



PATIENT

Sugar Finnin

SPECIES

Canine

BREED

Pitbull mix

SEX

Female, spayed

AGE

9 Yrs.

WEIGHT

59.2 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Shari Reffi

HOSPITAL NAME

Long vAlley AH

REFERRING VET

Dr. Earl

INVOICE

12437

DATE

10/27/21

PRESENTING CLINICAL SIGNS

History: Polydipsia, possible hepatopathy, increased panting, proteinuria 3-4 month duration.
Abnormal PE/Chem/CBC/UA Results: 7/14/21- ALT 181, ALP 211, GGT 35, Bile acids Pre: 5.5(n),
Post : 7.3 (n). USG 1.014, Prot 2+, PH 7.5

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 at least 4 cm, are normal.

The left kidney is normal size (6.10 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.94 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal 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 enlarged (0.76 cm at cranial pole) (0.98 cm at caudal pole) (2.72 cm in length) with a relatively normal shape. The parenchyma is subtly heterogeneous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is enlarged (0.91 cm at cranial pole) (1.09 cm at caudal pole) (2.46 cm in length) with a slightly irregular shape. 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 (1.56 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 normal in size with normal curvilinear peripheral contours. The parenchyma is hyperechoic 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 amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen. The gallbladder 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.



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Gastrointestinal

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The gastric lumen is mildly distended with ingesta and shadowing material. The gastric wall is 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 disease is noted.

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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.

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Free Abdomen

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The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

Other

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A brief echocardiogram reveals no evidence of pericardial effusion.

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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 less likely.
- Bilateral adrenomegaly.

Secondary Findings:

- The shadowing material within the gastric lumen may represent normal ingesta and/or foreign material. Correlation with clinical findings is recommended.
- Minor geriatric renal pathology.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- In light of the patient's clinical history and sonographic findings, further testing for Cushing's disease (i.e., low-dose Dexamethasone suppression test or ACTH stimulation test) is recommended. If results are not consistent with hyperadrenocorticism, consider further workup for PU/PD (i.e., urine culture and sensitivity, Leptospirosis testing (i.e., blood and urine PCR, serology) +/- DDAVP trial +/- modified water deprivation test).
- Given the proteinuria, a UPC +/- baseline blood pressure measurement is recommended.
- Given the patient's age, three-view thoracic radiographs are recommended to assess cardiopulmonary status.

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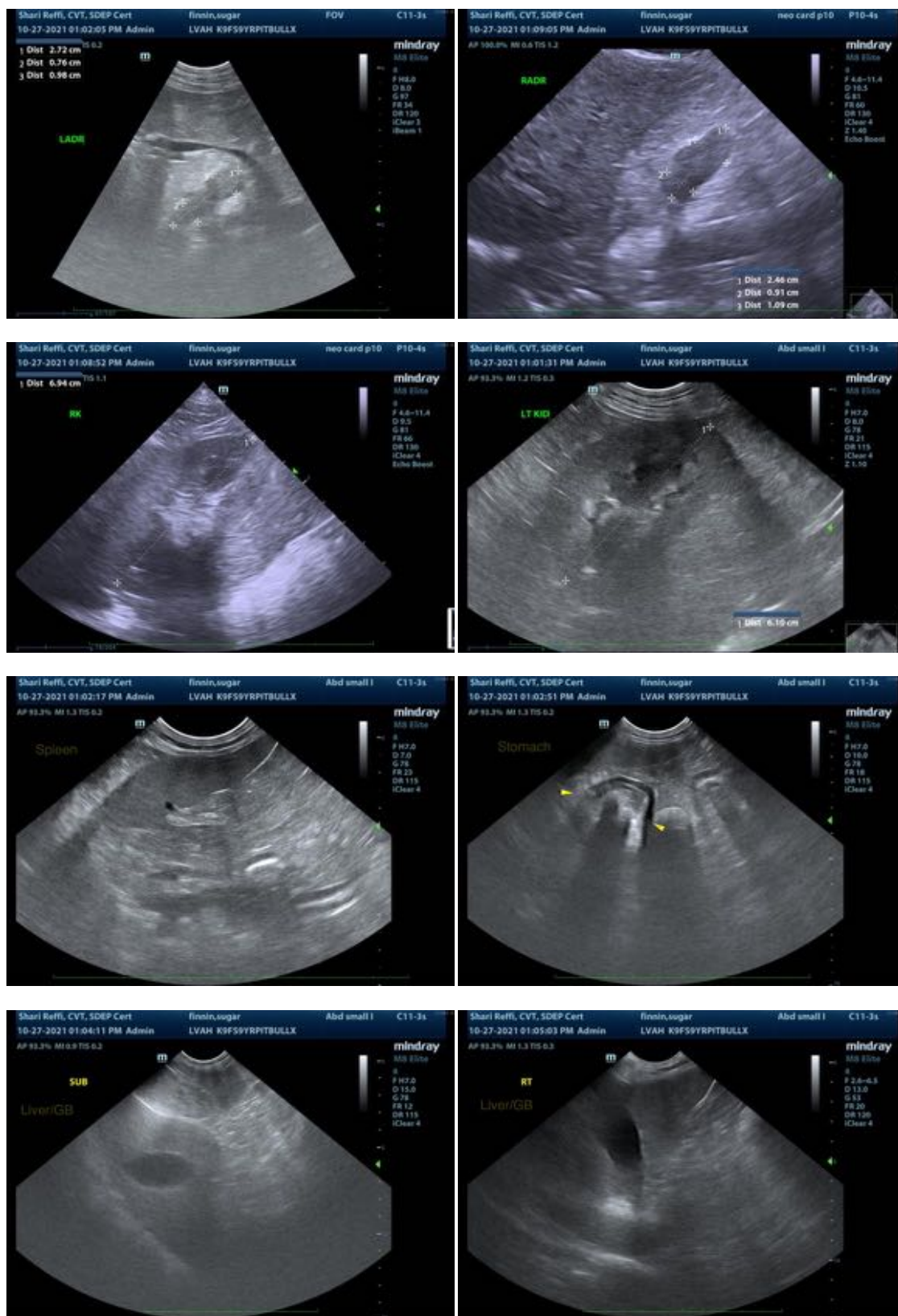
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com