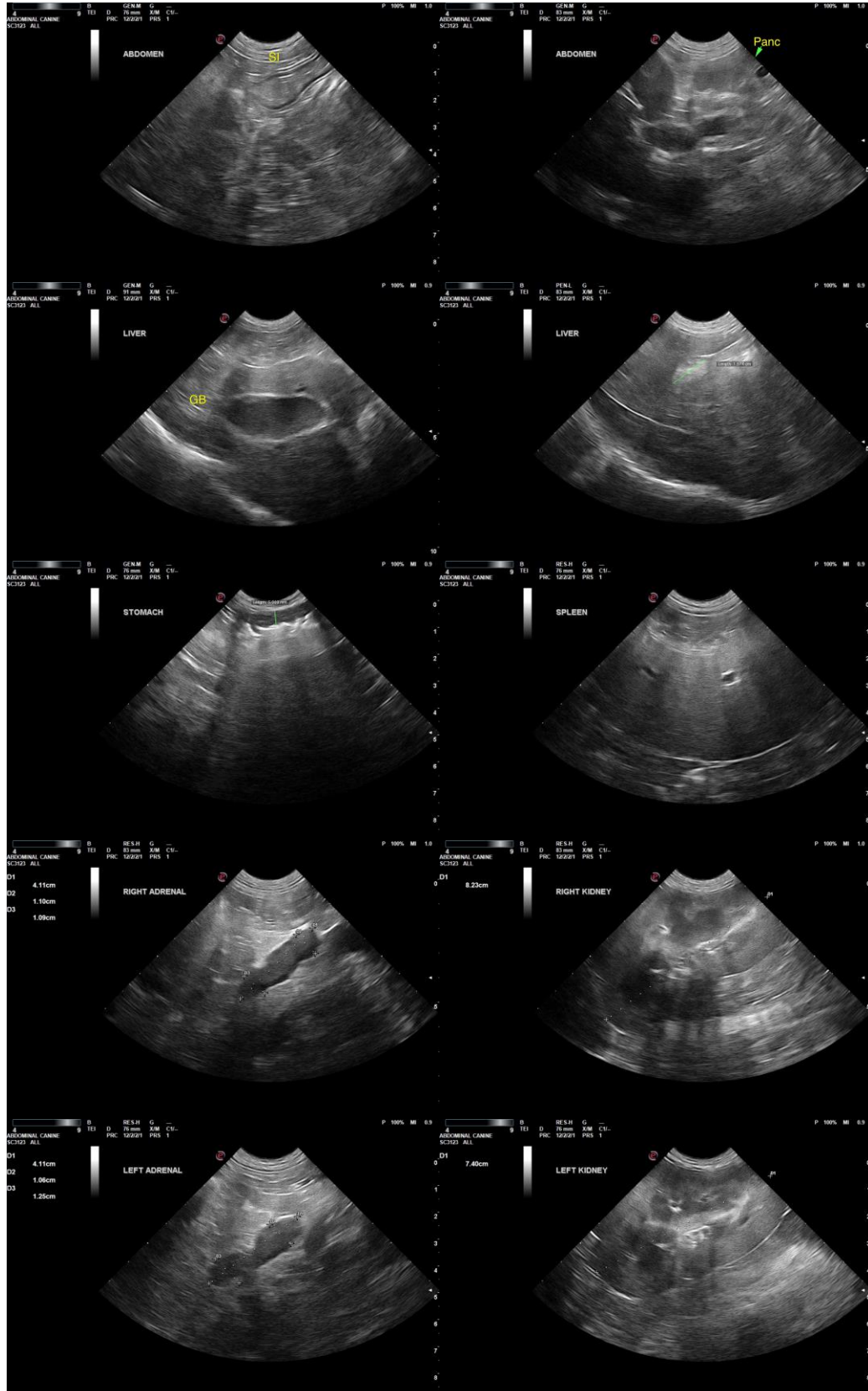
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**SPECIES**

Canine

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.

**BREED**

Pitbull

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.

**SEX**

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

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MN

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