



PATIENT

Teddy Lookabaugh

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

MN

AGE

9yr

WEIGHT

7.9

INTERPRETED BY

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

IMAGING PERFORMED BY

Mack

HOSPITAL NAME

Northside Veterinary
Clinic

REFERRING VET

Mack E

INVOICE

14687ag

DATE

08/21/2023

PRESENTING CLINICAL SIGNS

History of coughing cough did improve with medication. Suspect cushings the low dose suppression was inconclusive from referring veterinarian. If showing enlargement on adrenals will proceed with ACTH.

Abnormal PE/Chem/CBC/UA Results: Chem - Alkp- 591 T4 -0.9

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

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 3.4 cm in length. The right kidney measured 4.1 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

The bilateral adrenal glands exhibited borderline to mild enlargement. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.48 cm width in the cranial pole and 0.57 cm width in the caudal pole. The right adrenal gland measured 0.53 cm width in the cranial pole and 0.64 cm width in the caudal pole.

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.

Liver/Gallbladder

The liver exhibited enlargement with rounded asymmetrical capsule contour. Generalized non-homogenous variably echogenic nodular parenchyma was present. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild non-organized debris. The cystic and common bile ducts were normal.

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.

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

Pancreas

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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.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes.
- Bilateral borderline mild adrenomegaly- no adrenal tumors.
- Enlarged non-homogenous nodular liver- chronic vacuolar hepatopathy likely, inflammatory/immune mediated disease, hematopoiesis, hyperplasia, fibrosis or other hepatopathy possible. Neoplastic criteria considered less likely.
- Gallbladder debris (non-mucocele).
- Mild pancreatic remodeling.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation of inconclusive LDDST with ACTH stim would be reasonable is clinical signs of Cushing's disease are present. Assuming normal clotting status a hepatic FNA for screening cytology could be considered for further assessment. Hepatosupportive medications such as Denamarin and Ursodiol may prove beneficial.

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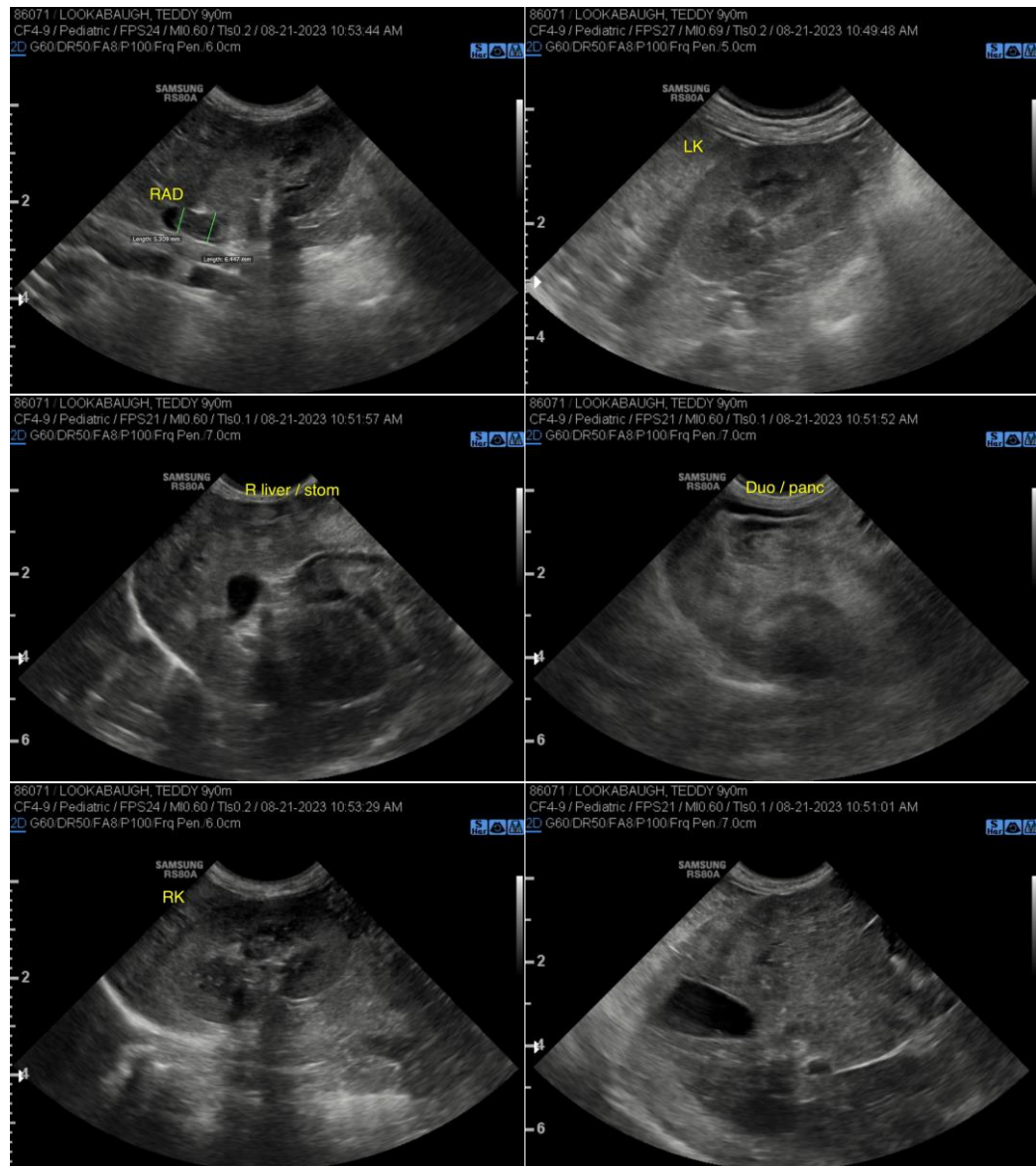
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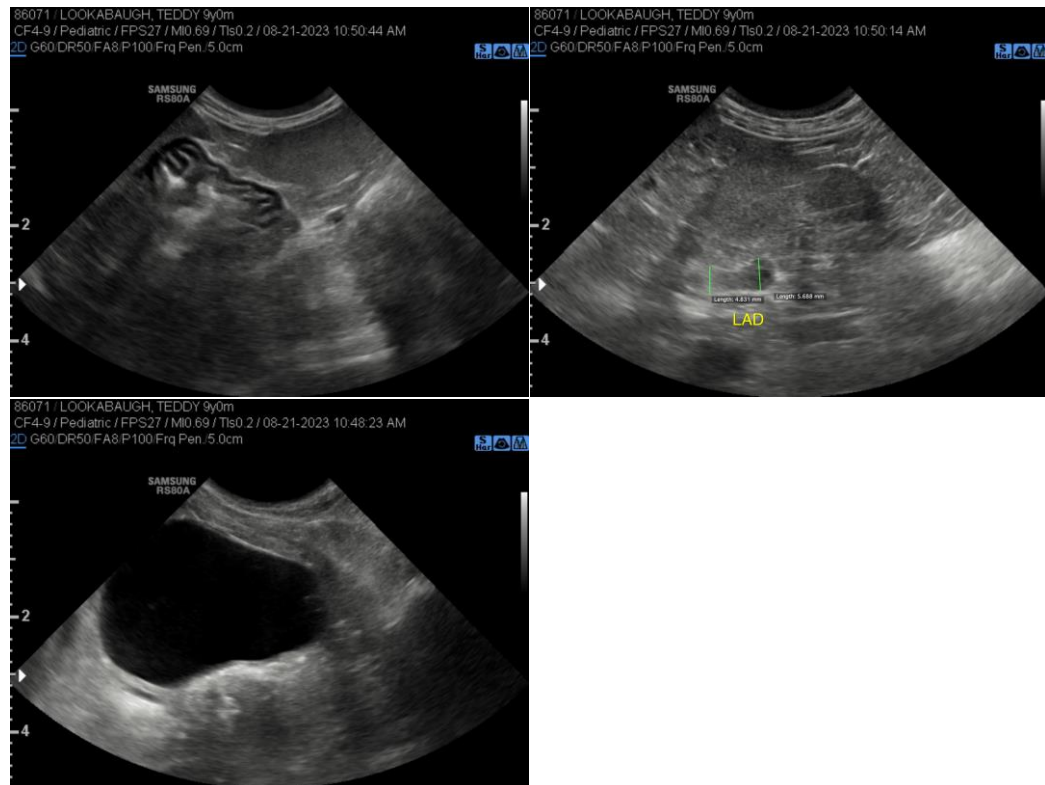
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com