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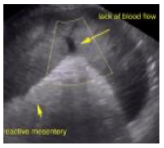
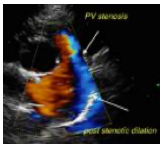
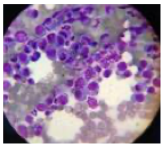
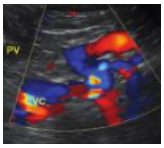
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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PATIENT
Merlin Connolly

SPECIES
Canine

BREED
Yorkshire Terrier

SEX
Neutered Male

AGE
11 years

WEIGHT
9.2 lbs

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

IMAGING PERFORMED BY
Dr. Leal

HOSPITAL NAME
Blairstown AH

REFERRING VET
Dr. Clegg

INVOICE
11843

DATE
10.19.22

PRESENTING CLINICAL SIGNS

History: Diabetic – unregulated
47 still images are available for interpretation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System
(No images provided).

The region of the **prostate** is not visualized due to its pelvic location.

The **left kidney** is normal size (5.11 cm in length); with a slightly irregular shape. The cortex is diffusely thickened and hyperechoic. There is poor corticomedullary distinction. A cortical cyst is observed at caudolateral aspect. Moderate to severe pyelectasia is present (0.73 cm in the transverse plane). There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (4.25 cm in length); normal shape and smooth peripheral contours. The cortex is diffusely thickened and hyperechoic. There is poor corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands
The **left adrenal gland** is normal size (0.40 cm at cranial pole) (0.30 cm at caudal pole) (1.69 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.

(No images provided of the **right adrenal gland**).

Spleen
The **spleen** is normal in size (1.00 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 prominent in size with normal curvilinear 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 small to moderate amount of aggregated, echogenic, partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The **gastric lumen** is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. There is no evidence of an obstructive pattern.

Pancreas
What is thought to the right limb is slightly prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

The **mesentery** in the cranial to midabdominal region is hyperechoic. There is no obvious evidence of free fluid. There is no obvious evidence of lymphadenopathy in the available images.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral chronic degenerative renal changes. The left pyelectasia may be secondary to pyelonephritis, age-related remodeling, PU/PD, or some combination thereof.

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

Secondary Findings

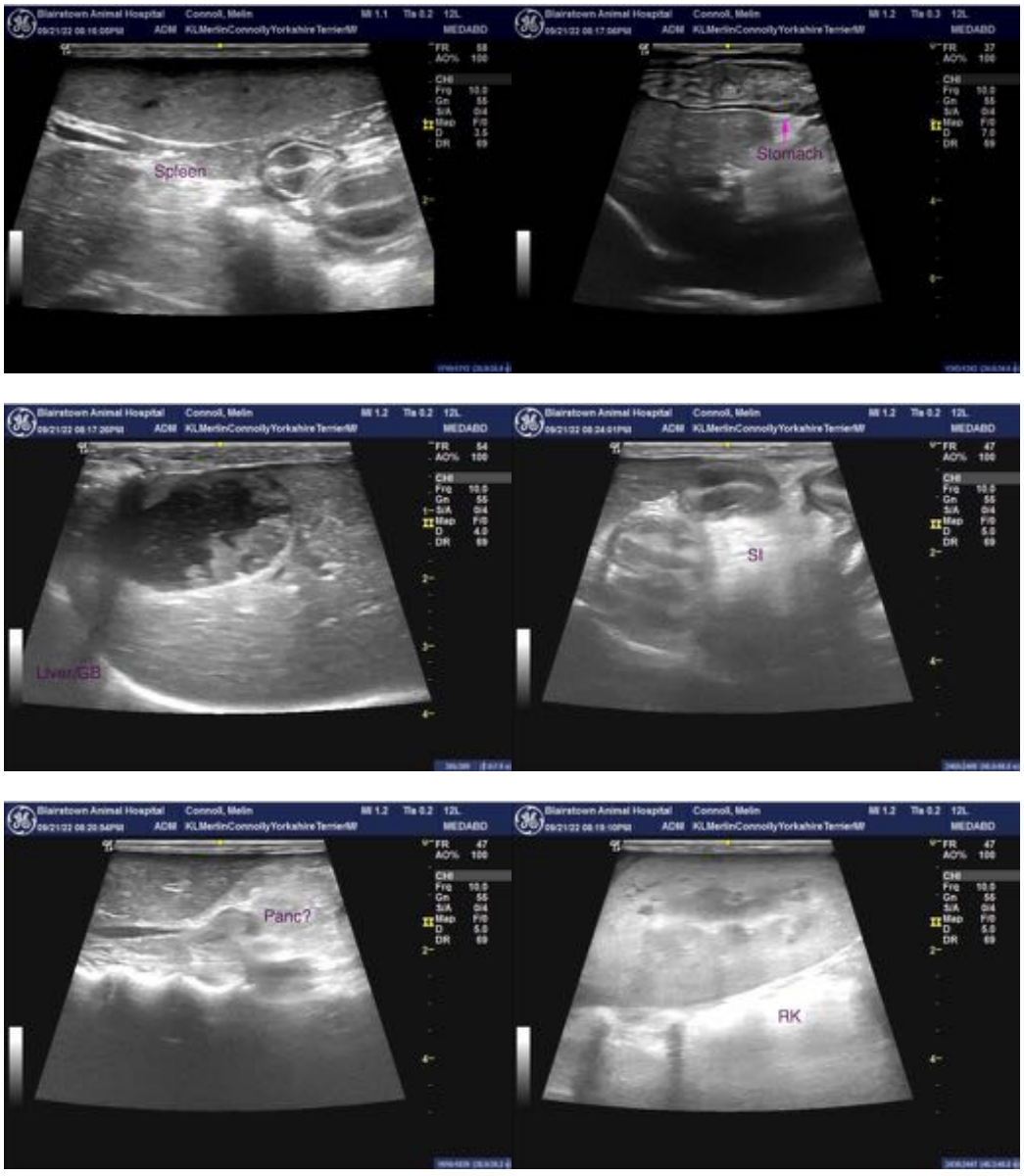
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely. Correlation with the patient's liver values is recommended.

- Gall bladder sludge – non-mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's unregulated diabetic status, consider the following:

1. Baseline lab work including a CBC, chemistry panel, urinalysis and T4, if not already performed
2. Urine culture and sensitivity to assess for occult infection
3. Three-view thoracic radiographs are recommended to evaluate for occult disease in the chest.
4. cPLI +/- a full GI panel (serum cobalamin and folate, TLI and PLI) to assess for the presence of pancreatitis as well as maldigestion/malabsorption
5. Consider further testing for Cushing's disease if the patient's clinical history is supportive of this diagnosis.



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)
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