

**DATE PRESENTING CLINICAL SIGNS**

11/29/2021

History: Multiple chronic conditions including Pancreatitis, Elevated Liver tests, Neurogenic KCS (on pilocarpine).

PATIENT

Moe Guins

Current Medications: Pilocarpine 2 % 5 drops in food BID, Denamarin Advanced 1/2 tab po SID.

Lab Results: AST 77, ALT 437, ALKP 3360. GGTP 32, Ca 12.3.

Date of Previous IntraPet Ultrasound: 7-2-2018.

Sedation: Torb/Midazolam.

Stat Report: Not requested.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****BREED**

Multi-poo

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with 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.

SEX

Male, neutered

The prostate is mildly enlarged (1.34 cm in width) with a slightly irregular shape. The parenchyma is subtly heterogeneous in appearance. The prostatic urethra is not overtly dilated.

AGE

5/6/2008

The left kidney is normal in size (4.94 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. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

19.3 lbs.

The right kidney is normal in size (5.01 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. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is mildly enlarged (0.64 cm at cranial pole) (0.59 cm at caudal pole) (2.02 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.

IMAGING PERFORMED BY

Andi Parkinson RDMS

The right adrenal gland is mildly enlarged (1.08 cm at cranial pole) (0.59 cm at caudal pole) (2.19 cm in length) with an irregular shape. A 1.23 x 0.84 cm irregular, hyperechoic nodule is observed in the cranial to mid aspect. The glandular echogenicity and detail at the caudal aspect are relatively normal with minimal loss of detail. Surrounding vasculature appears normal.

HOSPITAL NAME

Eastern AH

Spleen

The spleen is normal in size (1.16 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.

REFERRING VET

Dr. Warner-Jones

Liver

The liver is subjectively enlarged with swollen, rounded peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly heterogeneous in appearance. No distinct focal lesions are observed.

INVOICE

12607

Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is normal in thickness. A moderate to large amount of echogenic sludge most of which is adherent and some of which is suspended 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 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. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The right limb 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

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

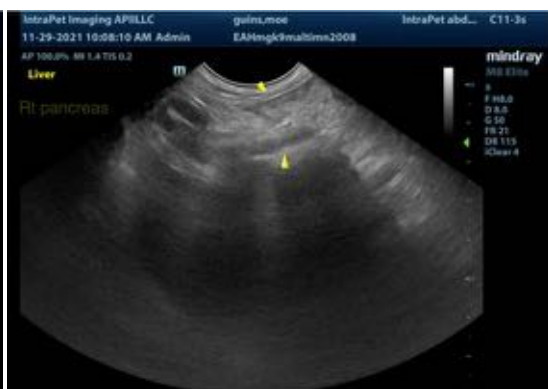
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- The gallbladder changes could be consistent with early mucocele formation or cholestasis.
- Bilateral adrenomegaly. The right adrenal nodule could be consistent with benign nodular hyperplasia. Alternatively, an emerging neoplastic process is possible.
- The mild prostatomegaly may be a normal variant for this patient, may represent late in life neutering, normal variation or an emerging neoplastic process. Correlation with clinical findings is recommended.

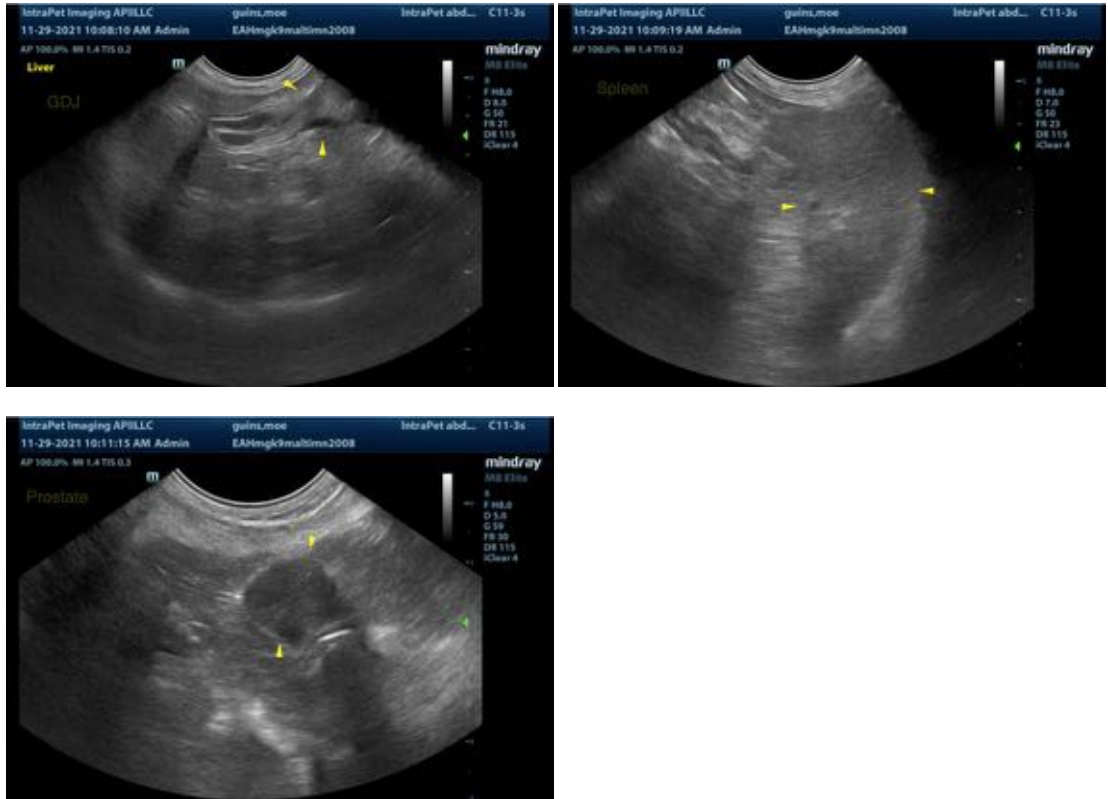
Secondary Findings:

- Minor age-related renal and pancreatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop.
- Given the gallbladder changes, consider initiation of Ursodiol therapy. A repeat abdominal ultrasound is recommended in 4-6 weeks to assess for progression of the gallbladder and right adrenal nodule as well as the prostate.
- Given the patient's age, three-view thoracic radiographs should be considered to evaluate cardiopulmonary status.
- Given the presence of hypercalcemia, an ionized calcium +/- PTH/PTHrP should be considered as well as a rectal examination to assess for anal sac tumors.





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.

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