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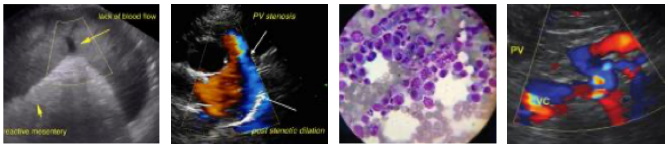
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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PATIENT
Bandit Robinson

SPECIES
Canine

BREED
Austr Cattle Dog

SEX
Neutered Male

AGE
13 years, 8 mos

WEIGHT
30.6 kg

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

IMAGING PERFORMED BY
Dr Brian Barnes

HOSPITAL NAME
Westview VH

REFERRING VET
Dr Brian Barnes

INVOICE
12059

DATE
1.16.23

PRESENTING CLINICAL SIGNS

History: R/C AUS dog stable and doing well. Last AUS was on Oct 19, 2022 (KS)

Abnormal PE/Chem/CBC/UA Results: Previous AUS: 1) Hepatopathy (Oct 2021) 2) Pancreatic inflammation 3) Mild adrenomegaly 4) Small hyperechoic nodule in the caudal pole of the left adrenal gland measuring 0.47 cm x 0.54 cm.

September 12, 2022 lab-work: Senior Pan CBC - All WNL Chemistry - SDMA 11 WNL - ALP 516 (5-160) Mild elevation - Lipase 315 (0 - 250) Mild elevation - BNP 834 (0-900) WNL TT4 - 15.9 (13-53) WNL UA - Free catch, amber, slightly cloudy, USG 1.037, pH 6.0, Urine protein negative - Glucose neg, ket neg, bld 25 Ery/uL, Bil neg, Urobil norm,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly to 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 4-5 cm, are normal.

The prostate is normal in size (0.47 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 (6.74 cm in length) with a slightly irregular shape. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (6.74 cm in length) with a slightly irregular shape. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.58 cm at cranial pole) (0.86 cm at caudal pole) (1.70 cm in length) with a normal shape and smooth peripheral contours. A 0.84 x 0.57 cm irregular hyperechoic nodule is observed at the caudal pole. Glandular echogenicity and detail are at the cranial pole are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is borderline enlarged (0.47 cm at cranial pole) (0.80 cm at caudal pole) (2.93 cm in length) with a normal shape 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 (1.50 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 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 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. There is no evidence of an obstructive pattern.

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.

Other
A brief visualization of the heart reveals no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

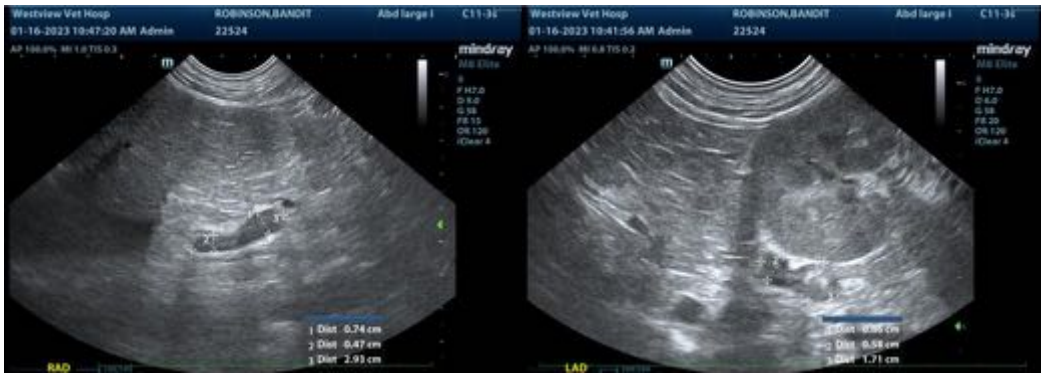
- Borderline bilateral adrenomegaly. The left adrenal nodule is similar to slightly larger compared to the previous sonogram. Differentials include benign nodular hyperplasia, adenoma, emerging adenocarcinoma, pheochromocytoma, other.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely. Changes are similar to the previous sonogram.
- Gall bladder debris - incidental

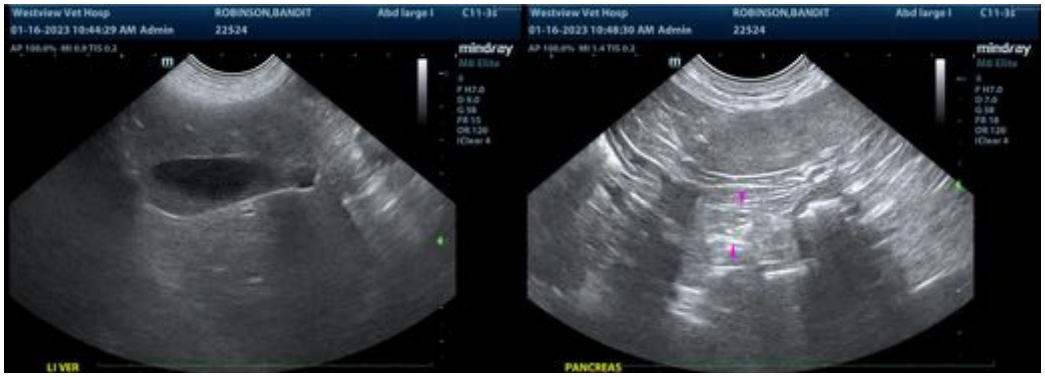
Secondary Findings

- Minor bilateral age-related renal changes with subtle dystrophic mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop.
- Given the left adrenal nodule, consider a repeat ultrasound in 3-4 months to assess for growth.
- Also consider a baseline blood pressure measurement (if not already performed)
- Thoracic radiographs can also be considered to assess cardiopulmonary status.





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