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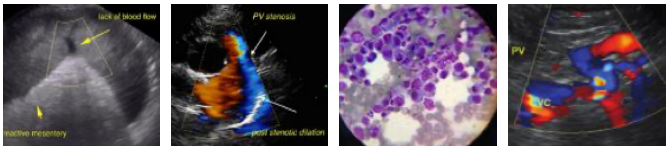


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Ollie Burke

SPECIES
Canine

BREED
Beagle

SEX
Male, neutered

AGE
12 Yrs.

WEIGHT
49.4 lbs.

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

IMAGING PERFORMED BY
Dr. Goodman

HOSPITAL NAME
Evandale-Blue Ash Pet Hospital

REFERRING VET
Dr. Wehmer

INVOICE
12742

DATE
12/21/21

PRESENTING CLINICAL SIGNS

History: 12/17/21: P presented for lethargy, decreased appetite and limping on left pelvic limb. PE revealed hepatomegaly, cranial abdominal pain, lumbar back pain and pain on left hip extension/ROM. CBC/Chem/UA and abdominal/spine/hip radiographs performed. CBC/CHEM/UA - azotemia, elevated ALT, ALP, bacteriuria Abdominal radiographs: hepatomegaly, otherwise unremarkable abdomen. Spine radiographs: severe spondylosis deformans T9-L4, subjectively narrowed disc space at L3-L4. Pelvis/Hips: severe osteoproliferative changes at left coxofemoral joint consistent with severe arthritis. Started Patient on entyce, gabapentin, clavamox, administered buprenex while in hospital. Previously diagnosed with cushings via LDDS test. Maintained on trilostane (20mg) BID with adequate control of clinical signs. 12/20/21: P presented for continued anorexia for 5 days despite appetite stimulant, pain management and supportive care. Last time he ate was Thursday 12/16. Hospitalized IVF, cerenia, entyce. Submitted PLI 12/21/21 - P presented for continued hospitalization on IV fluids and abdominal ultrasound. P ate chicken breast overnight, no other changes.
Abnormal PE/Chem/CBC/UA Results: PLI: 12/20/21 (Order Received) Spec cPL 98; 0 - 200 µg/L Chemistry: 12/17/2021 (Order Received) SDMA 18; 0 - 14 Î¼g/dL HIGH BUN 43; 7 - 27 mg/dL HIGH ALB 4.0 ; 2.2 - 3.9 g/dL HIGH ALT 132; 10 - 125 U/L HIGH ALKP 669; 23 - 212 U/L HIGH UA - rods and cocci present, 1.014 USG Endocrinology: 12/1/21 (Order Received) Cortisol - Pre ACTH 4.2 µg/dL , Cortisol - Post ACTH 6.5 µg/dL (10/28/21 previously on trilostane 40mg SID) - Pre ACTH value 3.3; Post ACTH value 2.1

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 cm, are normal.

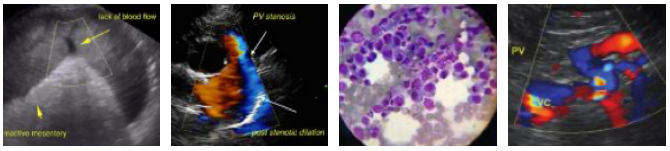
The prostate is normal in size (1.13 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (6.78 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and hyperechoic and there is mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (6.81 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A small cortical cyst is visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.93 cm at cranial pole) (1.10 cm at caudal pole) (3.10 cm in length) with a relatively normal shape. The parenchyma is heterogeneous with several varying sized



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hyperechoic to mineralized foci throughout the gland. The glandular echogenicity and detail are reduced. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is enlarged (1.59 cm at cranial pole) (0.92 cm at caudal pole) (3.39 cm in length) with an irregular shape. A 1.49 x 1.43 cm hyperechoic to heterogeneous nodule is observed at the cranial pole. The remainder of the parenchyma is heterogeneous in appearance. A few hyperechoic to mineralized foci are observed throughout the gland. The phrenicoabdominal vein and surrounding vasculature appear normal.

Spleen

The spleen is normal in size (2.18 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.81 cm well circumscribed hyperechoic nodule is observed at the medial aspect. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and heterogeneous in appearance with ill-defined hyperechoic areas, particularly on the right side. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gallbladder is of normal contours and contains a moderate amount of aggregated echogenic debris/sludge within the lumen, most of which is partially dependent and some of which is suspended. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

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

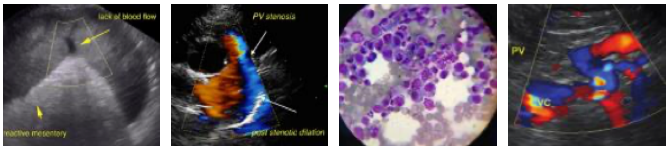
The left and right limbs and body of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:



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- 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.
- Gallbladder debris/sludge, non-mucocele.

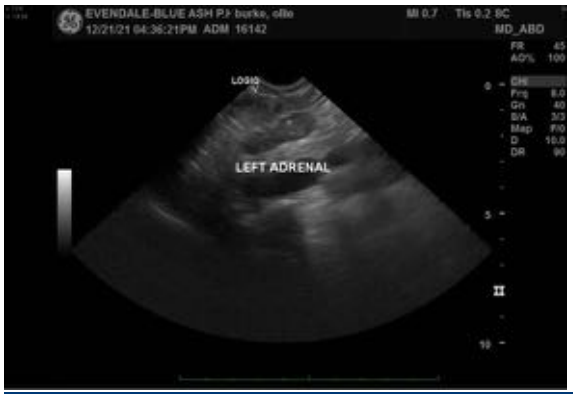
Secondary Findings:

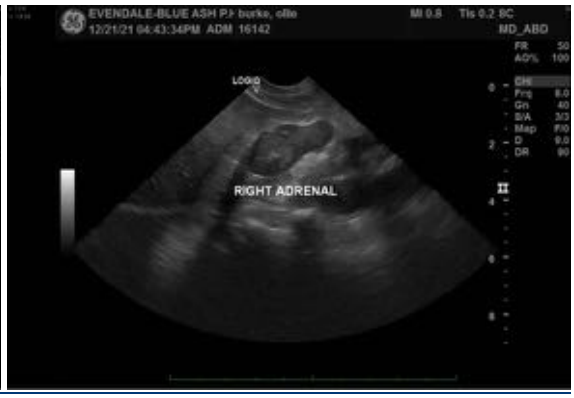
- Age-related pancreatic remodeling +/- fibrosis. Low-grade inflammation may be present, particularly if a Murphy's sign is present.
- The hyperechoic splenic nodule trends toward the benign (i.e., a myelolipoma, focus of lymphoid hyperplasia) with low potential for emerging neoplasia.
- The bilateral adrenomegaly is consistent with a previous diagnosis of pituitary-dependent hyperadrenocorticism. The right adrenal nodule likely represents nodular hyperplasia with potential for emerging neoplasia.
- Bilateral, non-specific, age-related renal changes.

*An obvious cause for the patient's clinical signs is not identified in this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the bacteriuria, a urine culture, preferably on a pre-antibiotic sample, and sensitivity is recommended as pyelonephritis can cause systemic signs and pain referred to the lumbar spine.
- Continued supportive care for gastroenteritis is recommended. If the patient's clinical signs do not improve within 24-72 hours of medical management, a more advanced GI workup may be warranted.
- Three-view thoracic radiographs are also recommended to assess for occult disease in the chest.





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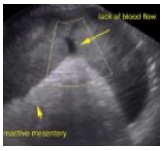
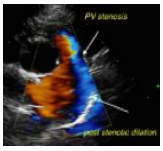
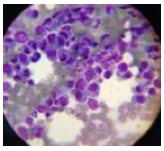
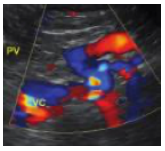

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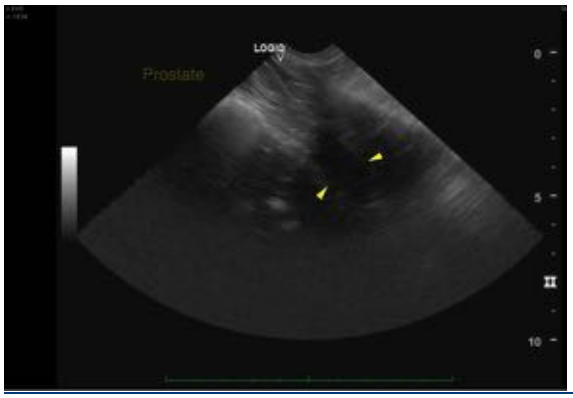

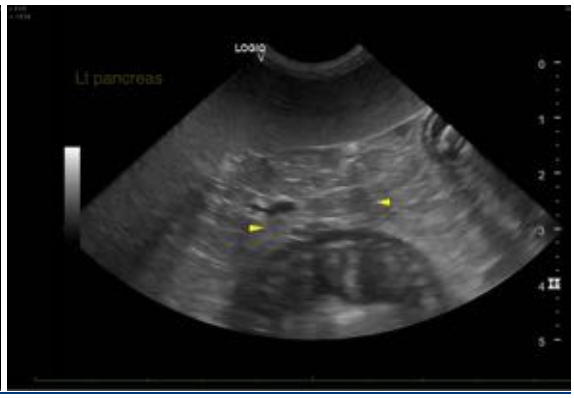

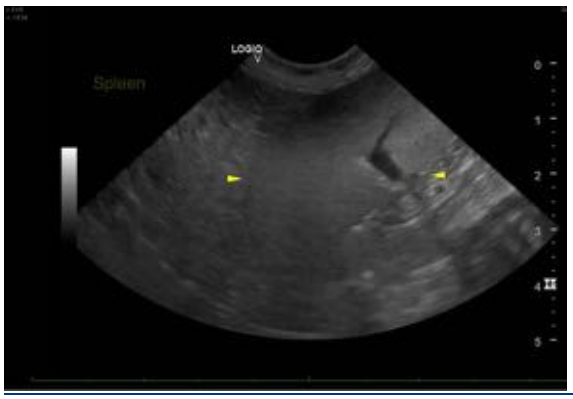

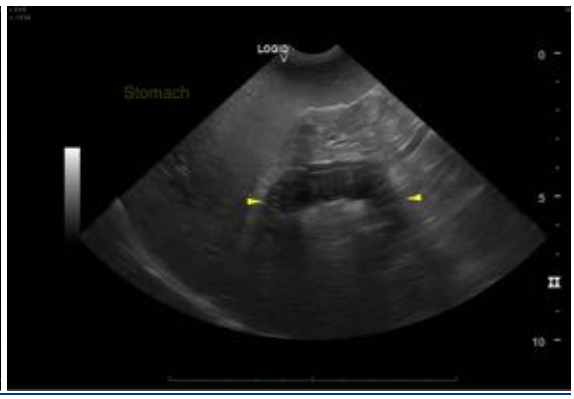

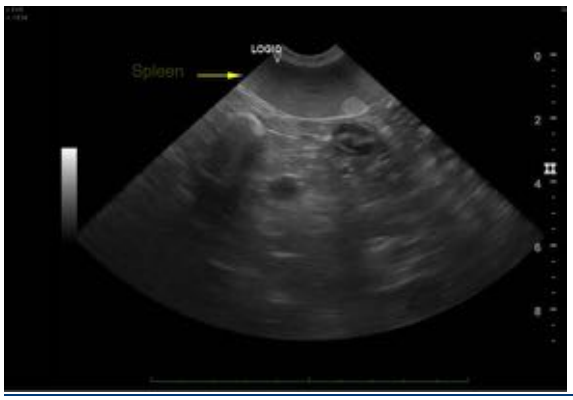

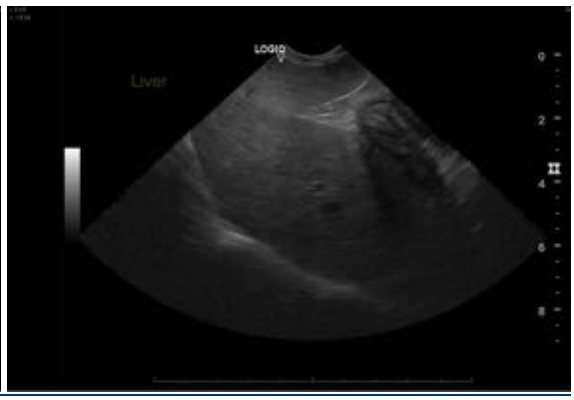

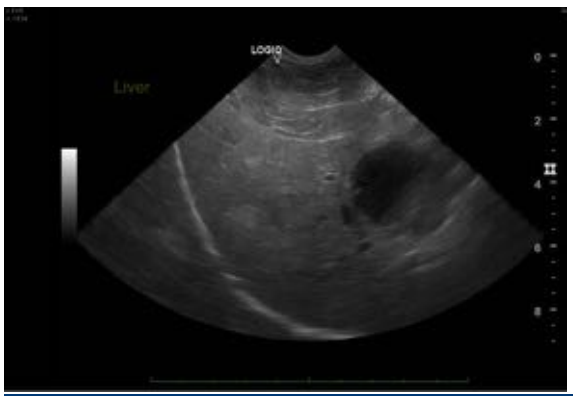

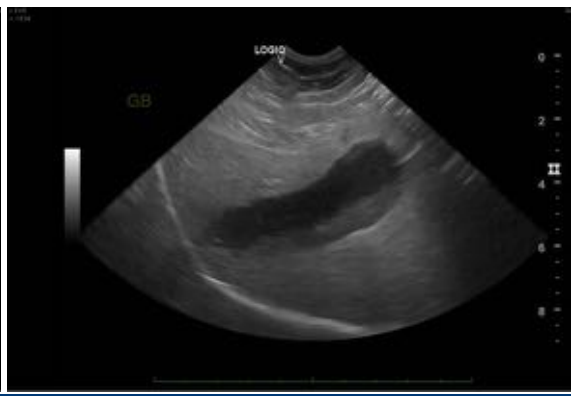

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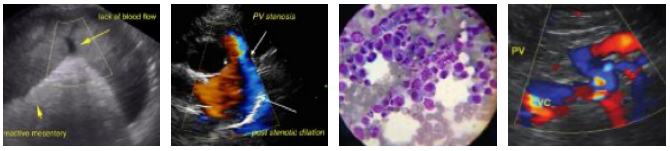

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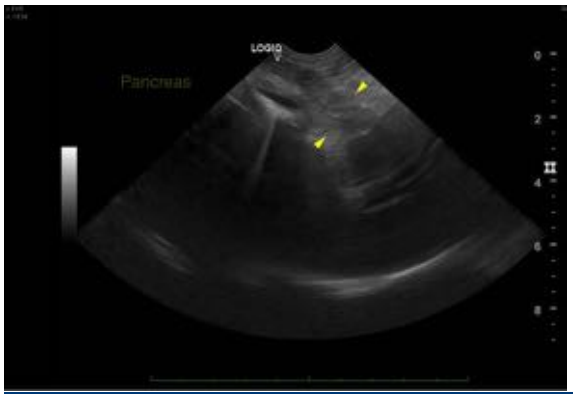

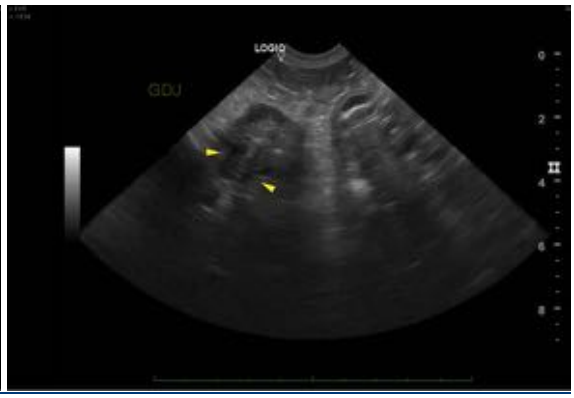

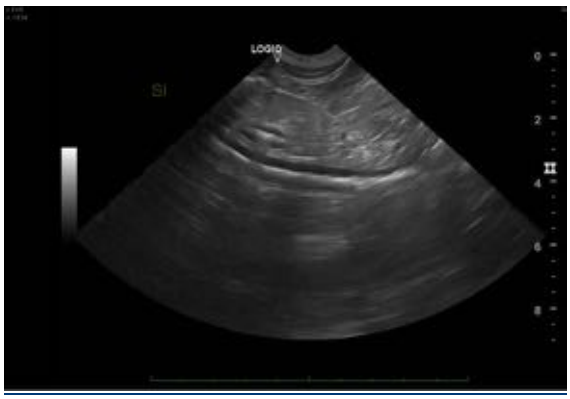

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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