



**PATIENT PRESENTING CLINICAL SIGNS**

Molly Lucas Osteoarthritis, pyoderma, PU/PD Galliprant, Dasuquin, Gabapentin  
 ALP 220, ALT 73, unremarkable CBC

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Shetland Sheepdog

**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.

**SEX**

FS

The area of the aortic trifurcation was free of pathology.

**AGE**

2009

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 5.5 cm in length.

**WEIGHT**

31.4

**Adrenal Glands**

The left adrenal gland was enlarged in size with asymmetrical capsule contour yet maintained capsule integrity without evidence of parenchymal escape. Nonhomogeneous parenchyma without evidence of mineralization was noted. The left adrenal gland measured 3.5 cm length x 1.7 cm width at the cranial pole and 1.6 cm width at the caudal pole.

**INTERPRETED BY**

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

The right adrenal gland was not definitively visualized potentially owing to isoechoic adrenal parenchyma compared to adjacent periadrenal mesentery or potentially mild suppressed right adrenal size owing to the enlarged to irregular left adrenal gland.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

**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.

**HOSPITAL NAME**

Lehigh Valley AH  
 (Allen)

**REFERRING VET**

Dr. Hersh

**Liver/ Gallbladder**

**INVOICE**

14548

The liver presented enlarged in size. Normal hepatic parenchymal echogenicity exhibiting moderate coarse echotexture and evidence of minor parenchymal remodeling were present. 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 mildly distended in size containing primarily anechoic content with very mild hyperechoic debris primarily in the gallbladder neck. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted.

**DATE**

8/9/22



**PATIENT**

Molly Lucas

***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.

**SPECIES**

Canine

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.

**BREED**

Shetland Sheepdog

***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. This is likely consistent with age-related pancreatic changes and considered incidental. No overt evidence of pancreatic pathology was noted.

**SEX**

FS

**AGE**

2009

***Free Abdomen***

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

**WEIGHT**

31.4

Brief sonographic assessment of the right subcutaneous chest revealed ill-defined hyperechoic to nonhomogeneous cystic to possibly vascular lesion potentially indicative of indistinct mass, cellulitis, or other. Ultrasound-guided FNA of this subcutaneous lesion could be considered for screening cytology.

**INTERPRETED BY**

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

**ULTRASONOGRAPHIC FINDINGS**

- A large to Irregular left adrenal gland
- Subjective vacuolar hepatopathy pattern
- Mild hyperechoic gallbladder debris (non-mucocele)
- Mild chronic renal changes

**IMAGING**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Lehigh Valley AH  
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Full adrenal workup is warranted in this patient if PU/PD is confirmed or if additional evidence of Cushing's Syndrome is present. If Cushing's disease is confirmed, pituitary-dependent hyperadrenocorticism or left adrenal tumor could both be possible. Sonographic reassessment of the right adrenal gland potentially under sedation and with documented fast may be indicated for further assessment. Screening blood pressure to assess for evidence of hypertension, which may allude to a potential pheochromocytoma is recommended.

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Empirically, hepatosupportive medications including Denamarin and Ursodiol are suggested.

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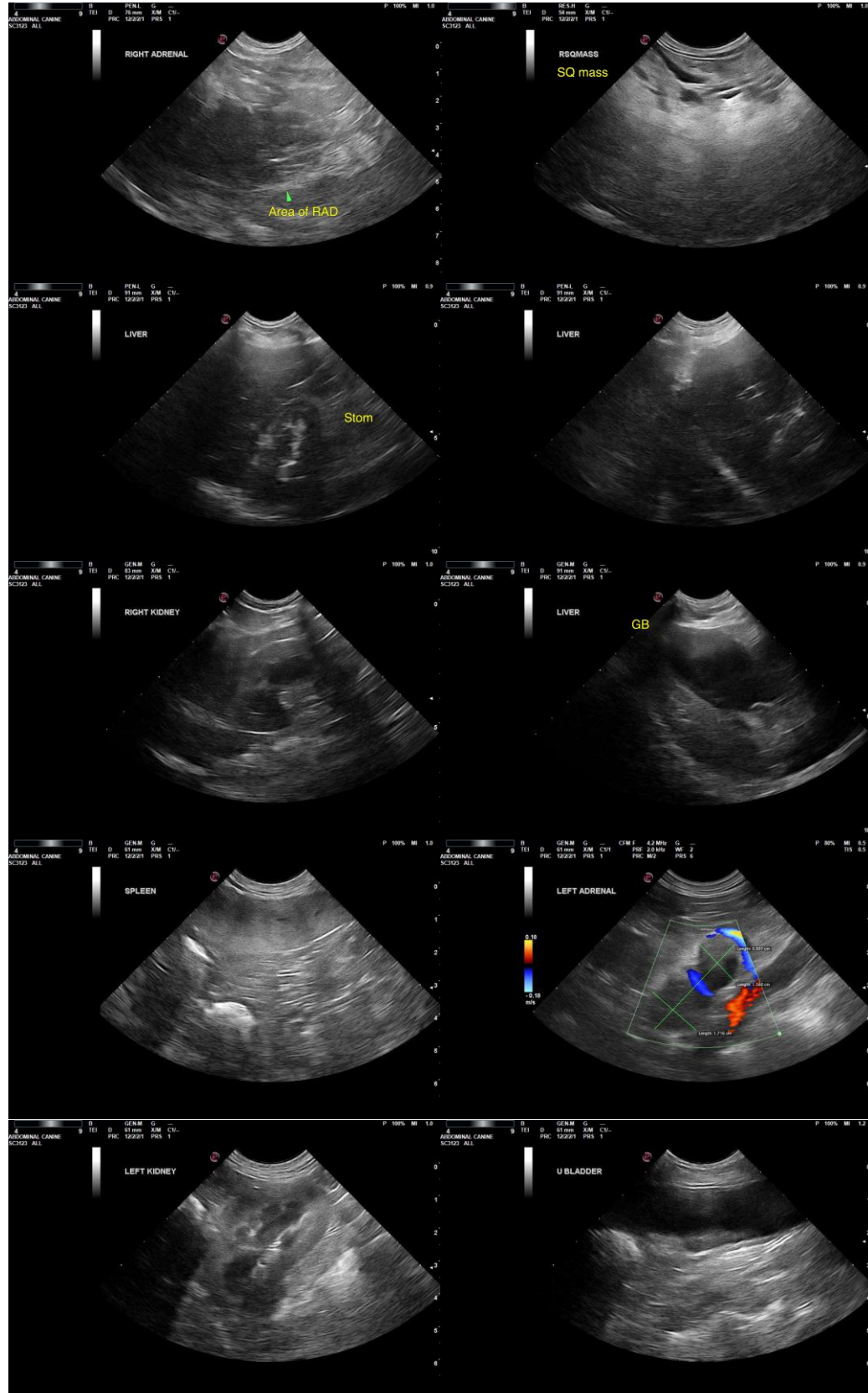
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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)**  
[mac.daniel@sonopath.com](mailto:mac.daniel@sonopath.com)