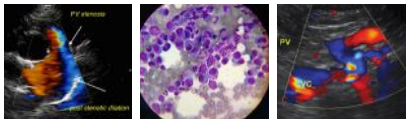
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE
1/27/22

PATIENT
Lucy Otte

SPECIES
Canine

BREED
Cairn Terrier

SEX
Spayed Female

AGE
7/23/12

WEIGHT
17.44 Lbs.

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

HOSPITAL NAME
Everhart VC

REFERRING VET
Dr. Notarangelo

INVOICE
13652

PRESENTING CLINICAL SIGNS

History: History of liver value elevations, isosthenuria and proteinuria, worsened since last labwork. Dog has pot-bellied appearance and history of chronic skin issues. Advise follow-up ultrasound to assess liver/gall bladder and adrenal glands for emerging Cushing's disease. Additional History: T4 normal, mild thrombocytosis, 4 dx negative, normal precision PSL.

Current Medications: _Chronic (over 1 year) - metronidazole 250 mg 1/4 SID, tradozone 50 mg 1/2 BID, apoquel 5.4 mg 1/2 SID, benadryl 25 mg 1/2 am, 1 pm, ursodiol 250 mg 1/4 SID, gabapentin 100 mg BID.
Lab Results: 1/11/22: ALKP 343, chol 325, trig 321, USG 1.016, 3+ proteinuria. 11/4/20: ALKP 232, SG 1.007, 2+ proteinuria, urine culture negative.
Date of Previous IntraPet Ultrasound: 11-12-2020.
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 mostly 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 left kidney presented normal size (4.31 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (4.09 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate 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 in size (0.41 cm at cranial pole) (0.64 cm at caudal pole) (2.40 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 normal size (0.49 cm at cranial pole) (0.48 cm at caudal pole) (1.55 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 (0.88 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 enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and 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 moderate amount of aggregated echogenic suspended sludge 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 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 right 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

- 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 unlikely. Changes are similar to the previous sonogram.
- Mild left adrenomegaly

Secondary Findings

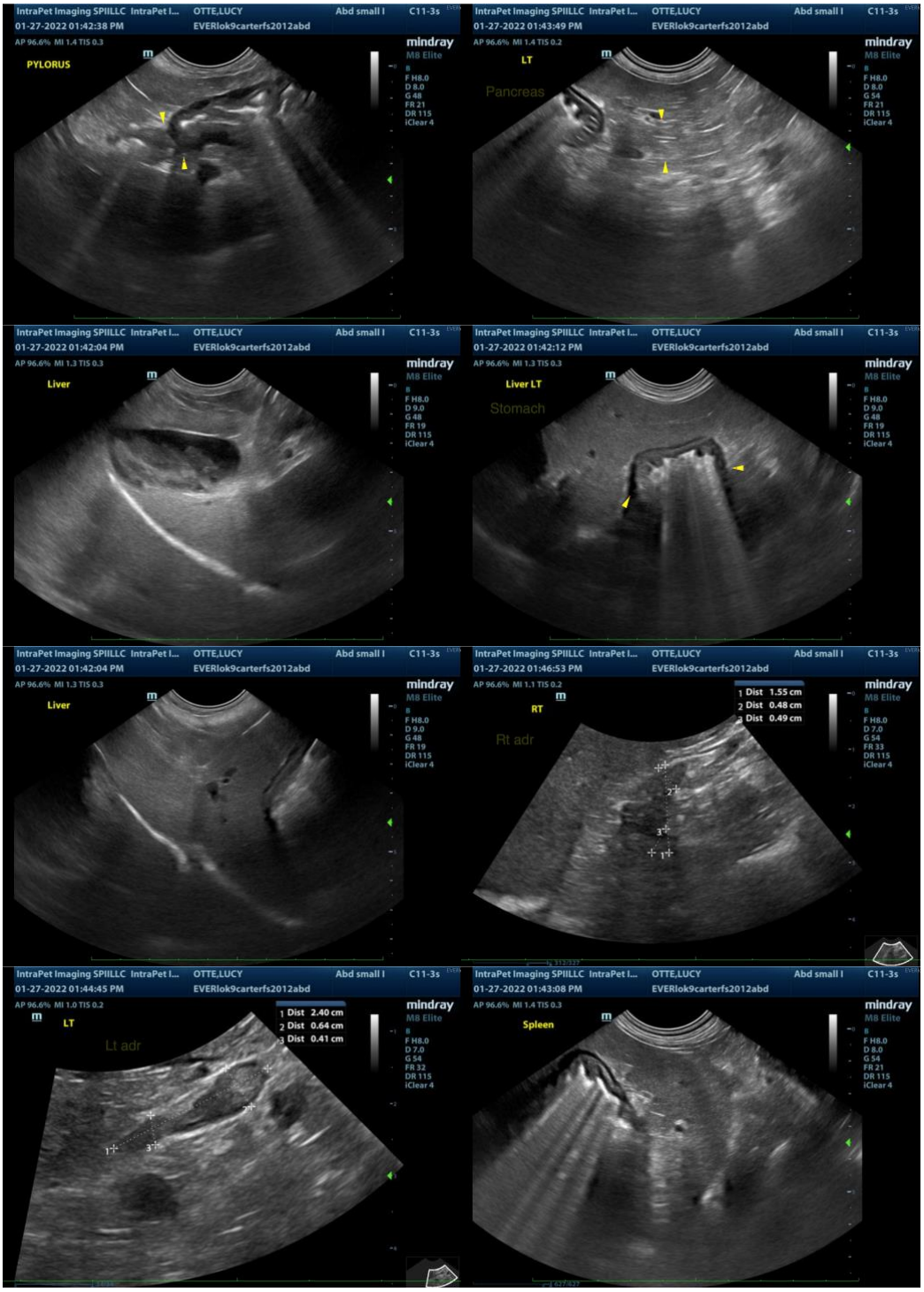
- Moderate degenerative renal changes
- Age-related pancreatic remodeling
- Gallbladder sludge. Changes are similar to the previous sonogram.

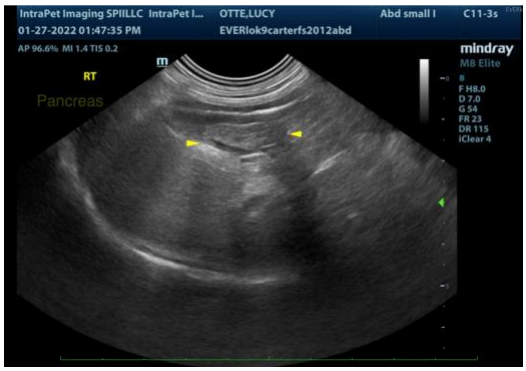
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If the patient is exhibiting overt clinical signs of Cushing's disease, consider further testing (i.e., low-dose dexamethasone suppression test or ACTH stimulation test). Otherwise, serial monitoring (i.e., every 4-6 months) of the patient's liver values is recommended. If values continue to increase,

a repeat abdominal ultrasound may be warranted.

- Given the proteinuria, a UPC is recommended.





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 DACVIM (Small Animal Internal Medicine)
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