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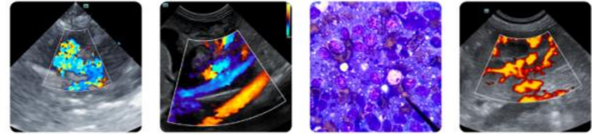


Clinical Sonography & Telecytology

Educational Teleconsultation Services™

PATIENT

Brownie Menell

SPECIES

Canine

BREED

Dachshund Mix

SEX

Neutered Male

AGE

18 years 3 mos

WEIGHT

19.72

INTERPRETED BY

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

IMAGING PERFORMED BY

Ruth Loomis

HOSPITAL NAME

Brookswood AC, LLC

REFERRING VET

Ruth Loomis

INVOICE

22330

DATE

12-23-25

PRESENTING CLINICAL SIGNS

History: P previously diagnosed with Cushing's dz but has not been on medications for years as did not alleviate clinical signs of PU/PD and extreme hunger P diagnosed with CKD previously and is on renal diet P having mix of normal bowel movement followed by soft to liquidy stool with blood

Abnormal PE/Chem/CBC/UA Results: Superchem w/SDMA TOTAL PROTEIN 7.1 5.0-7.4 g/dL ALBUMIN 3.9 2.7-4.4 g/dL GLOBULIN 3.2 1.6-3.6 g/dL A/G RATIO 1.2 0.8-2.0 AST (SGOT) 33 15-66 IU/L ALT (SGPT) 44 12-118 IU/L ALK PHOS 835 5-131 IU/L HIGH GGT 4 1-12 IU/L T. BILIRUBIN 0.2 0.1-0.3 mg/dL BUN 40 6-31 mg/dL HIGH CREATININE 1.6 0.5-1.6 mg/dL SDMA 12.3 <14.0 UG/dL BUN/CREAT RATIO 25 4-27 PHOSPHORUS 3.2 2.5-6.0 mg/dL GLUCOSE 96 70-138 mg/dL CALCIUM 12.2 8.9-11.4 mg/dL HIGH MAGNESIUM 2.6 1.5-2.5 mEq/L HIGH SODIUM 150 139-154 mEq/L POTASSIUM 6.0 3.6-5.5 mEq/L HIGH NA/K RATIO 25 27-38 LOW CHLORIDE 108 102-120 mEq/L CHOLESTEROL 274 92-324 mg/dL TRIGLYCERIDE 577 29-291 mg/dL HIGH AMYLASE 1324 290-1125 IU/L HIGH Precision PSL 684

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (4.75 cm in length) with slightly irregular peripheral contours. The cortex is isoechoic relative to the spleen, and variably thickened, with mild-to-moderate loss of corticomedullary distinction. Numerous, varying-sized cortical cysts are seen (some of which are septated). Mild pyelectasia is present (0.19 cm in the longitudinal plane). There is no evidence of nephroliths or hydroureter.

The right kidney is normal in size (4.64 cm in length) with slightly irregular peripheral contours. The cortex is isoechoic relative to the spleen, and variably thickened, with mild-to-moderate loss of corticomedullary distinction. Numerous, varying-sized cortical cysts are seen (some of which are septated). Mild pyelectasia is present (0.24 cm in the longitudinal plane). There is no evidence of nephroliths or hydroureter.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.52 cm at cranial pole) (0.59 cm at caudal pole) with a normal shape. The parenchyma is subtly heterogenous, with slight loss of glandular detail. Surrounding vasculature appears normal.

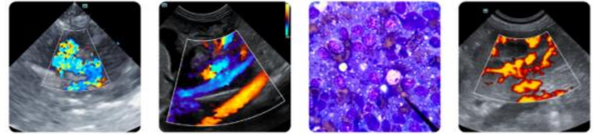
The right adrenal gland is mildly enlarged (0.98 cm at cranial pole) (0.64 cm at caudal pole) with a normal shape. A 0.81 x 0.44 cm irregular, hyperechoic nodule is observed approximately mid-gland. In the remainder of the gland, the parenchyma is slightly heterogenous, with some loss of glandular detail. Surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size (1.60 cm in width at the level of the hilus) with smooth peripheral contours. The parenchyma is subtly mottled in appearance, with a few, small, ill-defined hypoechoic nodules. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with smooth peripheral contours. The parenchyma is isoechoic relative to the spleen and heterogenous in appearance, with ill-defined, hyperechoic nodules/areas (one lesion measuring up to 1.9 cm in its longest dimension). Hepatic vasculature and intrahepatic biliary tracts



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are of normal volume with no evidence of congestion.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated, echogenic, gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The lumen is not distended. 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. There is no evidence of an obstructive pattern.

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. (See also "Other" category).

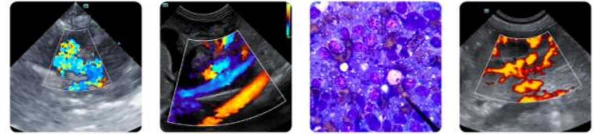
Lymph Nodes
(See ***"Other"*** category).

Free Abdomen
There is no obvious evidence of free fluid.

Other
In the right cranial quadrant, a 1.38 x 1.24 cm isoechoic structure/nodule is visualized.

ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenomegaly. The right adrenal nodule could be consistent with focal nodular hyperplasia, adenoma, or less likely, emerging adenocarcinoma, pheochromocytoma, other.
- The diffuse hepatic changes are nonspecific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory disease, infiltrative neoplasia and other hepatopathies are considered less likely. The hyperechoic hepatic nodules trend toward the benign (i.e., regenerative nodule, myelolipomas) with a lower possibility of more insidious splenic pathology.
- Gallbladder debris, non-mucocele
- Bilateral chronic renal changes with cortical cysts and trace pyelectasia. The pyelectasia may be secondary to parenchymal remodeling, pyelonephritis, PU/PD, or some combination thereof.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The nodule in the right cranial quadrant may represent a pancreatic lesion, prominent lymph node, nodule within the mesentery, other. Its significance is unclear.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).



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*An obvious cause for the patient's GI signs is not definitively identified in this study. Considerations include infectious/parasitic disease, food allergy/intolerance, inflammatory bowel disease, underlying metabolic issue, other.

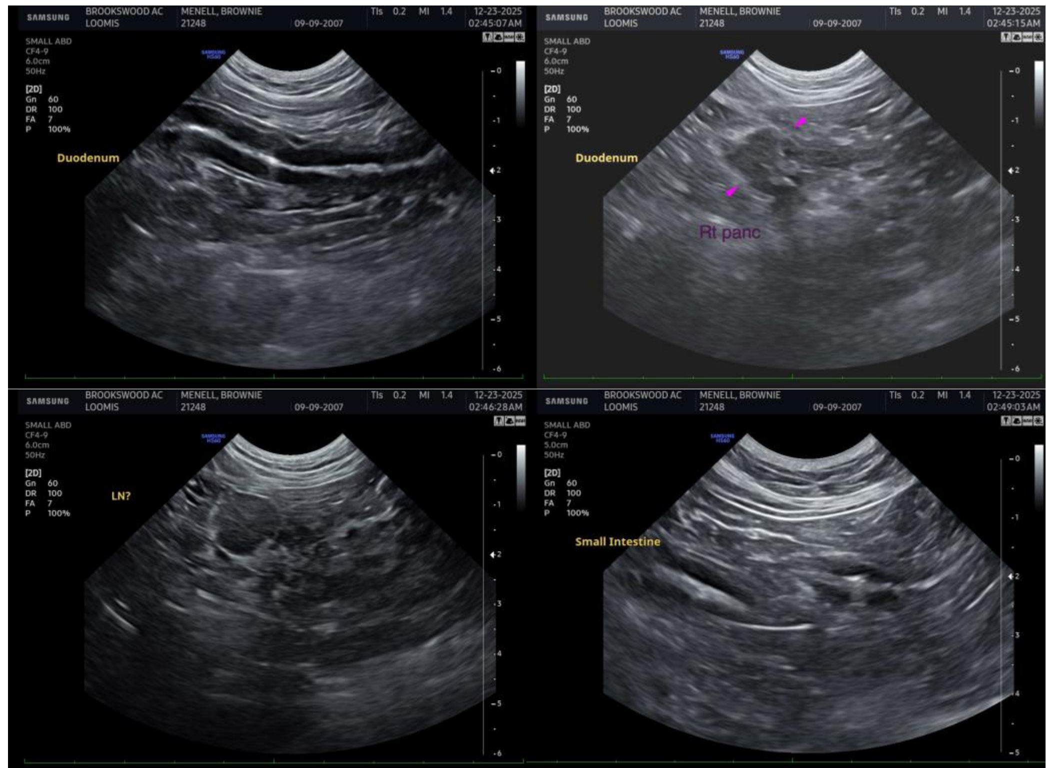
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the GI signs, consider the following:

  1. Fecal evaluation for ova and Giardia, as well as a fecal PCR infectious disease panel
  2. Also consider prophylactic deworming with fenbendazole
  3. A GI panel including serum cobalamin and folate, TLI and PLI should also be considered
  4. In the meantime, initiation of a probiotic, fiber supplement, +/- a limited antigen, may prove beneficial

- Regarding the lesion in the right cranial quadrant, consider the following:

  1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases
  2. Recheck ultrasound in 4-6 weeks to assess for growth of the lesion
  3. Alternatively, if an aggressive approach is desired, excisional biopsy can be considered.



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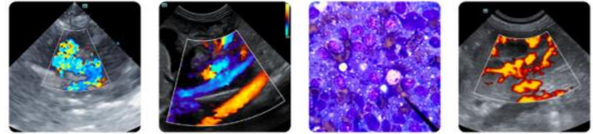

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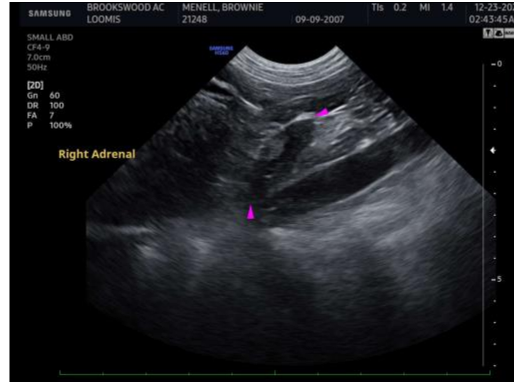

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com