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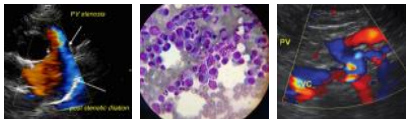

SonoPath
Clinical Sonography & Telecytology
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DATE
12/2/21

PATIENT
Biscuit Rose Serpe

SPECIES
Canine

BREED
Jack Russell Terrier

SEX
Spayed Female

AGE
12/2/13

WEIGHT
23.7 Lbs.

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

IMAGING PERFORMED BY
Andi Parkinson RDMS

HOSPITAL NAME
Eastern AH

REFERRING VET
Dr. Kaufman

INVOICE
12788

PRESENTING CLINICAL SIGNS

History: Hx of lethargy, elevating ALT, ALK Phos, GGT.

Current Medications: Clavacillin, Ursodiol, Prednisone.
Lab Results: previous ALT 271 - now 463, previous ALK Phos - 1856 - now 2317, Previous GGT - 68 - now 168.
Attached separately. FNA-vacuolar degeneration.
Date of Previous IntraPet Ultrasound: 11-2-2021.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 2.0 cm, are normal.

The left kidney presented normal in size (5.79 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.

The right kidney presented normal in size (6.64 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.

Adrenal Glands

The left adrenal gland is enlarged (0.72 cm at cranial pole) (0.96 cm at caudal pole) (2.17 cm in length) with 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 mildly enlarged (0.84 cm at cranial pole) (0.90 cm at caudal pole) (2.75 cm in length) with a 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 (1.16 cm 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 prominent to enlarged with swollen 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 debris, some of which is gravity dependent and some of which is suspended 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 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 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

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

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Non-specific diffuse hepatopathy. Differentials include vacuolar hepatopathy, inflammatory disease, hepatotoxicosis (i.e., copper) +/- concurrent age-related regenerative nodular hyperplasia or other hepatopathy.

- Mild bilateral adrenomegaly (previously observed)

Secondary Findings

- Mild age-related renal changes with dystrophic mineralization

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

  *Overall, today's sonogram is similar to the previous scan performed on 11/2/21.

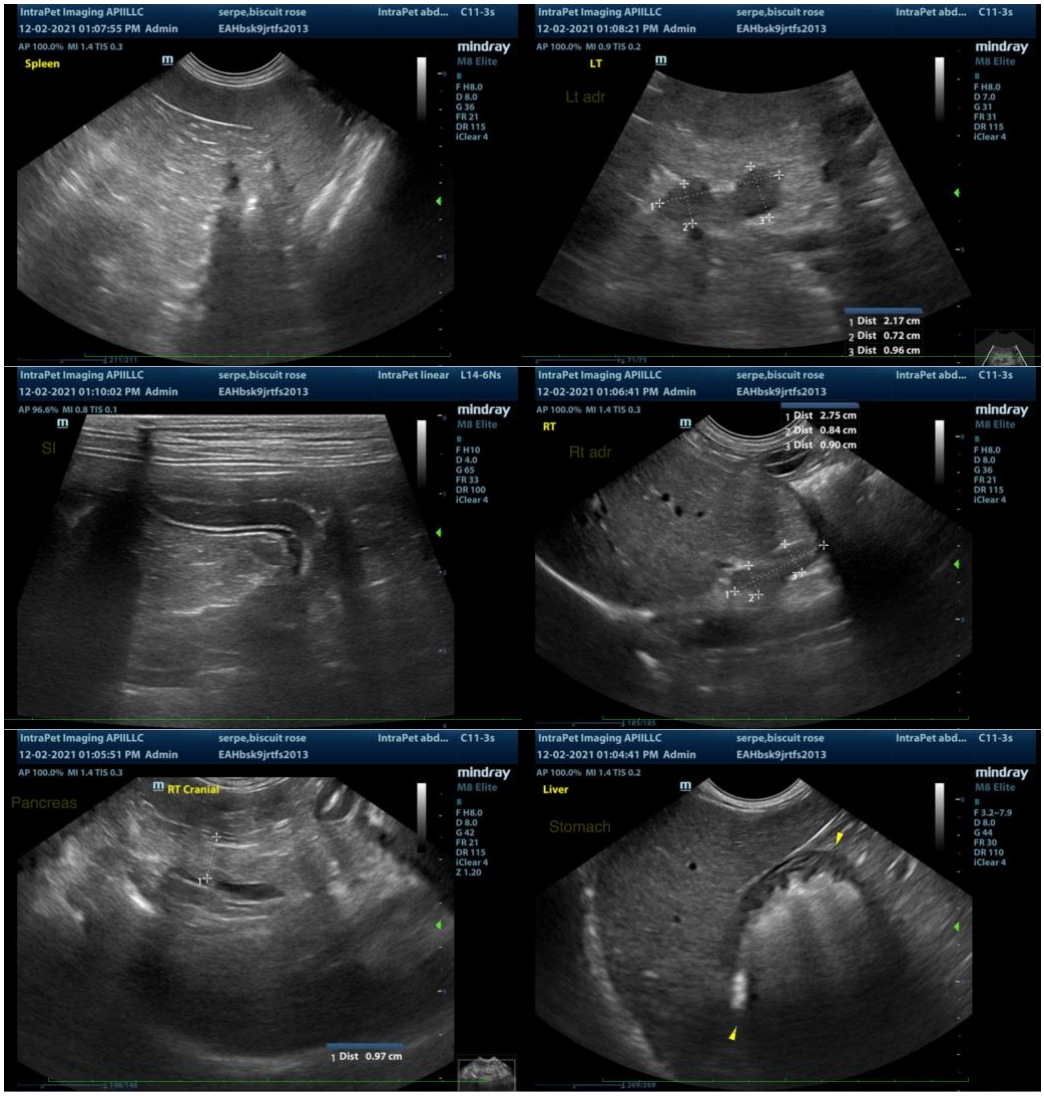
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

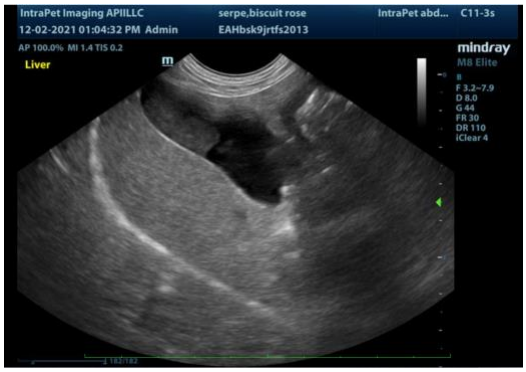
- If the patient is exhibiting clinical signs of Cushing's disease, further testing (i.e., an ACTH stimulation test or low-dose dexamethasone suppression test) should be considered. Otherwise, consider the following:

  1. Pre- and postprandial serum bile acids

2. Surgical liver biopsy with aerobic and anaerobic bile cultures and acquisition of additional hepatic tissue samples for possible cooper quantitation.

3. Given the patients' age, three-view thoracic radiographs should be performed prior to anesthesia.





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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