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Clinical Sonography & Telecytology
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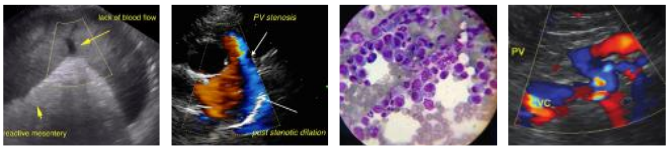


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Charlotte Tamburino

SPECIES

Canine

BREED

West Highland Terrier

SEX

Spayed Female

AGE

16 Years

WEIGHT

13.2 Lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal General on Hudson

REFERRING VET

Dr. Vivian Ng

INVOICE

10130

DATE

1/12/22

PRESENTING CLINICAL SIGNS

History: History of Addison's. Pancreatitis, decreased appetite, new liver enzyme elevations, and anemia. Current meds: pred 2.5 mgs EOD, recent change to 1.25 mgs SID, also on Zycortral Abnormal PE/Chem/CBC/UA Results: ALT 166, ALP 285, chol. 80, RBC 5.14, HCT 31.5%, non-regenerative.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. In the region of the apex, the wall is slightly thickened (up to 0.36 cm). The mucosal surface is mildly irregular. At the caudal aspect, finger-like echogenic projections are observed within the lumen. No cystic calculi are observed. The trigone appears normal.

The left kidney is normal size (4.09 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Moderate pyelectasia is present (0.53 cm in the longitudinal plane). In addition, Caliectasis is also seen. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

One still image is available for interpretation. The right kidney is normal in size (3.12 in length); with a relatively normal shape and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland caudal pole is visualized and is small in size (0.28 cm in width) with normal shape; glandular echogenicity and detail. Surrounding vasculature appears normal.

The right adrenal gland is small in size (0.38 cm at cranial pole) (0.27 cm at caudal pole) (1/06 cm in length); normal shape, smooth peripheral contours and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.90 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

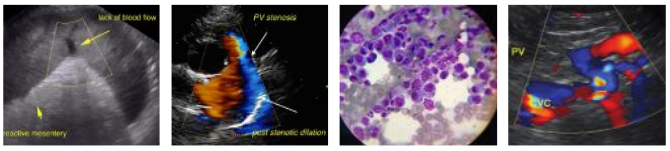
Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is mildly distended with ingesta/shadowing material. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate



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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

- 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 finger-like echogenic projections within the urinary bladder may be artifactual or may represent aggregated debris, polypoid cystitis, or emerging neoplasia.

Secondary Findings

- Bilateral nonspecific age-related renal changes with left pyelectasia. The flattened left adrenal glands are likely due to the previous diagnosis of hypoadrenocorticism.
- The shadowing material within the gastric lumen likely represents normal ingesta, however, foreign material cannot be completely excluded. Correlation with patient's clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the liver enzyme elevations, serial monitoring (i.e., every 3-4 months), is recommended to assess for progression. If values continue to increase, a repeat ultrasound +/- hepatic tissue sampling may be warranted.
- If an aggressive approach is desired at this time, a fine-needle aspirate can be considered (if clotting status is appropriate), however, results may be of low yield.
- Regarding the urinary bladder changes, consider a repeat ultrasound when the bladder is fully distended for better evaluation. A free catch urinalysis is recommended if not already performed.
- Regarding the anemia, consider a T4/free T4 by equilibrium dialysis, which can sometimes result in non-regenerative anemia. Also consider a comprehensive tick panel (send to NC State). Three-view thoracic radiographs to assess for occult neoplasia in the chest.

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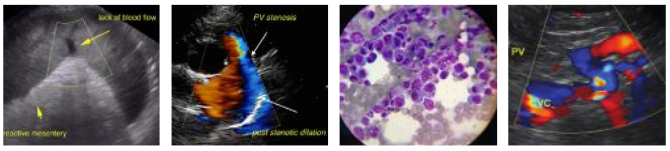

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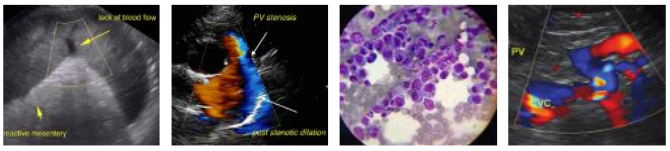

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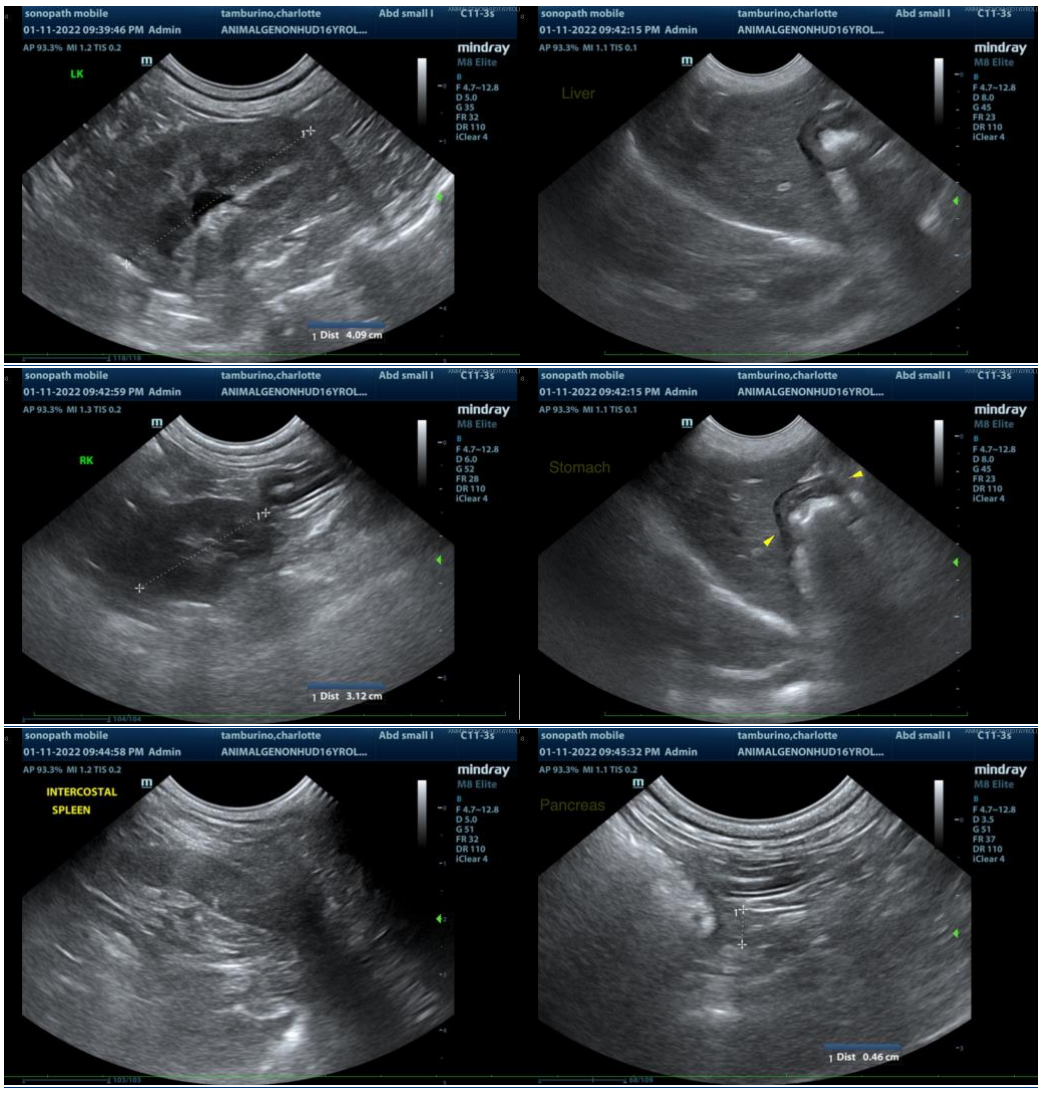

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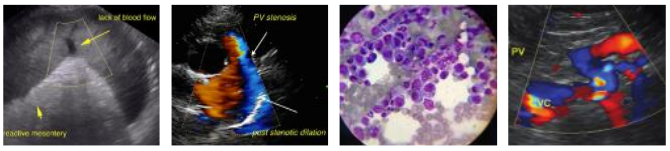

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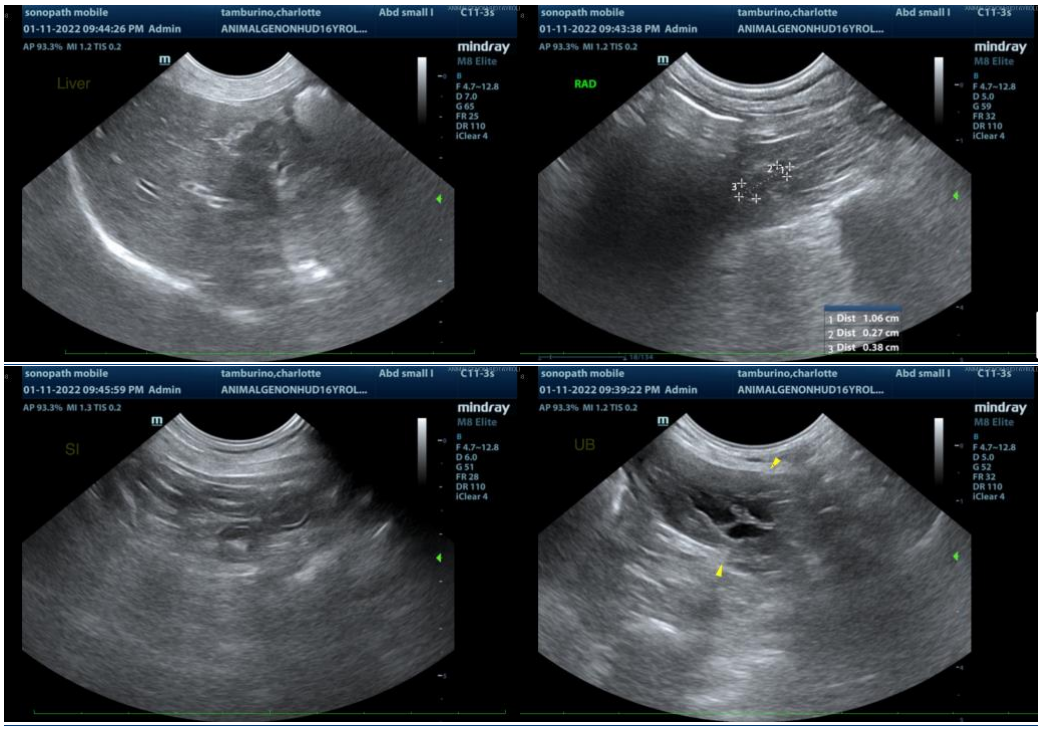

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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