
PATIENT PRESENTING CLINICAL SIGNS

Ace Furler History: Ongoing anorexia for the last few months, patient gaining weight even though not eating that much. Gabapentin.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Low T4, High MCHC, Total Protein high, Albumin high, Globulin high, ALT M1 elevation, ALP low.

BREED

Siberian Husky

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 3.0 cm.

SEX

Neutered Male

AGE

10 years

The prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins.

WEIGHT

46.25 kg

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 8.5 cm in length. The right kidney is 8.6 cm in length.

INTERPRETED BY

Tam Mengine, DVM,
 DABVP (canine/feline
 practice)

Adrenal Glands

The right adrenal gland is diffusely enlarged and hyperechoic. They have normal phrenic vasculature and are found in the normal location. The left adrenal gland height is 1.0 cm at the cranial pole and 8.3 mm at the caudal pole. The right adrenal gland height is 2.2 mm at the cranial pole and 1.1 cm at the caudal pole.

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Crystal Hill

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

HOSPITAL NAME

Beatties East
 Hamilton PH

Liver

The liver parenchyma is diffusely hyperechoic and of normal size. There are multiple hypoechoic lesions, some of which have a target appearance within the hepatic parenchyma, measuring up to 2.2 cm. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

REFERRING VET

MacDonald

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

INVOICE

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Gastrointestinal

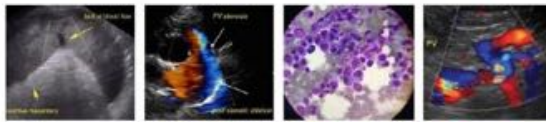
The stomach is empty. The gastric wall is subjectively normal in thickness, and exhibits appropriate wall layering, but cannot be accurately measured due to normal deviations of the rugal folds. The pylorus is of normal appearance.

DATE

8.4.23

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.7 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.



PATIENT

Ace Furler

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

SPECIES

Canine

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

BREED

Siberian Husky

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

Findings

- Diffusely enlarged right adrenal gland
- Diffusely nodular liver, with target lesions

AGE

10 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

46.25 kg

The changes in the liver are nonspecific, and can be seen with vacuolar hepatopathy, regenerative lesions, storage hepatopathy and neoplasia. The appearance of target lesions does increase concern for the presence of neoplastic disease. Additional recommendations include:

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- Ultrasound-guided or laparoscopic biopsies of the lesions in the liver
- Bile acid testing to further assess severity of hepatic disease
- Three-view chest radiographs

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The changes in the right adrenal gland are consistent with either pituitary-dependent hyperadrenocorticism, or benign hyperplasia.

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- If signs of Cushing's disease are present, then adrenal function testing (either a low-dose dex-suppression test or ACTH stimulation test) is recommended.
- Monitoring the nodule for changes in size or appearance, via serial ultrasounds at 6–8-week intervals

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The history notes a low T4 level, along with weight gain despite poor appetite. This may suggest the presence of hypothyroidism. A full thyroid panel to Michigan State University would be recommended to determine whether thyroid supplementation is warranted.

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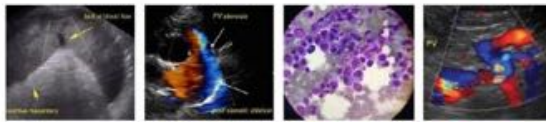
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AGE

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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.

Tam Mengine, DVM, DABVP (canine/feline practice) info@SonoPath.com