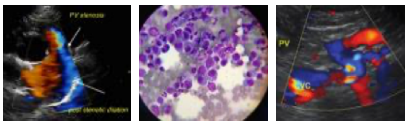
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

1/17/23

PATIENT

Henry Lutz

SPECIES

Canine

BREED

Chihuahua

SEX

Male, neutered

AGE

4/1/2014

WEIGHT

13.7 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Madonna VC

REFERRING VET

Dr. Brockett

INVOICE

14455

PRESENTING CLINICAL SIGNS

Patient has history of pu/pd. He has all the clinical symptoms of Cushings but is currently on vetoryl. Pendulous abdomen continues to increase in size. Patient also continues to get weaker. Can only stand for a few minutes at a time. No owner has noticed bloody/tarry stool. Had a questionable area in stomach on previous ultrasound.

Current Medications: Vetoryl 10mg
Date of Previous IntraPet Ultrasound: 9/12/22. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a relatively smooth mucosal surface. A large amount of echogenic mineralized, mostly gravity-dependent debris is observed within the lumen. The region of the trigone appears normal. Some echogenic debris is observed within the lumen of the proximal urethra.

The prostate is normal in size (0.72 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 (4.56 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A few non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

The right kidney is normal size (4.67 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A few non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is enlarged (1.09 cm at cranial pole) (1.06 cm at caudal pole) (2.59 cm in length) with a slightly irregular shape. The parenchyma is hypoechoic with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is enlarged (1.14 cm at cranial pole) (0.82 cm at caudal pole) (2.37 cm in length) with a slightly irregular shape. The parenchyma is hypoechoic with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.54 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few small ill-defined myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with swollen, rounded peripheral contours. The parenchyma is isoechoic relative to the spleen. An approximately 3.22 cm hyperechoic mass is observed deep on the left side. In addition, a 2.62 cm hyperechoic mass is observed at the caudal aspect, also on the left side. A 2.10 cm ill-defined, hyperechoic mass/area is observed on the right, adjacent to the diaphragm. Finally, a 1.26 cm hyperechoic to heterogeneous multi-septated cystic lesion is seen adjacent to the gallbladder. Vascular and

biliary tracts are of normal volume with no evidence of congestion. The portal vein: caudal vena cava ratio is approximately 1:1. The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic, partially dependent sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric wall is diffusely thickened (up to 1.37 cm) with suspected loss of the normal layering pattern. The gastric lumen is empty. 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. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The base and limbs of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic 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

Trace free fluid is observed adjacent to the gastric wall. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The gastric wall changes are most concerning for infiltrative neoplasia (i.e., lymphoma, adenocarcinoma, leiomyosarcoma). However, a severe inflammatory process cannot be completely excluded.
- The trace ascites is likely secondary to gastric pathology.

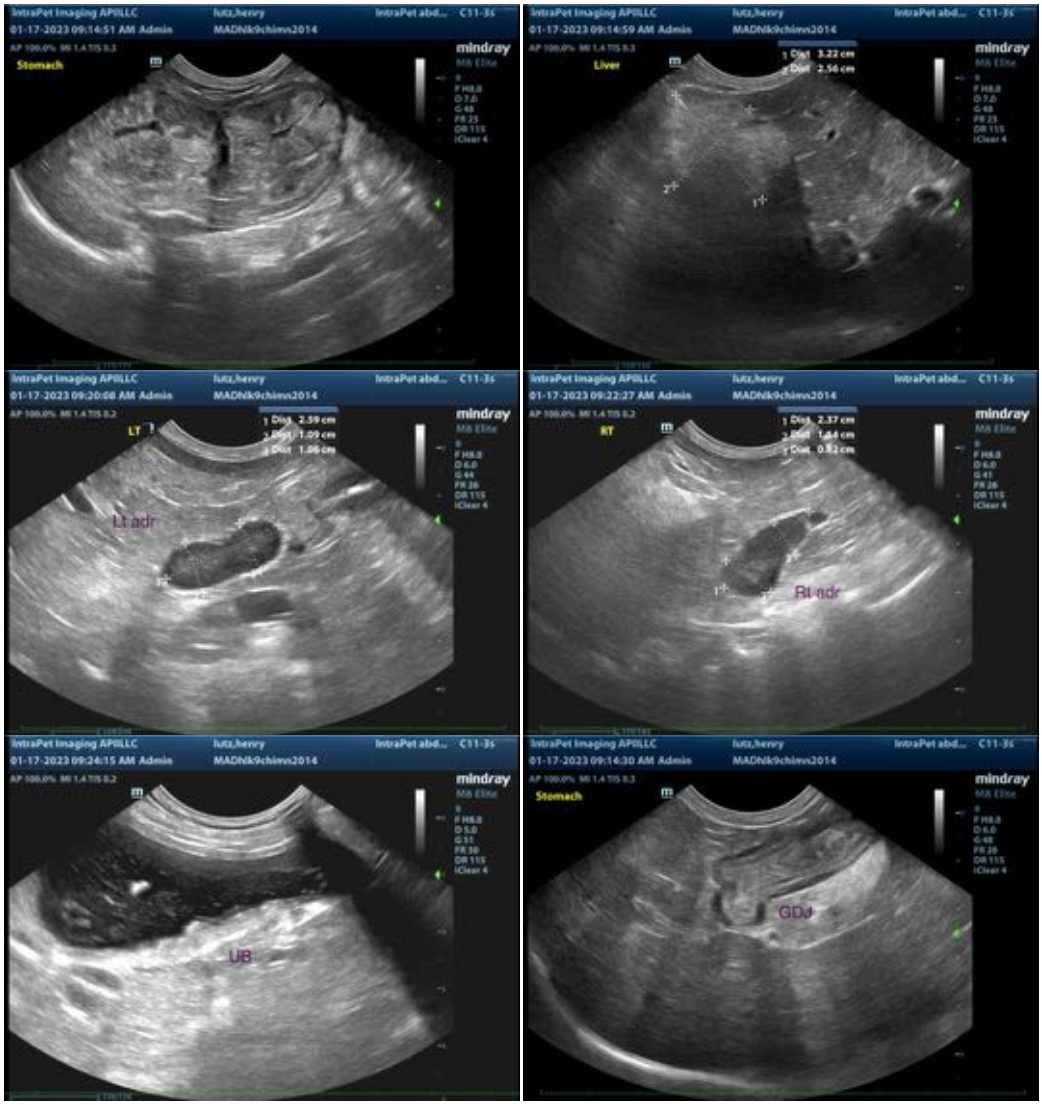
Secondary Findings:

- The urinary bladder debris could be consistent with cells, crystals, lipid droplets and/or exfoliated material.
- Bilateral, chronic age-related renal changes with non-obstructive nephrocalcinosis.
- The bilateral adrenomegaly is consistent with the previous diagnosis of pituitary dependent hyperadrenocorticism.
- The hyperechoic hepatic masses trend toward the benign (i.e., regenerative nodules). However, emerging tumors cannot be completely excluded.
- The gallbladder sludge could be consistent with fasting, cholestasis or an emerging mucocele.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

*Overall, changes are similar to the previous sonogram. The urinary bladder debris is a new finding, however.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline labwork including a CBC, chemistry panel, urinalysis and T4 is recommended to assess overall metabolic function, if not already performed.
- Given the urinary bladder debris, a urine culture and sensitivity is also recommended.
- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a fine needle aspirate of the gastric wall, if clotting status is appropriate. Alternatively, endoscopic or surgical biopsies can be considered.



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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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