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Clinical Sonography & Telecytology
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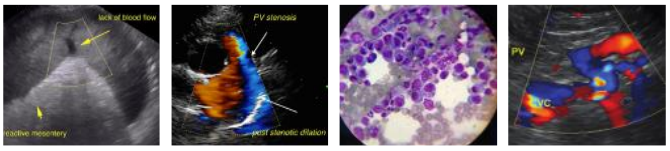

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bam Bam Deveaux

SPECIES

Canine

BREED

Shih Tsu

SEX

Neutered Male

AGE

12 Years

WEIGHT

20.6 Lbs

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Charlie Rodriguez

HOSPITAL NAME

Bethany Family Pet Clinic

REFERRING VET

Charlie Rodriguez, DVM

INVOICE

10113

DATE

1/6/22

PRESENTING CLINICAL SIGNS

History: Bam Bam presented a few weeks ago for mass on his lip. He was noted to have a thin fur coat, pot belly, and o did think he seemed anxious/panting at home. O adopted him 1 year ago. Abnormal PE/Chem/CBC/UA Results: Cholesterol, ggt, alt, alp all elevated. See attachment. CBC showing mild thrombocytosis. Alk Phos 3022. ALT 367. GGT 28. Normal TW. Specific Gravity 1028. Trace proteinuria inactive sediment. T4 normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is distended. A small amount of echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (0.67 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (4.47 cm in length); with normal shape smooth peripheral contours. The cortex is mildly thickened and hyperechoic with pinpoint hyperechoic speckling. There is moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present (0.16 cm in the transverse plane). There is no evidence of infarcts or hydroureter.

The right kidney is normal size (4.81 cm in length); with normal shape smooth peripheral contours. The cortex is mildly thickened and hyperechoic with pinpoint hyperechoic speckling. There is moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present (0.16 cm in the transverse plane). There is no evidence of infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is enlarged (1.00 cm at cranial pole) (0.79 cm at caudal pole) (2.48 cm in length); with an irregular shape. A 1.25 x 0.87 irregular hyperechoic nodule is observed at the cranial pole. Glandular echogenicity and detail at the caudal pole are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is enlarged (1.07 cm at cranial pole) (0.61 cm at caudal pole); with an irregular shape. A 1. 31 x 0.93 cm irregular hyperechoic nodule is observed at the cranial pole. The caudal pole is slightly heterogenous in appearance. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively prominent in size (1.38 cm in width at the level of the hilus) with normal curvilinear peripheral contours. A light micronodular pattern is present throughout the parenchyma. No distinct focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and slightly heterogenous in appearance. No distinct focal lesions are observed.

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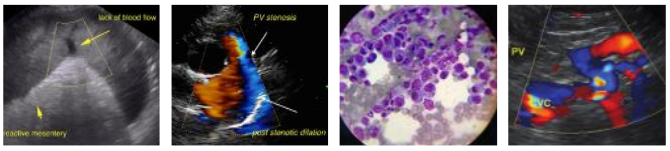

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Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is distended. The wall is normal in thickness. A large amount of aggregated echogenic suspended sludge and a partially stellate pattern is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal (xxx cm) with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

Pancreas
The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Gall bladder changes consistent with a developing mucocele.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- The bilateral adrenal changes are most consistent with nodular hyperplasia. However, bilateral tumors cannot be completely excluded.

Secondary Findings

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia or extramedullary hematopoiesis with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Bilateral non-specific nephropathy with dystrophic mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the gall bladder changes, Ursodeoxycholic acid (Ursodiol) is recommended. Serial sonographic monitoring (e.g., every 6-8 weeks) of the gall bladder is recommended to assess for progression to a fully-formed mucocele. Alternatively, a prophylactic cholecystectomy can be considered. If surgery is pursued, referral to a board-certified surgeon is recommended due to the potential for perioperative complications.
- If the patient has overt clinical signs for Cushing's disease, consider medical therapy (i.e., Trilostane).

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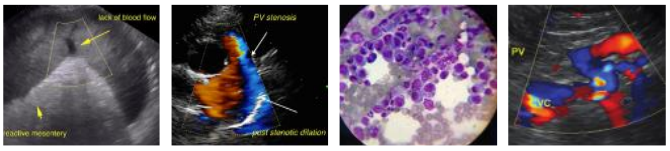

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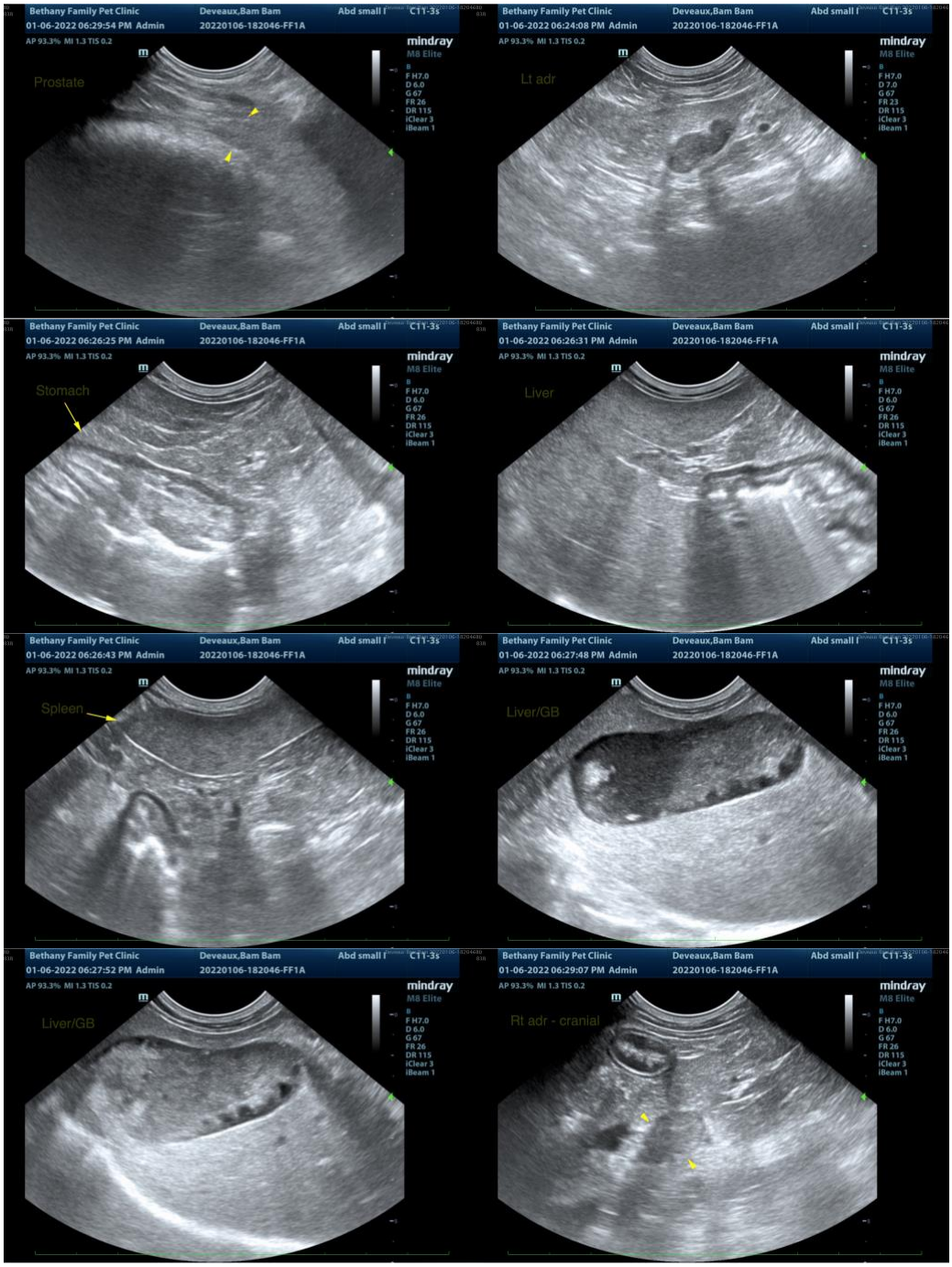
- A baseline blood measurement and UPC should also be considered.



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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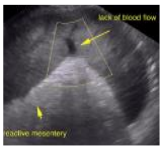

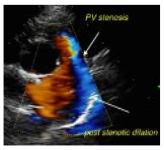

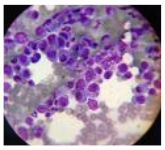
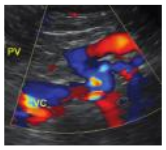

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