



PATIENT

Hershey Donald

SPECIES

Canine

BREED

Ridgeback X

SEX

FS

AGE

11 years

WEIGHT

28 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Beatties PH Stoney
Creek

REFERRING VET

Dr. Mellish

INVOICE

12333

DATE

9/28/21

PRESENTING CLINICAL SIGNS

–5 day history of PU/PD. Urinating in the house once a day and her urinations are very large. Waking up from naps in urine. Has been on stilbestrol since 7/2019 for incontinence, but not effective anymore Normal PE. Stilbestrol
Abnormal PE/Chem/CBC/UA Results: Urine culture - negative. USG - 1.004 ALT 154 U/L AMYL 306 U/L

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended in size yet with subjective normal tone. The urinary bladder walls were sonographically unremarkable without evidence of neoplastic or inflammatory criteria. Anechoic urine was present. No evidence of pathology was noted in the area of the trigone or cystourethral junction. The urethral was normal in structure and tone to a depth of 4.0 cm.

The area of the aortic trifurcation was free of pathology.

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 pyelectasia or pyelonephritis was present. The left kidney measured 6.3 cm in length. The right kidney measured 6.2 cm in length.

Adrenal Glands

The left adrenal gland exhibited generalized enlargement with rounded yet symmetrical capsule contour and mildly nonhomogeneous parenchyma without evidence of parenchymal mineralization. The left adrenal gland measured 3.0 cm length x 1.4 cm width at the caudal pole and 1.76 cm width at the cranial pole.

The right adrenal gland was indistinctly visualized, given the patient's size and conformation, yet exhibited potential for concurrent mild enlargement subjectively measuring 0.89 cm width at the caudal pole and 1.0 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



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congestion. 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.

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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.

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild left adrenomegaly, potential for bilateral adrenomegaly
- Vacuolar / reactive hepatopathy pattern
- Sonographically unremarkable urinary bladder and visualized proximal urethra

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The potential for bilateral adrenomegaly in this patient is nonspecific and may indicate patient or age-related variant, adenomatous change, hyperplasia, while the possibility of emerging adrenal neoplasia, specifically left adrenal neoplasia, is considered a less likely differential diagnosis yet cannot be definitively excluded. Given the patient's clinical signs, a full adrenal workup including LDDST would be appropriate. Screening blood pressure is recommended. Additional considerations may include Leptospirosis titer / PCR and baseline urine protein: creatinine ratio.

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Hepatic functionality is likely normal, given the low-grade ALT elevation and sonographic appearance.

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Pending additional diagnostics, sonographic monitoring of the adrenal glands with initial recheck ideally in 4-6 weeks under sedation is suggested.

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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.

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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