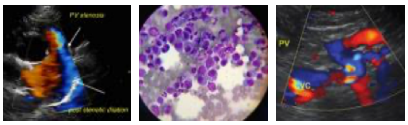
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

1/10/2022

PATIENT

Toby Williamson

SPECIES

Canine

BREED

Cocker spaniel

SEX

Male, neutered

AGE

6/12/2011

WEIGHT

28.6 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Noah's Ark Veteinrary and Boarding Resort

REFERRING VET

Dr. Gostyla

INVOICE

12806

PRESENTING CLINICAL SIGNS

History: This patient was worked up for Cushing's Disease last year and has been difficult to regulate. We started Trilostane and have been managing the patient. However, the owner feels the dog does better off the medications. Apparently, the pet was shaking and unable to get up over the holidays, so the owner just stopped the medications. The patient is doing much better. We will recheck the stim test and BP here. Annual Labs are pending. Last year splenic nodules were noted on ultrasound and bilaterally enlarged adrenal glands. There were also pancreatic and liver changes that were nonspecific. It was recommended to recheck an ultrasound in a few months. This has not been done.

Current Medications:
Lab Results: Labs pending - ACTH stim test 11/24/21 - suggested Trilostane was too high. Trilostane dose was decreased to 10mg SID and 15mg SID The owner did not return to recheck ACTH stim or labs
Date of Previous IntraPet Ultrasound: 3-18-2021.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

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 (0.70 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 (5.43 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. A small cortical cyst is seen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.27 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 (0.59 cm at cranial pole) (0.83 cm at caudal pole) (2.10 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 (0.83 cm at cranial pole) (0.82 cm at caudal pole) (2.16 cm in length) with a slightly irregular shape. The parenchyma is subtly heterogeneous in appearance with some loss of glandular detail. No distinct focal lesions are observed. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.32 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver
The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits a finely heterogeneous pattern. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is mildly distended. The wall is normal in thickness. A small amount of aggregated echogenic partially dependent to suspended debris is observed within the lumen. 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 pyloric outflow tract is patent. 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 disease is noted.

Pancreas
The body/rigth 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.

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

ULTRASONOGRAPHIC FINDINGS
Primary Findings:

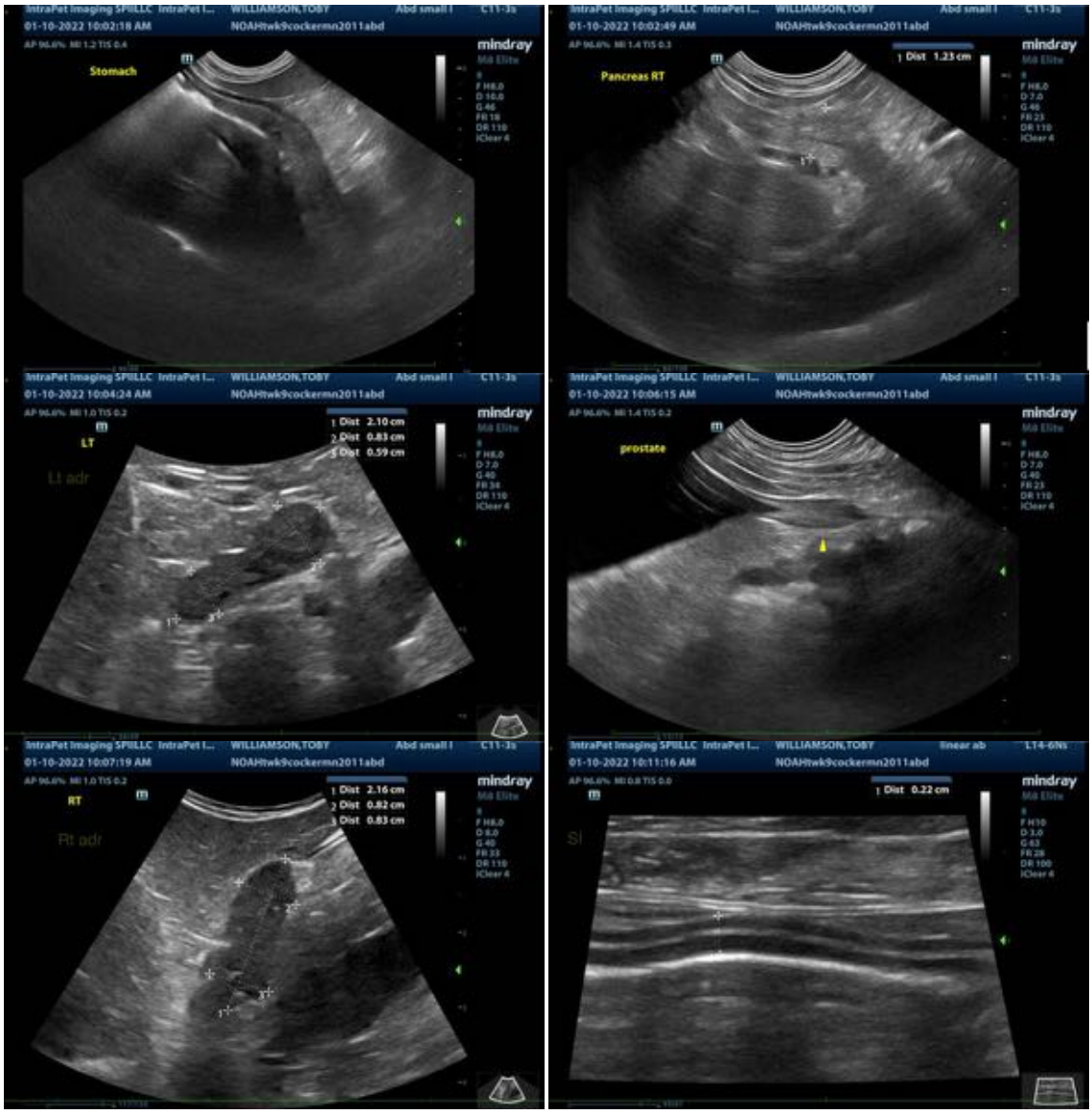
- Bilateral adrenomegaly, consistent with the previous diagnosis of pituitary dependent hyperadrenocorticism.
- The hepatic parenchymal changes are most consistent with a benign hepatopathy. However, correlation with clinical findings is recommended.

Secondary Findings:

- Minor age-related renal and pancreatic changes.
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia). The previously observed hypoechoic splenic nodule is no longer visualized.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
- Depending on the results of the ACTH stimulation test, the patient may need to be managed on a lower dose of Trilostane.

- Consider three-view thoracic radiographs to assess for occult disease in the chest.
- Further recommendations should be based on pending labwork and blood pressure measurement.



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 ACVIM (*Small Animal Internal Medicine*)
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