



PATIENT

Mimi Brena

PRESENTING CLINICAL SIGNS

RDVM RECOMMENDED AN AUS DUE TO ELEVATED LIVER ENZYMES AND CUSHING'S

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: Clear OU and AU. No nasal discharge. No cough on tracheal palpation. Oral cavity: Mild dental tartar Musculoskeletal: BCS = 7/9. Ambulatory x 4 Uro/Perineum: No significant lesions Abd/GI: SI tense, non-painful. Distended ("pot belly" appearance). No obvious masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Multiple pink, raised pea-sized dermal masses. Good hair coat. No ectoparasites seen Mentation: BAR Hydration: N

BREED

JRT

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

FS

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.

AGE

12yr

Normal size and margination was 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

20.7lb

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size, position and shape with minor asymmetrical capsule contour yet without evidence of adrenomegaly or tumors. The left adrenal gland measured 0.59 cm width at the caudal pole and 0.52 cm width at the cranial pole.

IMAGING PERFORMED BY

Dr. Rivera

The right adrenal gland exhibited generalized asymmetrical enlargement including asymmetrical capsule contour. No obvious evidence of parenchymal escape or vascular invasion although potential for early phrenicoabdominal vein invasion cannot be definitively excluded. Mild non-homogeneous parenchyma was noted without overt evidence of mineralization. The right adrenal gland measured 1.1 cm width at the caudal pole and 3.3 cm length.

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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.

REFERRING VET

Dr. Rivera

INVOICE

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Liver

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.

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The gallbladder was non-distended in size with primarily anechoic luminal content. 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.

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.

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

Free Abdomen

AGE

12yr

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

ULTRASONOGRAPHIC FINDINGS

WEIGHT

20.7lb

Primary

- Mild age-related renal changes
- Vacuolar hepatopathy pattern-subjectively benign
- Mild asymmetrical right adrenomegaly to possible mass
- Overtly normal left adrenal gland

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the reported hepatic enzyme elevations and previous diagnosis of Cushing's syndrome the primary finding in this case of the right adrenomegaly to possible mass correlates with the clinical history. Considerations include adenomatous changes, benign hyperplasia or neoplasia. Ideally referral for CT including further assessment of the right adrenal gland as well as assessment for possible surgical resection is recommended if possible. Assessment of systemic BP recommended for evidence of hypertension associated with the right adrenal gland enlargement. Therapy for Cushing's syndrome with serial sonographic monitoring of the bilateral adrenal glands for evidence of progressive changes would be a more conservative approach. Hepatoprotective medications may prove beneficial.

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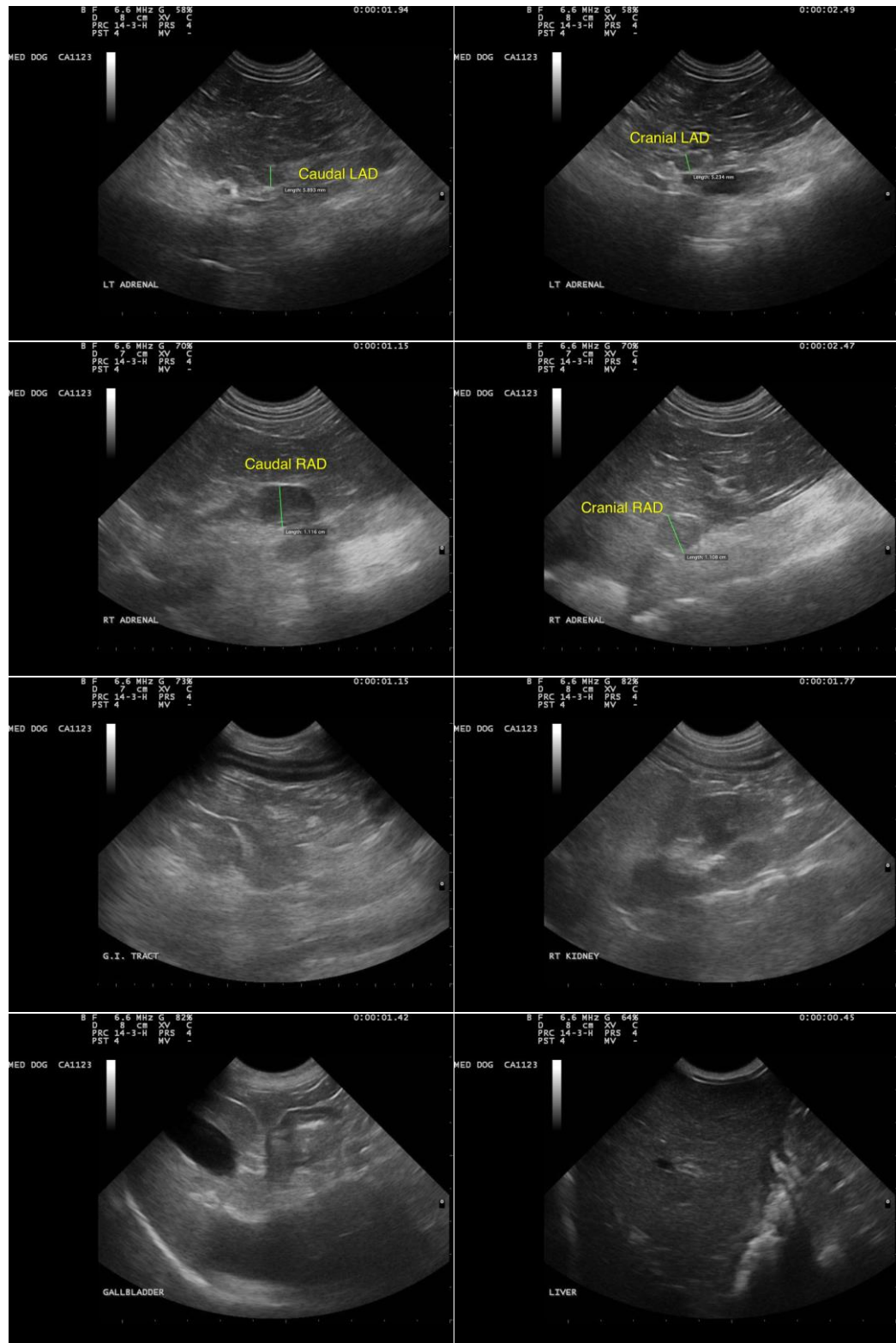
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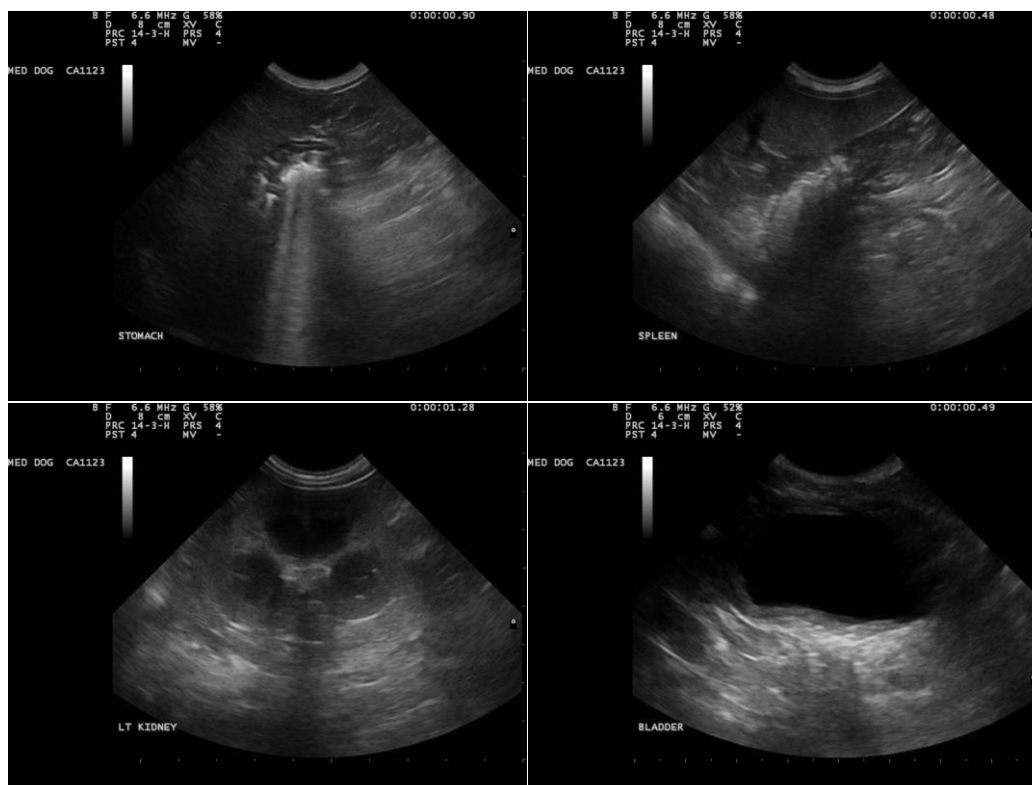
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AGE

12yr

WEIGHT

20.7lb



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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