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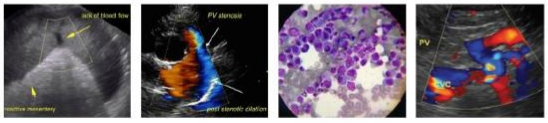


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Lucy Waite

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed Female

AGE

9.4 years

WEIGHT

23.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Truckee Meadows VH

REFERRING VET

Dr Rachel Kuester

INVOICE

12058

DATE

1.16.23

PRESENTING CLINICAL SIGNS

History: Prev dxd adrenal mass and eye mass. Owner complaint: hard and swollen abdomen. Sleeping a lot. Been staying indoors due to weather(snow). No recent traveling. AFAST in house no free fluid nor masses.

Abnormal PE/Chem/CBC/UA Results: 8/2022 Adrenal Androgen K9 panel: Estradiol 76.7(H)- Progesterone 2.92(H)- 17-OH-Progresterone 5.59(H)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small to moderate amount of echogenic debris is observed within the lumen (most of which is gravity dependent and some of which is suspended). 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 left kidney is normal in size (4.84 cm in length) with a normal shape, architecture and 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.

The right kidney is normal in size (4.80 cm in length) with a normal shape, architecture and 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.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.59 cm at cranial pole) (0.62 cm at caudal pole) 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.

The right adrenal gland is enlarged at the cranial pole (1.43 cm) and normal in size at the caudal pole (0.52 cm) (2.42 cm in length). A 1.17 x 1.09 cm hyperechoic nodule is observed at the cranial aspect. The lesion causes capsular expansion. In the remainder of the gland, echogenicity and detail appear normal. Surrounding vasculature appears normal.

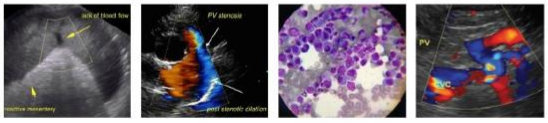
Spleen

The spleen is normal in size (0.97 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 slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen. A 0.83 cm hypoechoic nodule/area is observed on the left side. In addition, a 0.67 cm ill-defined hyperechoic area is observed on the right side. In the remainder of the organ, there are mild changes consistent with age-related remodeling. 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 small amount of mostly gravity dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

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 is normal in thickness with a normal layering pattern and appropriate mural detail. The ileocecocolic junction is normal. A 0.80 x 0.59 cm hypoechoic structure is observed in the lumen of the ascending colon. In the remainder of the colon, the wall is normal in thickness with a normal layering pattern. There is no obvious evidence of an obstructive pattern.

Pancreas

The right limb of the pancreas is normal in size 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 obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild bilateral adrenomegaly. The right adrenal nodule is still visualized and is similar in size compared to the previous sonogram. Differentials include benign nodular hyperplasia, adenoma, adenocarcinoma, pheochromocytoma, other.
- The hypoechoic structure in the ascending colonic lumen may represent a polyp, emerging tumor, granuloma, aggregation of fecal material, other.

Secondary Findings

- Minor bilateral age-related renal changes
- 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
- Age-pancreatic remodeling
- The urinary bladder debris could be consistent with cells, crystals exfoliated material and/or lipid droplets

*An obvious cause for the abdominal bloating is not definitively identified in this study. The patient's hepatomegaly may be a contributing factor.

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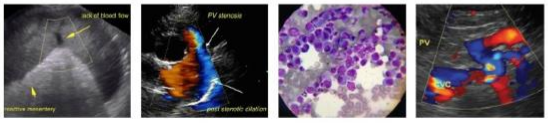

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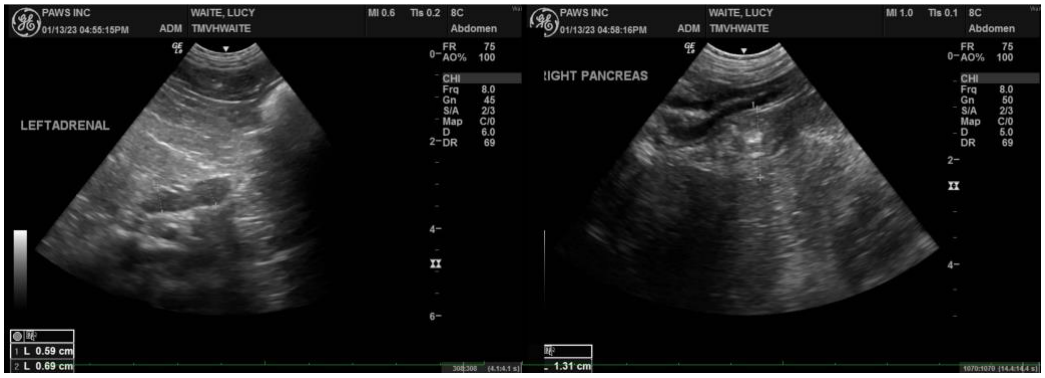
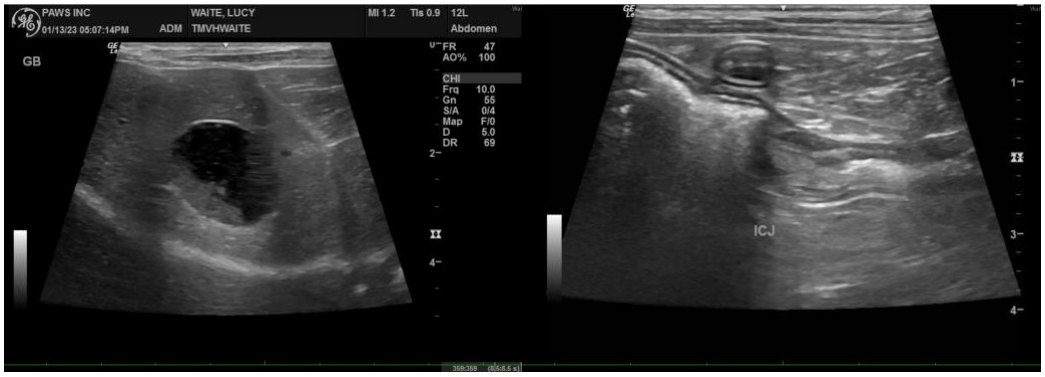
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's clinical history, thoracic radiographs and a baseline blood pressure measurement are recommended (if not already performed), along with baseline lab work (including a CBC, chemistry panel, urinalysis and T4). Also consider a malabsorption panel, including serum cobalamin and folate, TLI and PLI to assess for maldigestion/malabsorption and pancreatitis (which may cause abdominal bloating).

- Orthopedic and neurologic exams are also recommended to assess for nonmetabolic causes of pain (which may be causing abdominal tensing).





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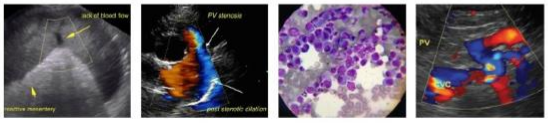

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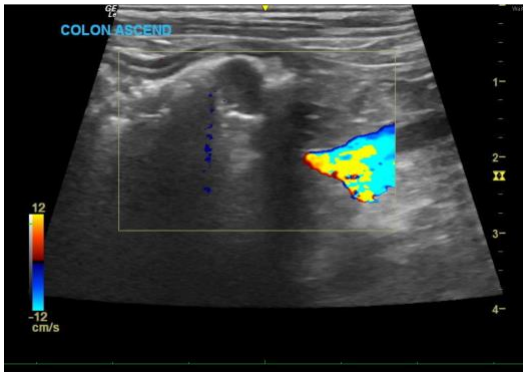

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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