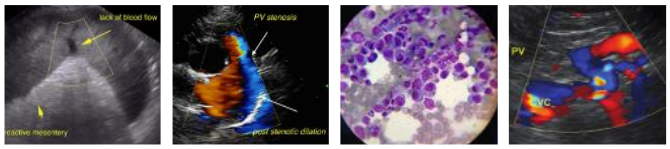
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Casey Devine

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

13 Years

WEIGHT

76.7 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Whippany VH

REFERRING VET

Dr. Smith

INVOICE

12804

DATE

12/2/21

PRESENTING CLINICAL SIGNS

History: Pre-sx met check AUS for dermal mass removals. Current meds: Gabapentin 400mg bid, Rimadyl 100mg 1.5 sid.

Abnormal PE/Chem/CBC/UA Results: 6/2021- ALT 203, ALKP 337

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 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 size (6.30 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (7.01 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (2.25 cm at cranial pole) (0.96 cm at caudal pole) (4.27 cm in length) with an irregular shape. A 2.58 cm x 2.07 cm hyperechoic nodule/mass is observed at the cranial pole. The parenchyma at the caudal pole is hyperechoic to heterogeneous. There is loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature appear normal with no evidence of vascular invasion.

The right adrenal gland is normal size (1.45 cm at cranial pole) (0.72 cm at caudal pole) (3.51 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.

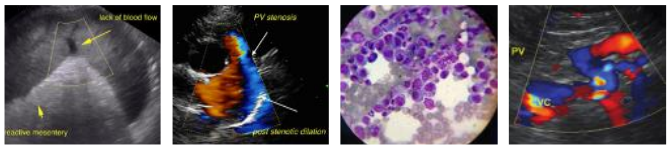
Spleen

The spleen is normal in size (1.89 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 normal in size with irregular peripheral contours. The parenchyma is hypoechoic relative to the spleen and mottled bordering on a nodular appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is of normal contours and contains some gravity dependent echogenic debris. The wall is normal in thickness. No cholelithsare observed. The cystic and common bile ducts are normal/not seen.



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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 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.

Free Abdomen

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

Other

A brief echocardiogram (no charge) reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

- The hepatic parenchymal changes are non-specific and could be associated with a chronic inflammatory process, hepatotoxicosis (i.e., copper), fibrosis, other hepatopathy.
- Left adrenal nodule/mass, Differentials include nodular hyperplasia, adenoma, adenocarcinoma, pheochromocytoma, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess cardiopulmonary status, particularly given the left adrenal nodule/mass. To further evaluate the adrenal lesion, consider the following:
    1. Baseline blood pressure measurement
    2. Further testing for a functional tumor (i.e., low-dose dexamethasone suppression test, urine/blood catecholamine levels.
- Regarding the hepatic changes, a surgical biopsy with acquisition of additional hepatic tissue samples for copper quantitation would be the ideal way to obtain a definitive diagnosis. Aerobic and anaerobic bile cultures should also be considered if surgery is pursued. Pre- and postprandial serum bile acids can also be considered preoperatively to assess hepatic function. Leptospirosis testing is also an option. However, if the liver disease is chronic, this differential is considered less likely.

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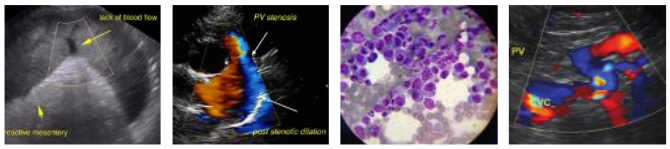

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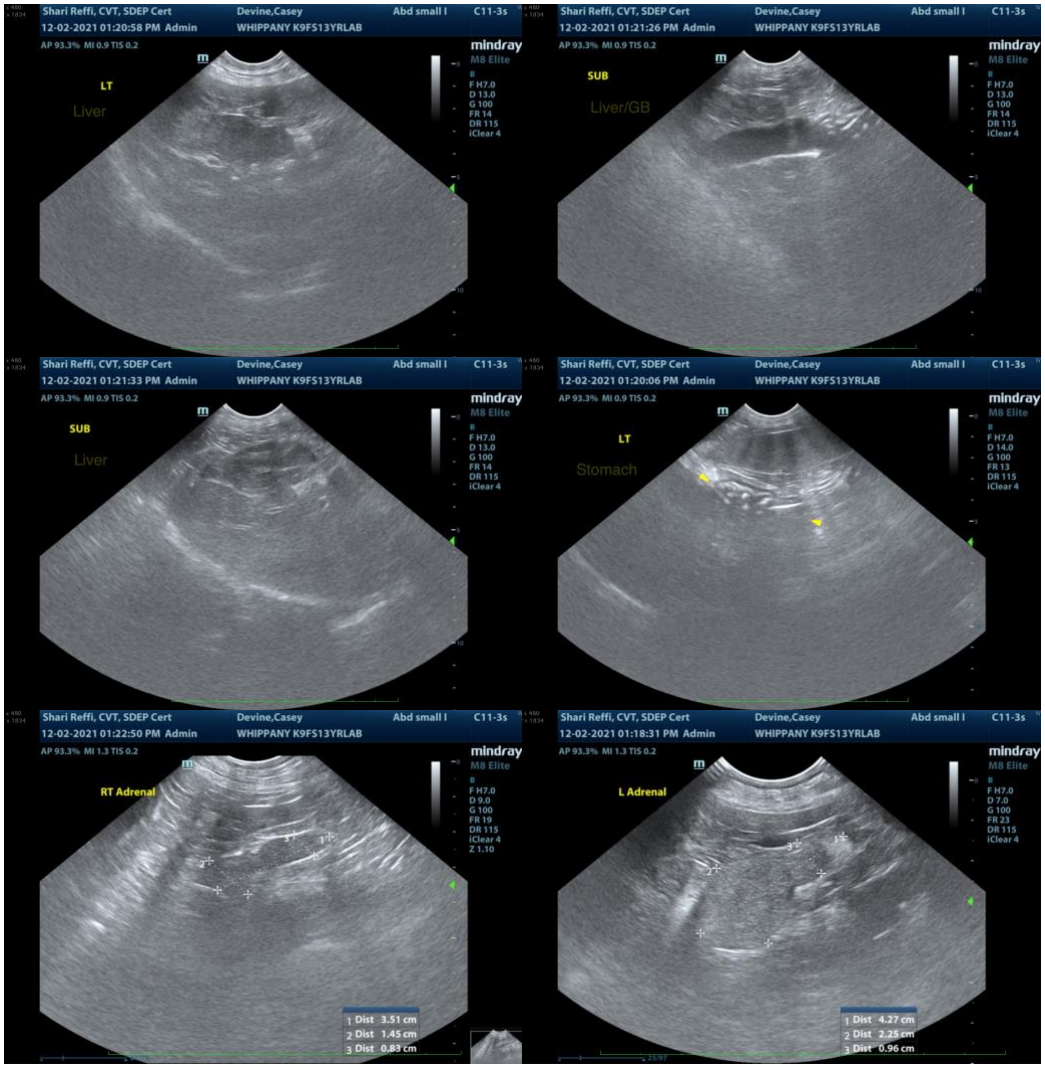

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 DACVIM (Small Animal Internal Medicine)
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