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Clinical Sonography & Telecytology
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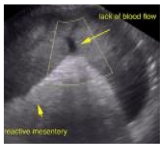

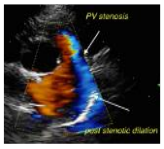

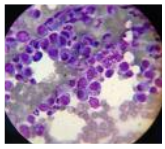
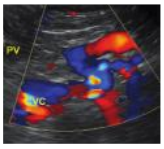

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1-800-838-4268 info@sonopath.com

PATIENT
Cody Canady

SPECIES
Canine

BREED
Shih Tzu Mix

SEX
NM

AGE
9 years

WEIGHT
28 lbs.

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

IMAGING PERFORMED BY
Dr. Tudor Suciu

HOSPITAL NAME
Animal Clinic of Queens

REFERRING VET
Dr. Robert Thomas

INVOICE
14801

DATE
8/3/23

PRESENTING CLINICAL SIGNS

PU/PD, distended abdomen, gets tired very easily. History of atopy. BCS 9/9

Abnormal PE/Chem/CBC/UA Results: Bloodwork done 6/29/23: high Alk Phosph (1012), high globulin 3.7 (normal is up to 3.6), high Ca 12.1 (8.9-11.4), corrected 11.5. Normal WBC, RBC, high platelets (500)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The residual prostate was free of pathology.

No evidence of pathology in the area of the aortic trifurcation.

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 5.0 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

Mild caudal left adrenomegaly was noted exhibiting a symmetrical capsule contour. The left adrenal gland measured 0.74 cm width at the caudal pole and 0.59 cm width at the cranial pole. There was no evidence of left adrenal nodular or neoplastic criteria. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 cm width at the caudal pole and 0.45 cm width at the cranial 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 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. The gallbladder was non-distended in size containing primarily anechoic content with mild gallbladder sediment. The cystic and common bile ducts were normal.

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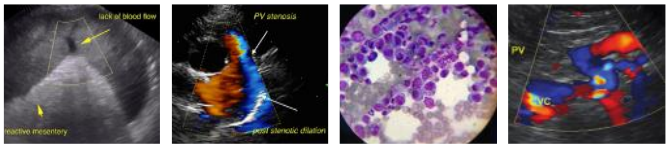

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Gastrointestinal

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 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

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. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted. Subjective increased amount of intraabdominal fat was noted.

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly - subjectively benign, sonographically suggestive of vacuolar hepatopathy criteria
- Mild gallbladder sediment (non-mucocele)
- Mild caudal left adrenomegaly - no evidence of adrenal tumors
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the adrenal glands were not overtly consistent with adrenomegaly criteria and without evidence of adrenal neoplasia, adrenal workup with LDDST is warranted given the patient's clinical signs and hepatic presentation.

Leptospirosis titers / PCR could be considered pending additional diagnostics or if potential exposure. Urinalysis to assess for decreased urine specific gravity in conjunction with PU/PD, as well as baseline renal staging to include screening C/S and UPC level, is suggested.

Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. There is no overt evidence of intrabdominal neoplastic criteria.

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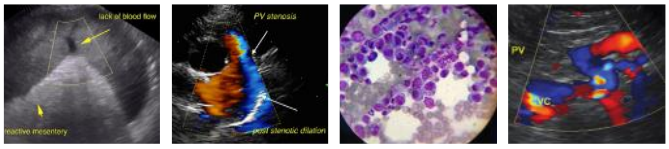

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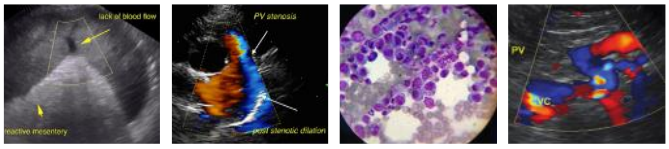

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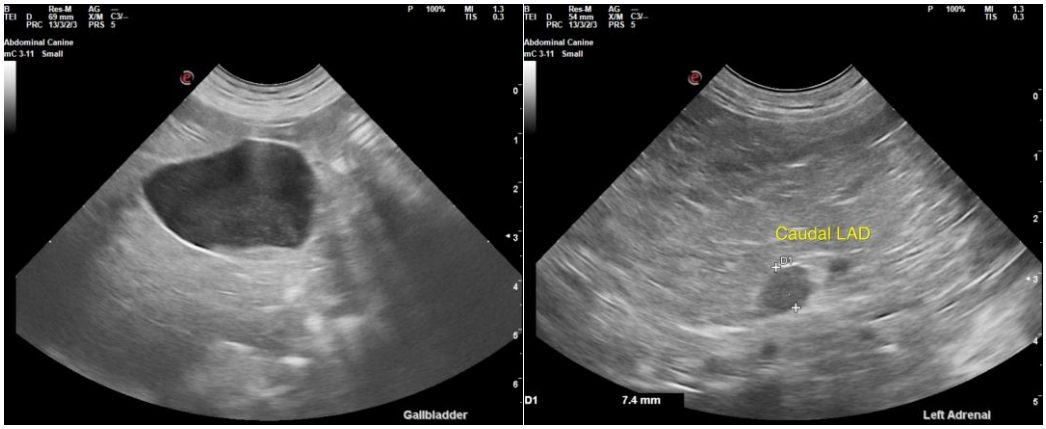

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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