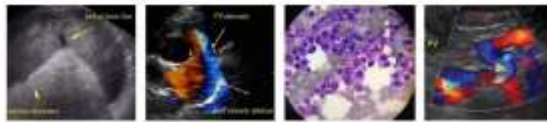




<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Daisy Mayo	PU/PD, pot bellied, food aggressive, panting more, weight loss, concern for adrenal vs pituitary dependant
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: ALP markedly elevated 1508, ALT mildly elevated, LDDST confirms cushings currently on apoquel, omegas, burows, vetasyl
Canine	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<i>Urinary System</i>
Lab	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 were noted.
<b>SEX</b>	No evidence of pathology in the area of the aortic trifurcation.
FS	Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.0 cm in length. The right kidney measured 6.4 cm in length.
<b>AGE</b>	<i>Adrenal Glands</i>
8 Years	Both the left and right adrenal gland exhibited isoechoic to mildly nonhomogeneous parenchyma compared to adjacent periadrenal omentum. Visualization of both adrenal glands was somewhat difficult owing to the adrenal echogenicity and patient panting. The left adrenal gland exhibited mild subnormal size compared to expected adrenal size given the patient's body size and breed subjectively measuring 0.47 cm width at the cranial pole and 0.45 cm width at the caudal pole. In contrast, the right adrenal gland appeared to be enlarged with mild asymmetrical contour measuring subjectively 3.3 x 2.2 cm.
<b>WEIGHT</b>	<i>Spleen</i>
33kg	The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent hyperechoic nodules were present throughout the medial parenchyma. An example of a splenic nodule measured 0.65 cm width. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.
<b>INTERPRETED BY</b>	<i>Liver</i>
R. McKenzie Daniel, DVM, DABVP	The liver exhibited mild generalized enlargement and uniform, yet mildly echogenic parenchyma was present with mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.
<b>IMAGING PERFORMED BY</b>	
Kelly Reshny, RVT	
<b>HOSPITAL NAME</b>	
Headon Forest AH	
<b>REFERRING VET</b>	<i>Gastrointestinal</i>
Martin	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
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<b>DATE</b>	
9-20-21	



<b>PATIENT</b>	The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained moderate echogenic ingesta exhibiting subtle progressive distal acoustic shadowing without overt evidence of obstruction to pyloric outflow.
Daisy Mayo	
<b>SPECIES</b>	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental echogenic, non-shadowing ingesta consistent with normal food without signs of ileus, obstruction or foreign material.
Canine	
<b>BREED</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
Lab	<b><i>Pancreas</i></b>
<b>SEX</b>	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.
FS	<b><i>Free Abdomen</i></b>
<b>AGE</b>	No overt lymphadenopathy or peritoneal effusion was present.
8 Years	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>WEIGHT</b>	<b>Primary</b>
33kg	<ul style="list-style-type: none"> <li>• Subjective right adrenomegaly with subjective mild subnormal left adrenal size in light of body size and breed - suspect right adrenal mass.</li> <li>• Mild hepatomegaly with uniform mildly echogenic parenchyma - consistent with vacuolar /steroid hepatopathy.</li> <li>• Benign splenic nodules - hyperplasia, myelolipomas, or emerging mineralization often seen with underlying endocrinopathy.</li> </ul>
<b>INTERPRETED BY</b>	<b>Secondary</b>
R. McKenzie Daniel, DVM, DABVP	<ul style="list-style-type: none"> <li>• Gastrointestinal ingesta - probable post-prandial presentation.</li> </ul>
<b>IMAGING PERFORMED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Kelly Reshny, RVT	Ideally, further assessment of the bilateral adrenal glands with sedated ultrasound is recommended. Alternatively, advanced imaging such as CT for further clarification and potential for surgical planning given the suspected right adrenal mass and in light of the patient's history could be considered.
<b>HOSPITAL NAME</b>	Empirically, therapy for hyperadrenocorticism with sedated sonographic monitoring of the bilateral adrenal glands would be appropriate. Hepatosupportive medications may be considered. Three view chest radiographs and a GI panel to include PLI/TLI/Cobalamin/Folate may be considered to rule out occult pathology as a contributing factor in the patient's weight loss.
Headon Forest AH	
<b>REFERRING VET</b>	
Martin	
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<b>DATE</b>	
9-20-21	



**PATIENT**

Daisy Mayo

**SPECIES**

Canine

**BREED**

Lab

**SEX**

FS

**AGE**

8 Years

**WEIGHT**

33kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING  
PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

Headon Forest AH

**REFERRING VET**

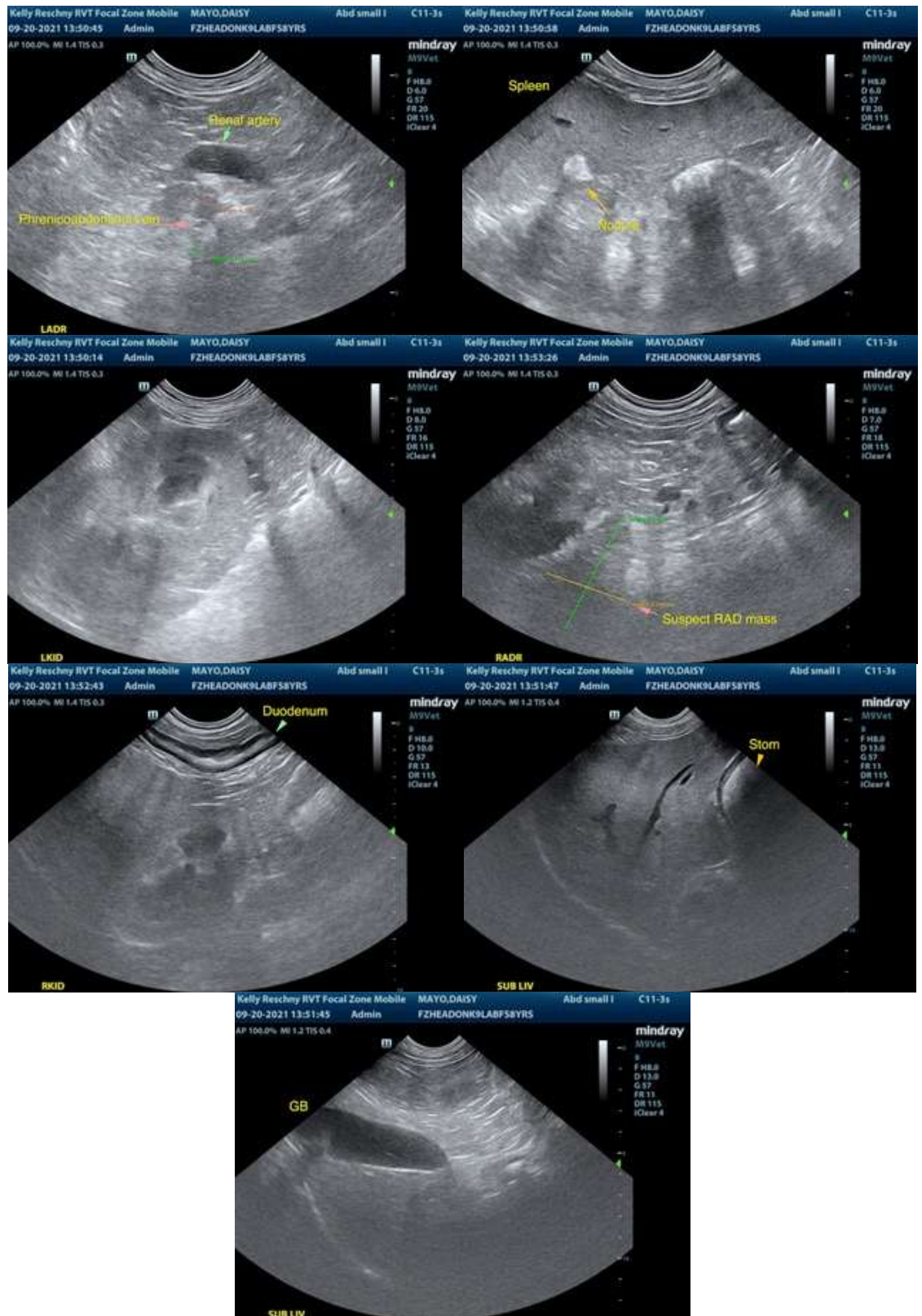
Martin

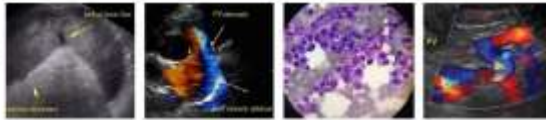
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**DATE**

9-20-21





**PATIENT**

Daisy Mayo

**SPECIES**

Canine

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

**BREED**

Lab

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)

**SEX**

FS

[info@SonoPath.com](mailto:info@SonoPath.com)

**AGE**

8 Years

**WEIGHT**

33kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING  
PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

Headon Forest AH

**REFERRING VET**

Martin

**INVOICE**

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**DATE**

9-20-21