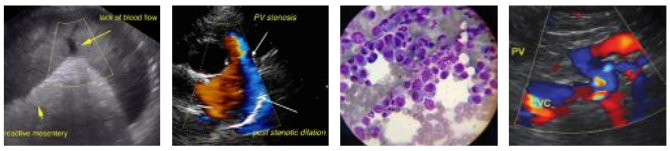
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Tommy Day

SPECIES
Canine

BREED
Bichon Frise X

SEX
Neutered Male

AGE
11 years

WEIGHT
30 lbs

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

IMAGING PERFORMED BY
Dr. Sorbo

HOSPITAL NAME
Back Bay VC

REFERRING VET
Dr. Sorbo

INVOICE
10238

DATE
1/28/22

PRESENTING CLINICAL SIGNS

History: Decreased appetite for several weeks, progressive. Will eat soft food but not kibble. Vomiting 1wk ago, resolved. Started Vetoryl 30mg late Nov 2021, stopped 1/18 after vomiting and have not resumed yet. Has never been PU/PD, long-term history of hair loss and weight gain.

Abnormal PE/Chem/CBC/UA Results: -1/21 mild anemia (Hct 36.8), mild thrombocytosis (508), ALT H (198), ALP H (444), cholesterol H (437), spec CPL mildly H (215) -1/18 Na/K ratio 31, ACTH Stim pre 1.2, post 2.7 -Suspect atypical Cushing's. LDDS consistent with pituitary hyperadrenocorticism. Endocrine panel (UT) results consistent with atypical hyperadrenocorticism. Thyroid panel (UMichigan 11/2020) ruled out hypothyroidism, all WNL --- LDDS: Baseline cortisol 13.7, post 4hr 0.5, post 8hr 2.7. --- Endocrine panel: all adrenal hormones elevated except estradiol

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 (0.93 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 (6.08 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.82 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.56 cm at cranial pole) (0.68 cm at caudal pole) (2.42 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.

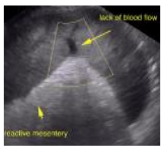
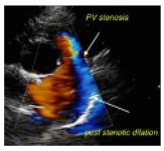
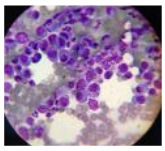
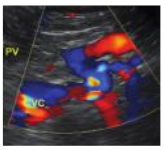
The right adrenal gland is mildly enlarged (0.68 cm at cranial pole) (0.63 cm at caudal pole) (2.15 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.01 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

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

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. 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 left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic 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

- Mild bilateral adrenomegaly, consistent with the previous diagnosis of pituitary-dependent hyperadrenocorticism.
- 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.

Secondary Findings

- Age-related pancreatic remodeling
- Bilateral minor age-related renal changes.

*An obvious cause for the patient's clinical signs is not identified in this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A thorough oral exam is recommended to assess for possible dental issues which may be causing the patient's clinical signs (if not already performed).
- Other diagnostic considerations include the following:

1. Three-view thoracic radiographs to assess for occult neoplasia in the chest.
2. GI Panel (Send to Texas A&M)

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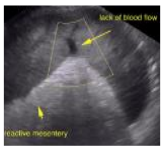
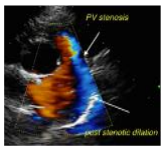
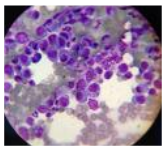
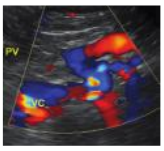

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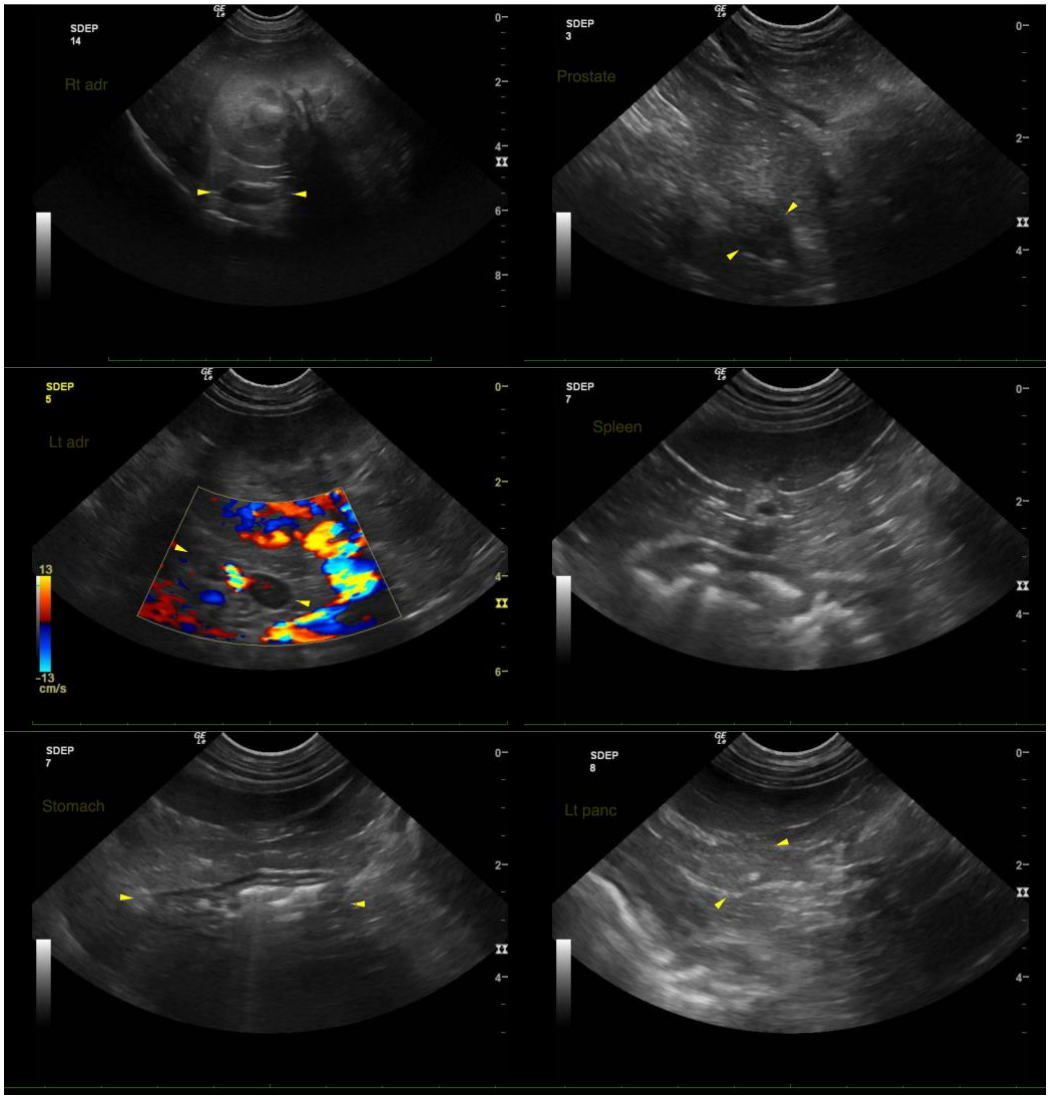
3. Fecal evaluation for ova and Giardia
4. Pre-and postprandial serum bile acids to assess for occult hepatic dysfunction
5. Thorough neurologic examination, as reduced appetite and weight loss can be sole clinical signs for brain tumors.
6. Ultimately endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.



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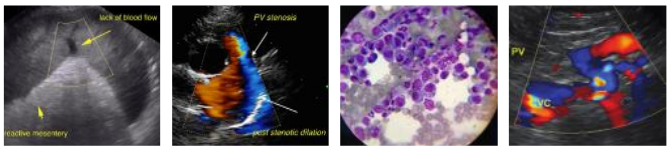

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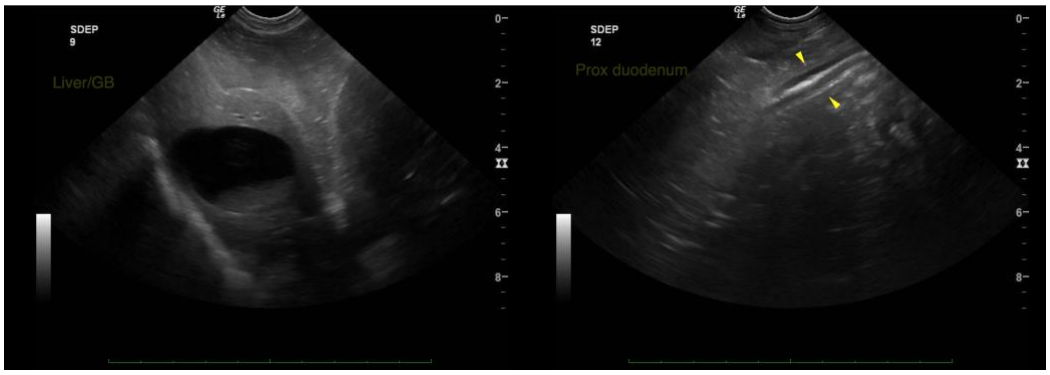

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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