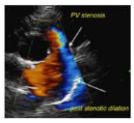
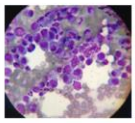
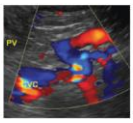




PATIENT

Kaitlyn Dake

SPECIES

Canine

BREED

Shih Tzu

SEX

SF

AGE

14 yrs

WEIGHT

11 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Doerscher

INVOICE

14696

DATE

8/24/22

PRESENTING CLINICAL SIGNS

Wellness visit 6/22 - P is not symptomatic
Abnormal PE/Chem/CBC/UA Results: Grade 2 dental disease, some adenoma-like masses, NSF on PE. Labs in June showed SDMA 18, ALT 151 (was 148 June 2021), ALP 1027, GGT 15. We did 1 mo Denmarin & rechecked labs today. SDMA 17, ALT 344, ALP 1836, GGT 258. No other sig findings.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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. No evidence of pelvic dilation was present. Pinpoint medullary mineral was noted in both kidneys. The left kidney measured 4.2 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

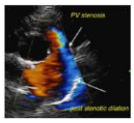
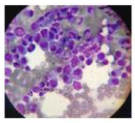
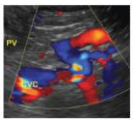
Both the left and right adrenal glands were enlarged in size exhibiting mild capsule asymmetry yet subjective maintained capsule integrity with nonhomogeneous bilateral adrenal parenchyma without evidence of parenchymal mineralization. No obvious vascular invasion, although potential for phrenicoabdominal vein invasion associated with the left or right adrenal glands cannot be definitively excluded. The left adrenal gland measured 3.3 cm length x 2.1 cm width at the cranial pole and 0.95 cm width at the caudal pole. The right adrenal gland measured 2.4 cm length x 1.47 cranial pole width and 1.15 cm width at 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 presented mildly enlarged in size. Mild uniform increased parenchyma echogenicity compared to the spleen and renal cortices was noted. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing anechoic content with mild luminal debris primarily along the inner luminal surface. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

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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. The gastric body wall width measured 0.34 cm.

The small intestine presented intact yet subjective prominent wall layering owing to generalized propensity for mildly prominent small intestinal mucosa. The duodenum wall measured 0.58 cm width. The jejunum wall measured up to 0.50 cm width.

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

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. Minor pancreatic duct dilation was present.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenomegaly exhibiting nonhomogeneous nonmineralized parenchyma
- Hepatomegaly exhibiting mild uniform parenchyma hyperechogenicity
- Mild gallbladder debris (non-mucocele)
- Intact yet prominent small bowel walls
- Bilateral chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both the left and right adrenal glands were abnormal in this patient with potential considerations including adenomatous change, and benign hyperplasia with potential for unilateral or possible bilateral adrenal tumors. Given that the patient is nonclinical, functional adrenomegaly may be less likely yet cannot be definitively excluded. Further adrenal workup Including LDDST, as well as assessment of systemic BP for evidence of hypertension, which may allude to a potential pheochromocytoma, is recommended.

The overall appearance of the liver is most consistent with benign hepatopathy with considerations including vacuolar hepatopathy, inflammatory hepatopathy, nonobstructive cholestasis, or other hepatopathy. Continued hepatosupportive medications pending additional diagnostics would be appropriate.

The prominent small bowel walls were nonspecific with potential for patient variant. Underlying intestinal inflammatory process may be considered if evidence of GI signs or weight loss. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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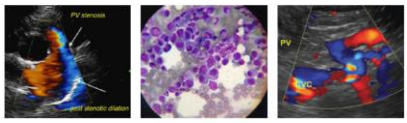

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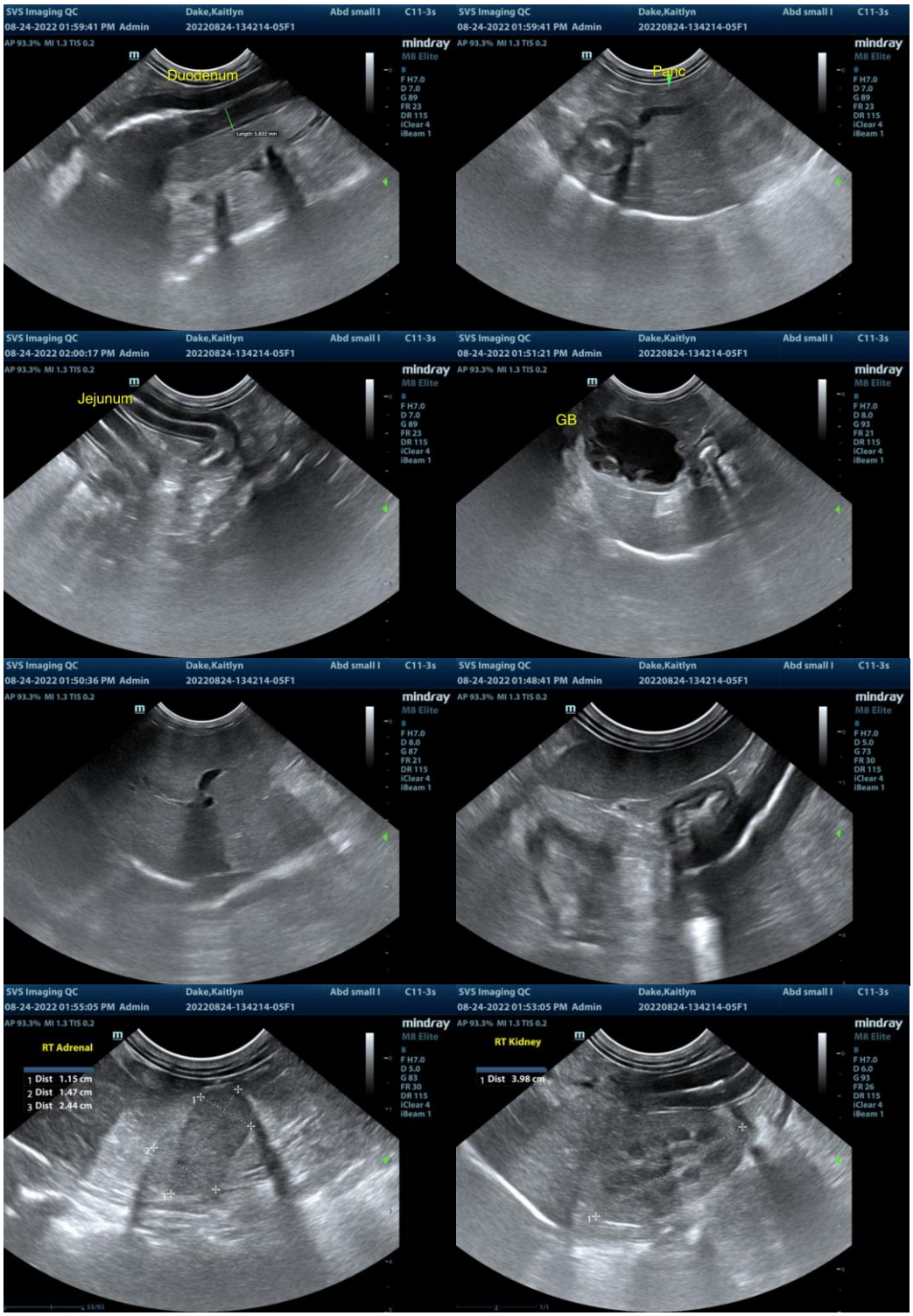

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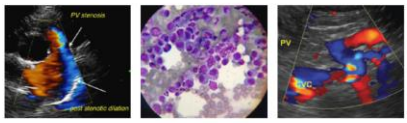

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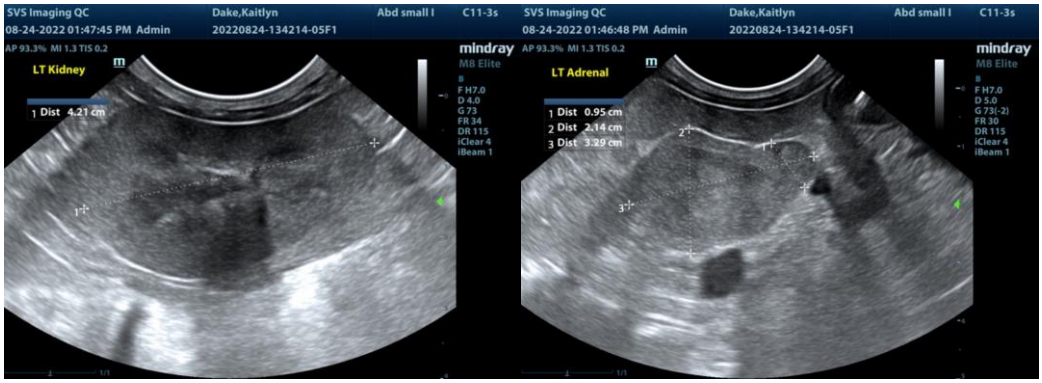

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com