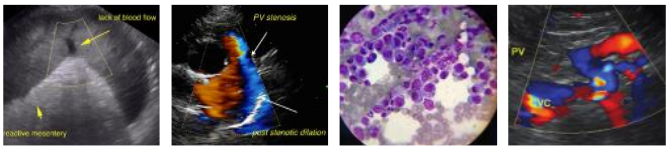
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Mylo Estrada

SPECIES
Canine

BREED
Mix

SEX
Neutered Male

AGE
11yr

WEIGHT
14kg

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

IMAGING PERFORMED BY
Callihan/Pacific Crest Mobile

HOSPITAL NAME
Pacific Crest Mobile Vet

REFERRING VET
Harvey/Skagit Animal Clinic

INVOICE
10208

DATE
1/26/22

PRESENTING CLINICAL SIGNS

History: Unregulated diabetic with weight loss. Good appetite, normal attitude at home. Meds: -Glargine 16 units SC q24h (steady increase over past 6 weeks or so); glucose trends in the 400-500 range during in-clinic curves and owners also monitor at home (had a Freestyle Libre briefly and curves at home matched clinic data) -trial of abx in Sept 2022 for possible urinary tract infection -several types of insulin have been tried

Abnormal PE/Chem/CBC/UA Results: PE: pretty unremarkable, BCS 4/9; normal appearing skin/coat; abd not tender or distended Labs: CBC in Sept 2021 normal Chems 1/15/2022 mild elev ALKP 246, Glucose 507

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 moderately 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 (0.80 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal in size (6.92 cm in length); with a normal shape and architecture with smooth peripheral margins. The parenchyma is mildly hyperechoic. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney presented normal in size (7.20 cm in length); with a normal shape and architecture with smooth peripheral margins. The parenchyma is mildly hyperechoic. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.65 cm at cranial pole) (0.78 cm at caudal pole) (2.57 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.

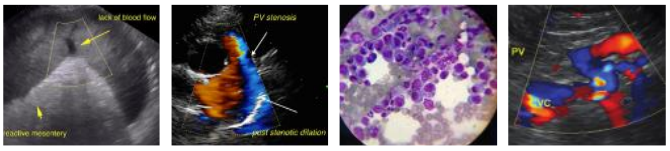
The right adrenal gland is mildly enlarged (1.60 cm at cranial pole) (1.79 cm at caudal pole) (2.25 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.07 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few hyperechoic nodules are visualized, the largest measuring 0.68 cm in diameter). Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits a finely heterogenous pattern. No distinct focal lesions are



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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. A moderate amount of aggregated echogenic to mineralized debris/sludge is observed within the lumen, most of which is gravity dependent and some of which is adhered to the luminal surface.

Gastrointestinal
The gastric lumen is distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall thickness is normal 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 pancreas is diffusely enlarged with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is borderline dilated (0.33 cm in diameter). The mesentery effacing the serosal surface is mildly hyperechoic.

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes are consistent with chronic +/-active pancreatitis.
- Mild bilateral adrenomegaly. This finding could be consistent with hyperplastic change secondary to pituitary-dependent hyperadrenocorticism. However, correlation with clinical findings is recommended.

Secondary Findings

- Degenerative age-related renal changes.
- The hyperechoic splenic nodules are likely benign in origin (i.e, myelolipomas or foci of lymphoid hyperplasia) with low potential for emerging neoplasia.
- The hepatic parenchymal changes are most consistent with a benign hepatopathy (i.e, vacuolar hepatopathy secondary to diabetes mellites). However, other hepatopathies cannot be completely excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the pancreatic changes, consider a cPLI +/- full GI panel. Supportive care for pancreatitis is recommended, as needed.
- Also consider further testing for Cushing's Disease (i.e., low-dose dexamethasone suppression test or ACTH stimulation test).

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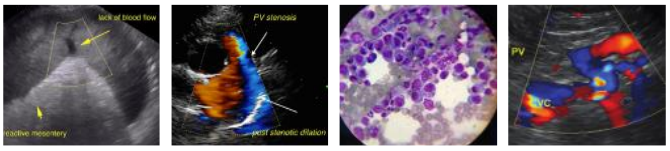

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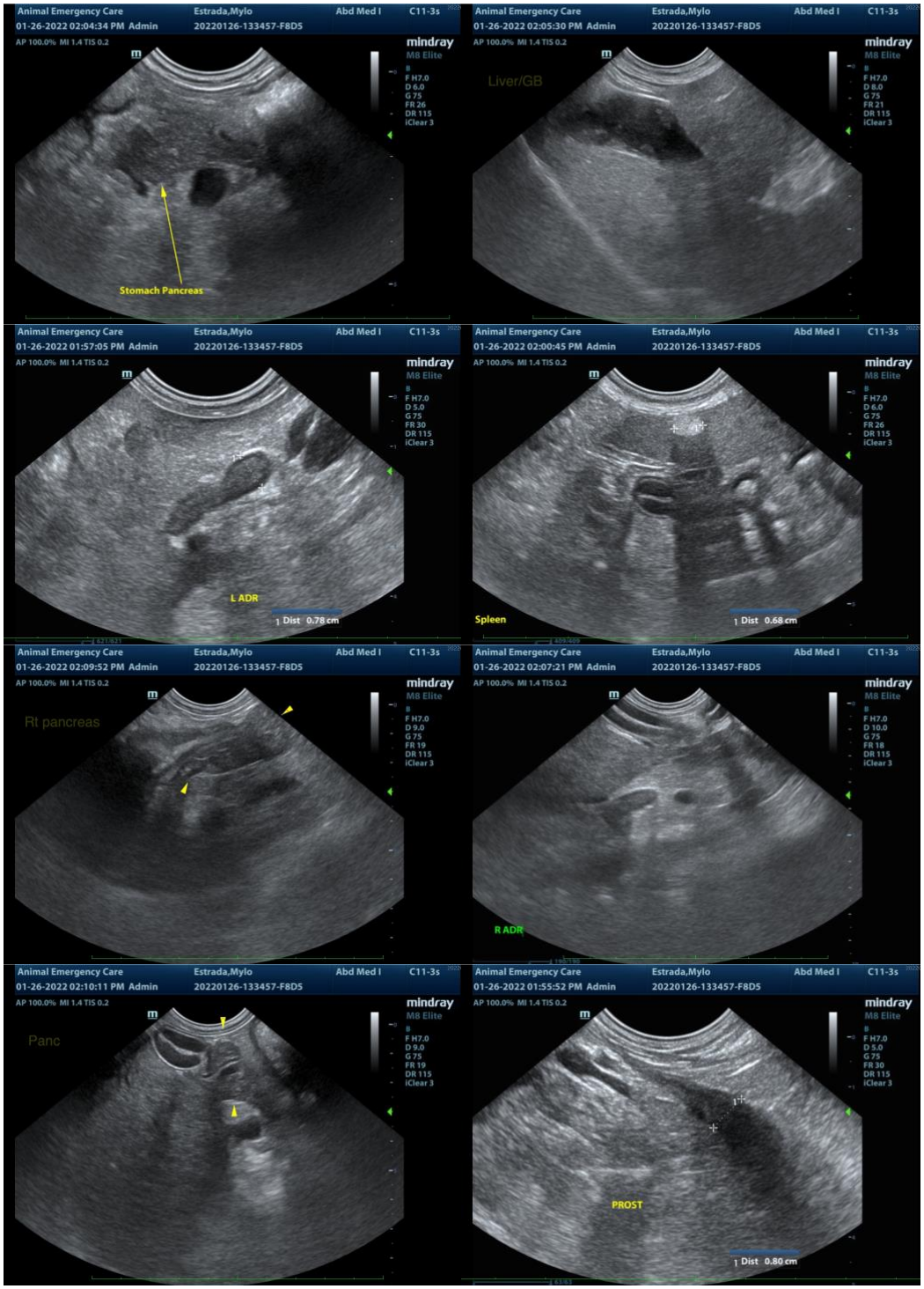
- Three-view thoracic radiographs can also be considered to assess for occult disease in the chest as a possible cause for unregulated diabetes.
- Also consider a urine culture and sensitivity to assess for occult pyelonephritis.



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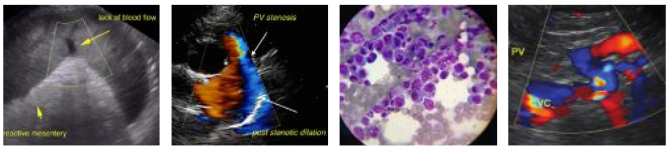

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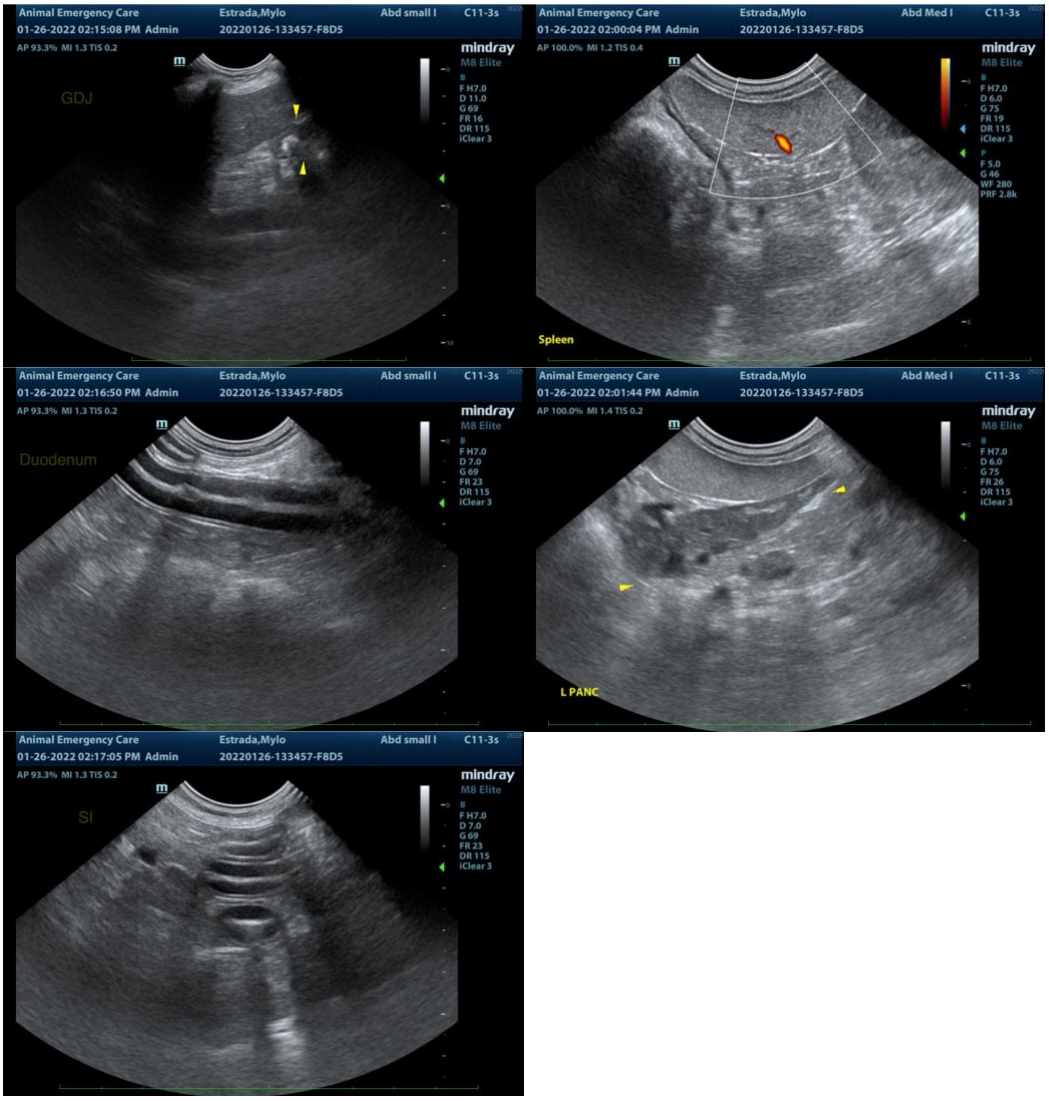

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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