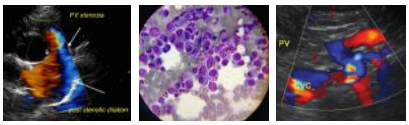


DATE

1/13/2022

PATIENT

G Vickerie

SPECIES

Canine

BREED

Irish Setter

SEX

Male Neutered

AGE

8-2-2008

WEIGHT

21 kg

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Banfield Pet Hospital of White Marsh

REFERRING VET

Dr. Gutwillig

INVOICE

10144

PRESENTING CLINICAL SIGNS

History: Persistent ALKP elevation.

Lab Results: ALKP historical elevations: (ref range 23-212)
12/16/21 1262
05/17/21 1304
11/17/20 1914
04/21/20 >2000

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: IV sedation: torb.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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 mildly distended with anechoic urine. 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 (0.96 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (5.78 cm in length); with an irregular shape. The cortex is variably thickened and heterogenous. A 1.32 cm hypoechoic swelling/nodule is observed at the caudal lateral aspect. There is minimal to mild loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present. There is no evidence of hydroureter. Renal vasculature is normal.

The right kidney is normal in size (5.94 cm in length) with a slightly irregular shape, smooth peripheral margins, and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Mild pyelectasia is present (0.32 cm in the longitudinal plane). There is no evidence of hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.53 cm at cranial pole) (0.54 cm at caudal pole) (2.78 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.89 cm at cranial pole) (0.67 cm at caudal pole) (3.06 cm in length); normal shape; 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 (1.84 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 1.44 cm hyperechoic nodule/are is observed at the caudal-medial aspect. Splenic vasculature is normal.

Liver
The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is mostly isoechoic relative to the spleen and subtly heterogenous in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic 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 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 right limb is prominent in size, with minimal deviation from the normal peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and diffusely mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen
There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

Other
A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

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.

- Bilaterally irregular kidneys with chronic pathology and dystrophic mineralization. The hypoechoic swelling/nodule in the left lateral cortex may represent an area of remodeling, tumor, granuloma, inflammatory focus, other.

Secondary Findings

- The hyperechoic splenic nodule trends toward the benign (i.e., myelolipoma, area lymphoid hyperplasia), with a lower possibility of emerging neoplasia.

- The pancreatic changes are suggestive of age-related remodeling/fibrosis. Concurrent low-grade inflammation may be present, particularly if the patient exhibits discomfort of cranial abdominal palpation.

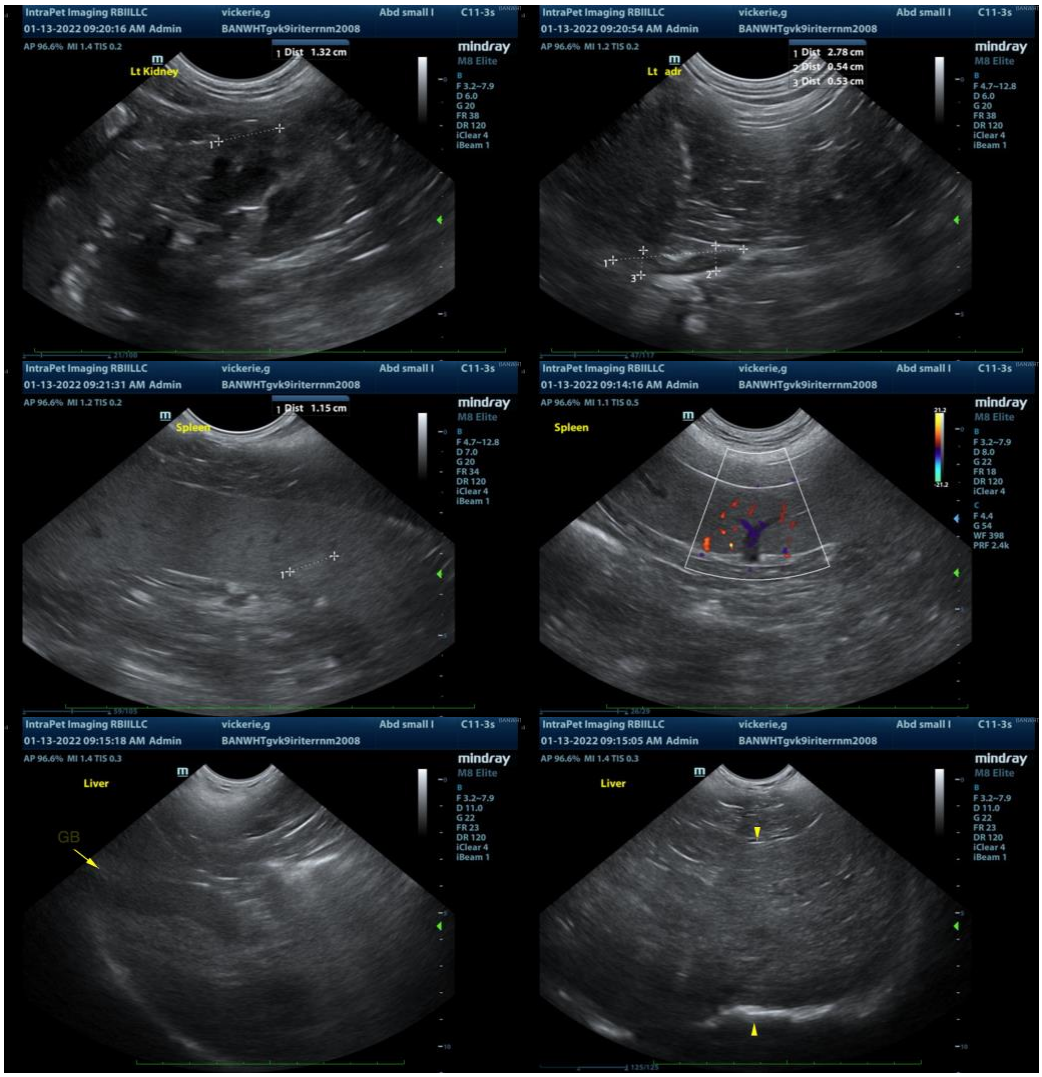
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

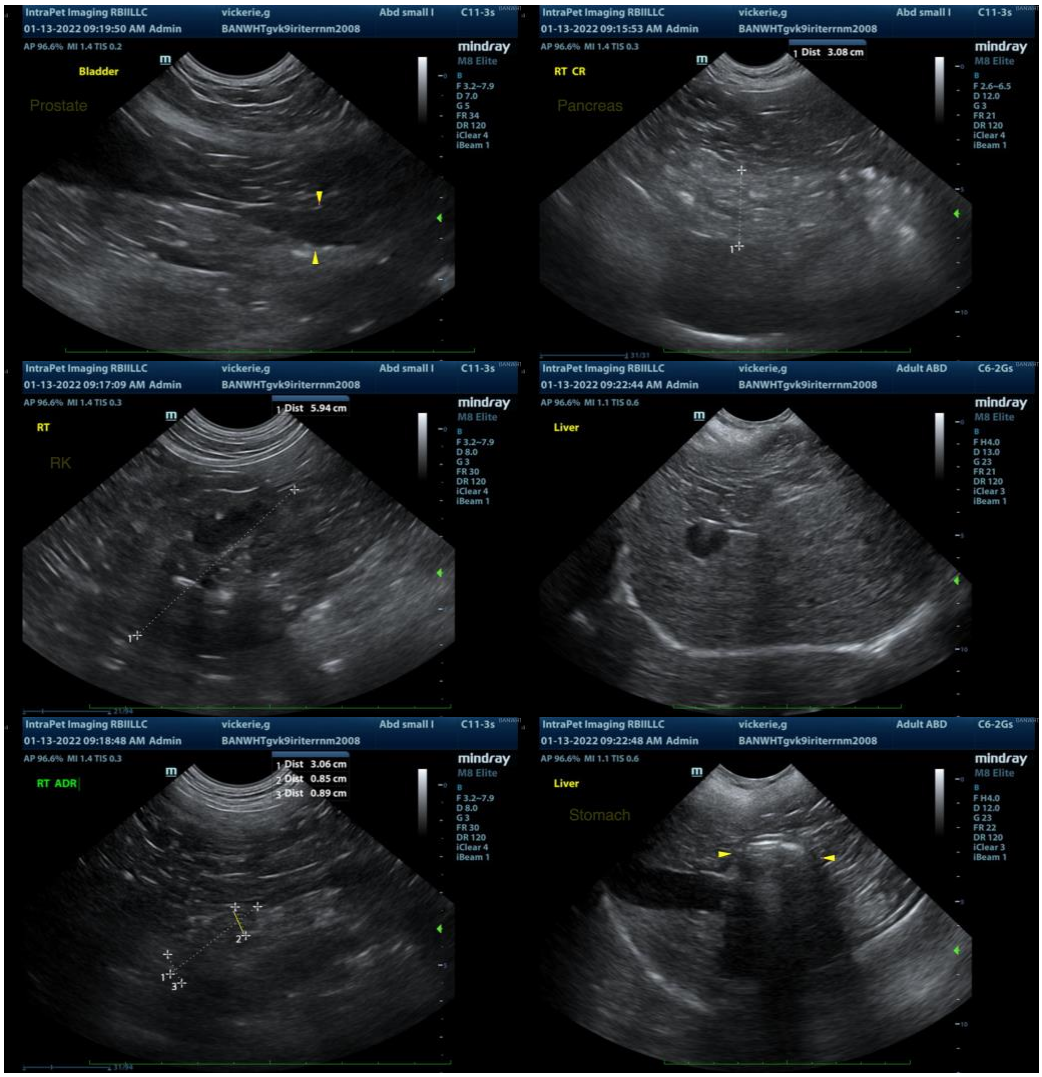
- Regarding the elevated ALP, continued monitoring (i.e., every 3-4 months), is recommended. If values begin to increase again, a repeat ultrasound may be warranted.

- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop.

- Regarding the left-renal nodule/swelling, consider a fine-needle aspirate, if clotting status is appropriate. A 25-gauge needle should be used. Serial monitoring of the patient's renal values is also recommended. A urinalysis should also be considered if not already performed.

- Given the patient's age, thoracic radiographs are recommended to assess cardiopulmonary status.





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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com