



PATIENT

Walker Lobello

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

10 yr 11 mo

WEIGHT

63 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Leal

HOSPITAL NAME

Blairstown AH

REFERRING VET

Dr. Leal

INVOICE

15028

DATE

9/29/22

PRESENTING CLINICAL SIGNS

Presented with leaking urine while sleeping (3 times past month). Dog is also polyphasic and polydipsic. Bloodwork all WNL except Alk Phos - 546. UA shows SpGravity 1.009, Rest all WNL. LDDT is inconclusive (baseline - 3.2; 4hr - 1.9; 8hr - 1.5) Ultrasound done for further diagnostics

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

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 pelvic dilation was present. The left kidney measured 6.7 cm in length. The right kidney measured 6.5 cm in length.

Adrenal Glands

The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.3 cm length x 0.68 cm width at the caudal pole. The right adrenal gland measured 2.7 cm length x 0.61 cm width at the caudal pole. No evidence of adrenal tumors or adrenomegaly.

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 congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild non-shadowing gastric ingesta / chyme was present.



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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.

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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

- Vacuolar hepatopathy pattern
- Mild age-related renal changes
- Sonographically normal bilateral adrenal glands
- Sonographically normal urinary bladder and visible proximal urethra

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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(Canine and Feline)

Sonographically, the normal appearance of the bilateral adrenal glands was not overtly consistent with pituitary-dependent hyperadrenocorticism and without evidence of adrenal tumors. A small percentage of patients with Cushing's Syndrome may exhibit normal appearing adrenal glands. If strong clinical suspicion for Cushing's Syndrome, recheck LDDST in a couple of months may be considered.

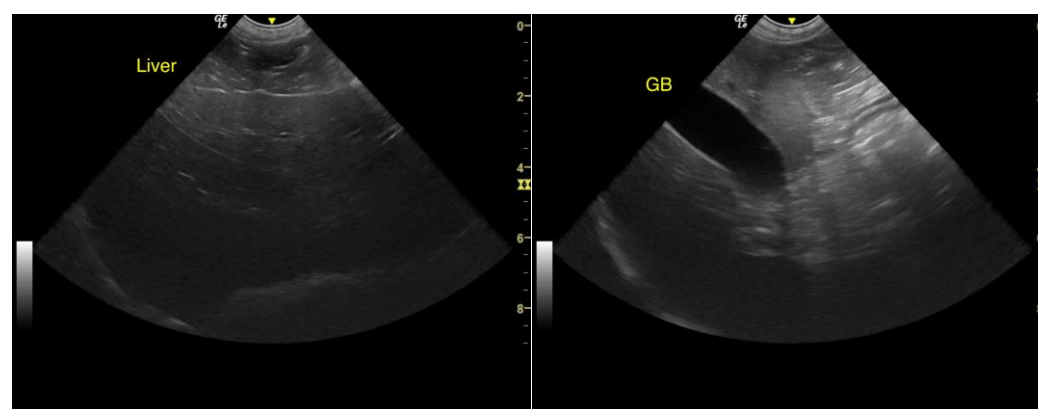
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Urine C/S on a sterile urine sample +/- additional renal staging to include baseline UPC may be considered. Leptospirosis titers / PCR is suggested if endemic to the area or potential exposure.

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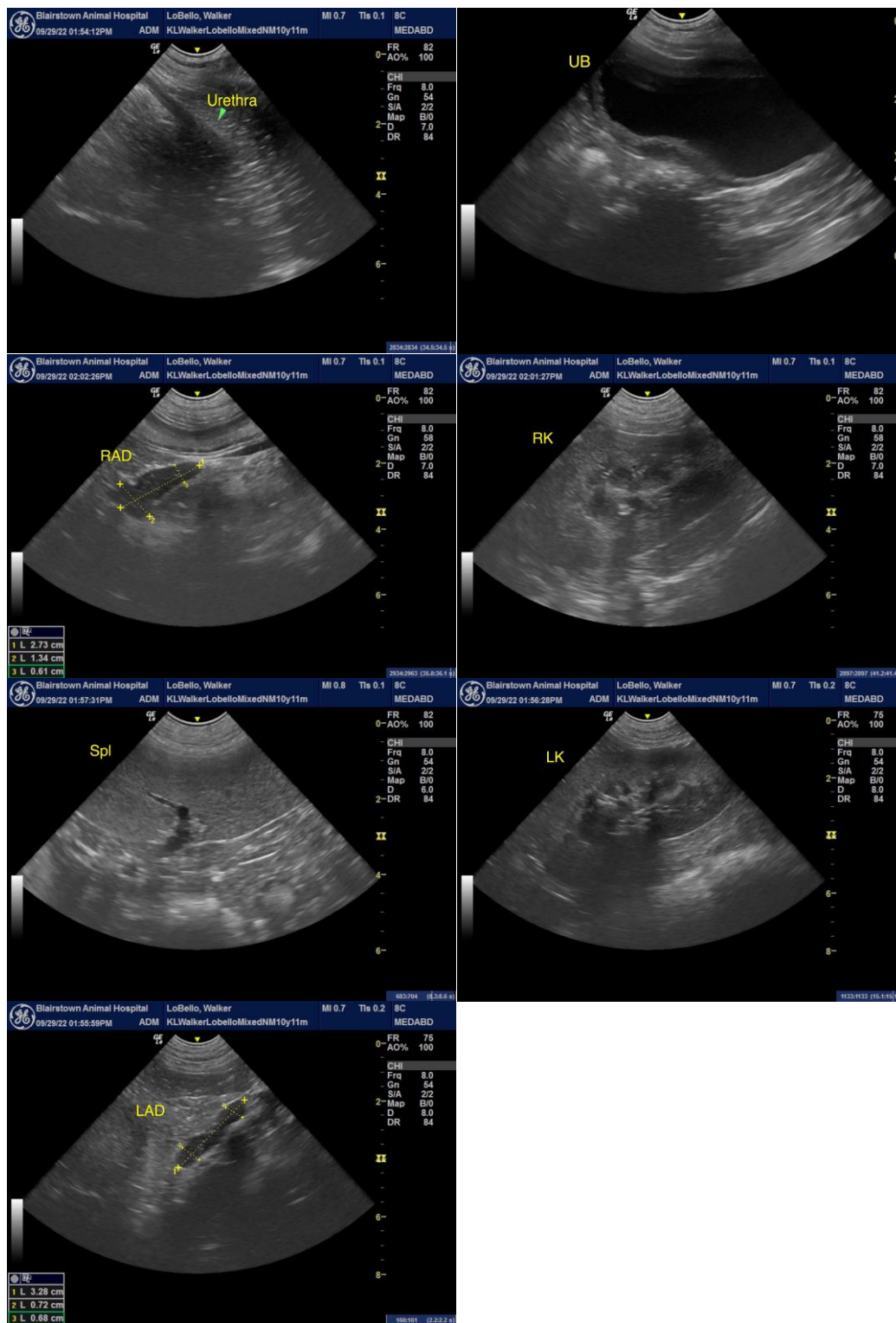
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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