



PATIENT

Daisimac Ross

SPECIES

Canine

BREED

Maltese

SEX

Female Spay

AGE

14

WEIGHT

2.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Signal Hill AH

REFERRING VET

Dr. Sweet

INVOICE

14476

DATE

8/2/22

PRESENTING CLINICAL SIGNS

Patient diagnosed CRD Stage 1 . Ab x ray showed calcified mass/ object in cranial right abdomen Pot bellied appearance

Abnormal PE/Chem/CBC/UA Results: None

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.

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. Pinpoint areas of medullary mineral were noted. No evidence of pelvic dilation was present. The left kidney measured 3.2 cm in length. The right kidney measured 3.4 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.51 cm width in the cranial pole and 0.50 cm width in the caudal pole. The right adrenal gland measured 0.69 cm width in the cranial pole and 0.71 cm width in the caudal 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 mildly 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. Moderate hyperechoic, subjectively mobile gallbladder debris was present. The gallbladder was otherwise normal. No evidence of gallbladder or peripheral gallbladder inflammation was noted.



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Gastrointestinal

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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.

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

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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. This is likely consistent with age-related pancreatic changes and considered incidental.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes with pinpoint medullary mineral
- Hepatomegaly - subjectively benign
- Bilateral mild adrenomegaly more prominent in the right adrenal gland - no evidence of adrenal tumors or neoplastic criteria
- Moderate gallbladder debris (non mucocele)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full adrenal work up including LDDST is warranted if clinical signs consistent with Cushing's Syndrome i.e., PU/PD, polyphagia, etc., are present.

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Correlation with an assessment of hepatic enzyme along with full urinalysis is recommended. Additional renal staging to include urine C/S and baseline UPC level is recommended. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial if evidence of cholestasis.

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No evidence of intraabdominal mineralized masses or overt neoplastic criteria was noted.

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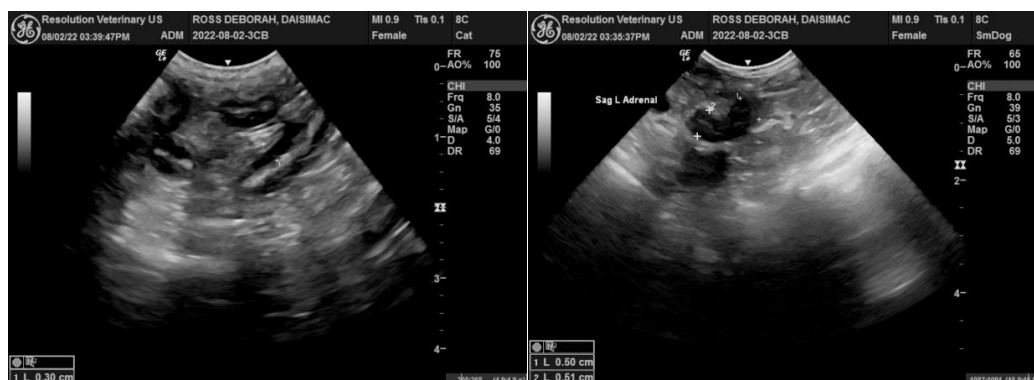
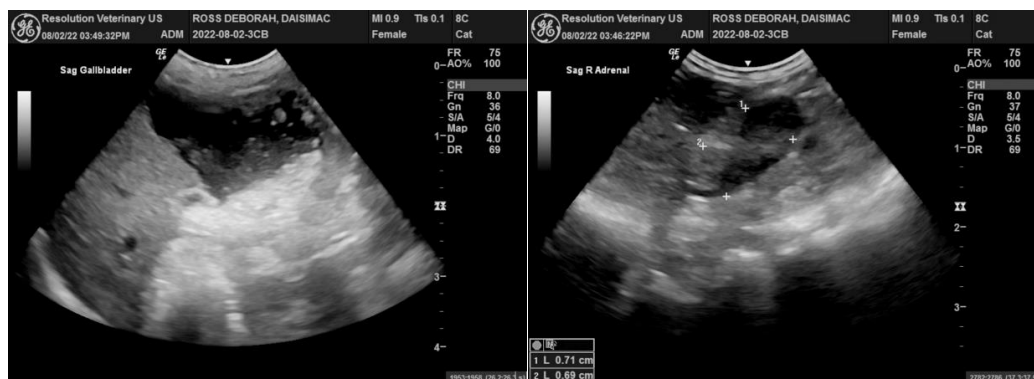
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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