



PATIENT PRESENTING CLINICAL SIGNS

Gizmo Sosnowski

Hypothyroid, luxating patella, anxious, collapsing trachea, Cushings, decreased appetite, elevated liver values. Medication: Vetoryl 10mg, gabapentin, thyroxine .1 BID, cerenia, mirtazapine. ALT 721 ALP 258 GGT 21

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Pomeranian Mix

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.

SEX

MN

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. Minor bilateral areas of medullary mineral were present. A left kidney small lateral cortical cyst was noted. The left kidney measured 4.1 cm in length. The right kidney measured 4.3 cm in length.

AGE

2011

The area of the aortic trifurcation was free of pathology.

WEIGHT

10.4

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

Adrenal Glands

INTERPRETED BY

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

The bilateral glands exhibited mild asymmetrical contour with subtle non-homogenous parenchyma. No evidence of neoplastic criteria. Mild right cranial pole adrenomegaly was present. Mild caudal pole left adrenomegaly was present. The left adrenal gland measured 0.67 cm width at the caudal pole. The right adrenal gland measured 0.44 cm width at the caudal pole and 0.66 cm width at the cranial pole.

Spleen

IMAGING PERFORMED BY
Rebekah Jakum, CVT
ARDMS/RVT

The spleen exhibited normal size and contour with a finely textured subtle heterogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent non-disruptive hyperechoic perihilar to medial parenchymal hyperechoic nodules were present consistent with benign myelolipomas. An example of a splenic nodule measured 0.44 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

HOSPITAL NAME

Littlestown AH

Liver/Gallbladder

REFERRING VET

Holland

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 with primarily anechoic luminal content and mild echogenic non-mineralized debris. The cystic and common bile ducts were normal.

INVOICE

14483ag

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.

DATE

08/07/2023



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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.

SPECIES

Canine

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 was evident.

BREED

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Free Abdomen

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

SEX

MN

ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes with minor medullary mineral and left kidney cortical cyst.
- Hepatopathy-subjectively benign, suggestive of vacuolar hepatopathy pattern, potential for concurrent inflammatory hepatopathy given ALT elevation, non-obstructive cholestasis or other hepatopathy possible.
- Gallbladder debris (non-mucocele).
- Bilateral mild irregular adrenal glands-no evidence of adrenal tumors, suggestive of pituitary dependent hyperadrenocorticism.
- Sonographically unremarkable GI tract/pancreas.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation of the liver presentation with pending hepatic cytology is recommended. Recheck ACTH stim is suggested. Hepatosupportive medications such as Denamarin +/- Ursodiol if tolerated may prove beneficial.

No sonographic evidence of GI or pancreatic pathology as an obvious cause of the patient's reduced appetite. As needed GI support is recommended.

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REFERRING VET

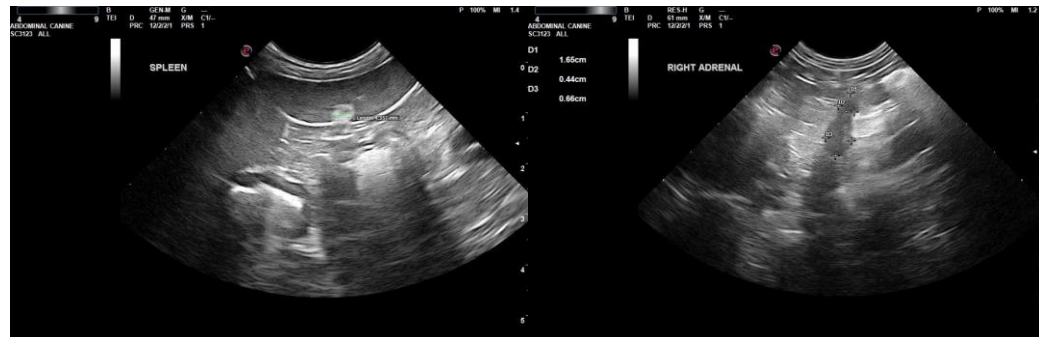
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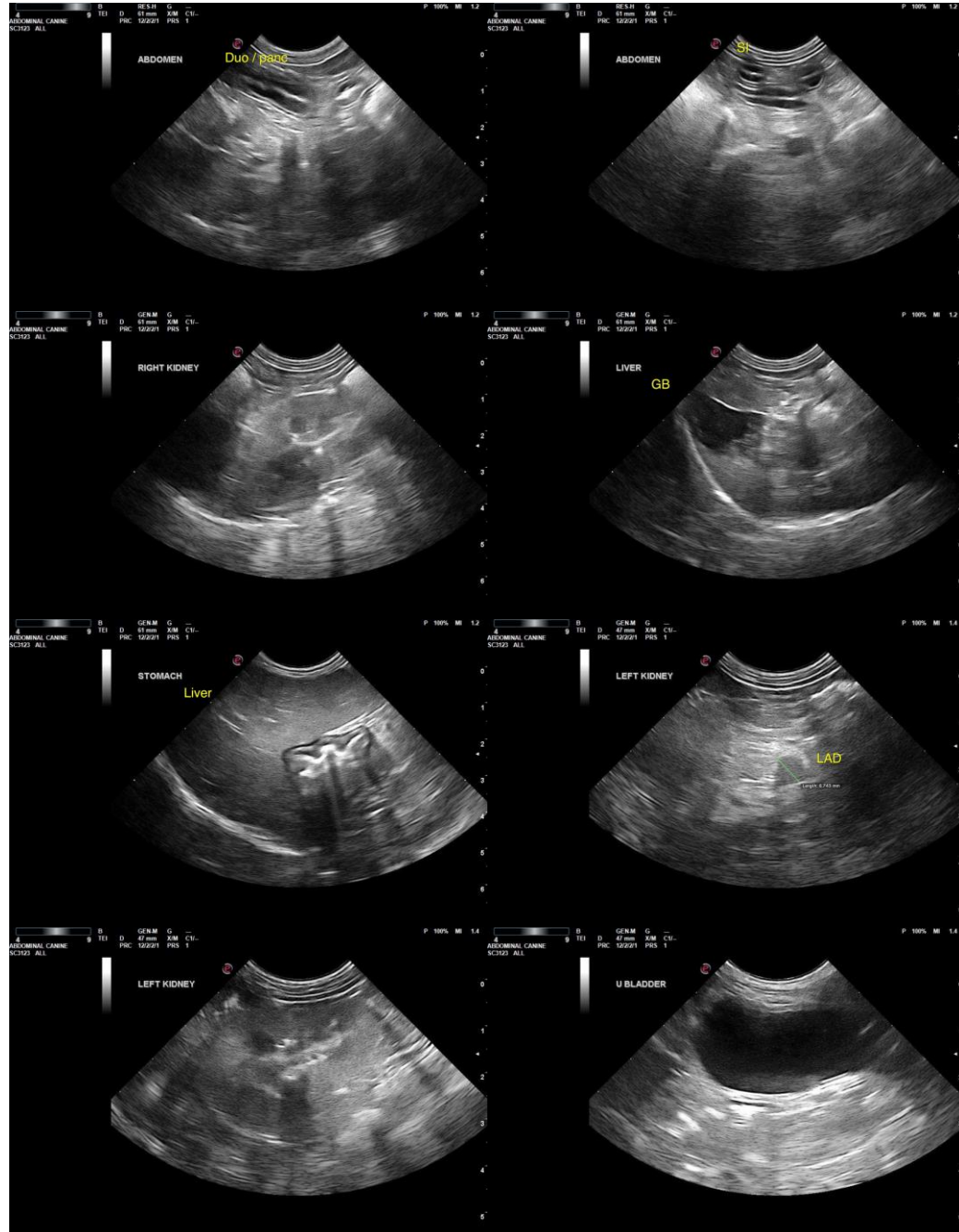
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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