

**DATE PRESENTING CLINICAL SIGNS**

12/28/2021 History: Not eating, vomiting, bloated.

PATIENT

Chloe McGovern

Lab Results: Attached separately.

Bloodwork shows mild anemia. Hematocrit is 30%. ALT is 165. ALP is 653

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Terrier

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.

SEX

Spayed Female

The left kidney is normal in size (4.40 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is poor corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A few small cortical cysts are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis.

AGE

7/4/2008

WEIGHT

16 Lb.

The right kidney is normal in size (4.38 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is poor corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland measures (0.56 cm at cranial pole) (1.64 cm at caudal pole) (2.77 cm in length); and is enlarged at the caudal pole with an irregular shape. A 1.47 x 1.41 cm irregular hypoechoic to slightly heterogenous nodule/mass is observed at the caudal aspect. Glandular echogenicity and detail at the cranial aspect appear normal. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Andi Parkinson, RDMS

The right adrenal gland is normal size (0.47 cm at cranial pole) (0.40 cm at caudal pole) (1.55 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.

HOSPITAL NAME

Forest Hill Veterinary
Clinic

Spleen

The spleen is normal in size (1.61 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A small ill-defined myelolipoma is observed near the hilus. Splenic vasculature is normal.

REFERRING VET

Dr. Saad

Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and is heterogenous and mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

INVOICE

10076

The gall bladder lumen is over-distended. The wall is normal in thickness. A large amount of suspended aggregated echogenic sludge in a stellate pattern is observed within the lumen. The mesentery surrounding

the gall bladder wall is hyperechoic and trace free fluid is observed in this region. The common bile duct is diffusely dilated (up to 0.62 cm) and contains echogenic material within the lumen. The duct can be seen at its entry point at the level of the duodenal papilla.

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. Discrete 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 mesentery in the cranial abdomen is hyperechoic. Trace free fluid is observed adjacent to the gall bladder. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Full- formed gall bladder mucocele with regional peritonitis.
- The hepatic parenchymal changes are nonspecific and could be secondary to inflammatory disease, infiltrative disease (less likely), hepatotoxicosis (i.e., copper), and/or age-related changes.
- Left adrenal nodule/mass. Differentials include nodular hyperplasia or neoplasia (i.e., adenoma, adenocarcinoma, pheochromocytoma).

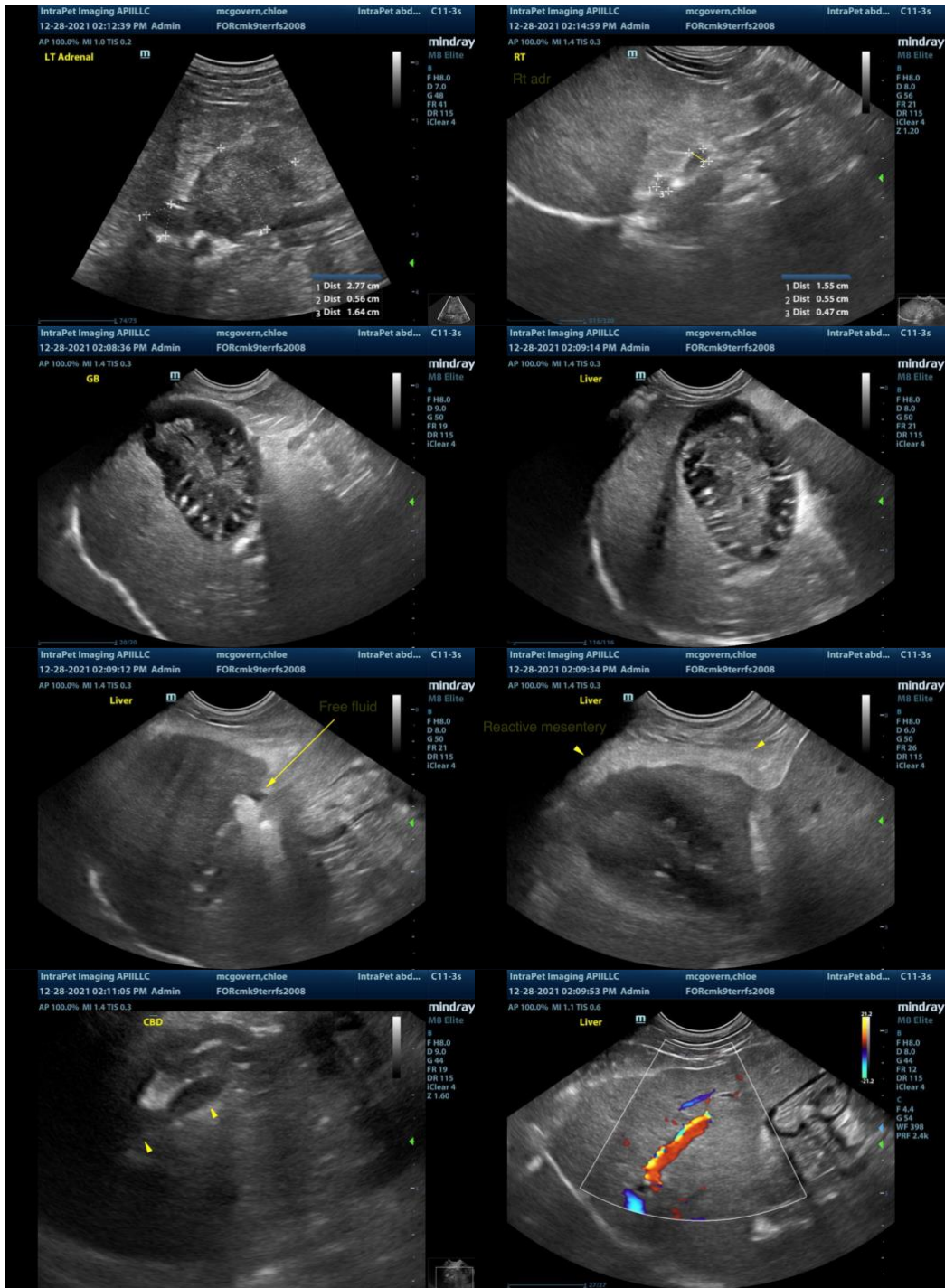
Secondary Findings

- Bilateral age-related renal changes with dystrophic mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess cardiopulmonary status.
- Given the gall bladder changes, a cholecystectomy with submission of the gall bladder for histopathology as well as a liver biopsy is recommended. Referral to a board-certified surgeon is recommended due to the potential for perioperative complications.
- Regarding the left adrenal nodule/mass, considerations include the following:
 1. Low-dexamethasone suppression test and urine/blood catecholamine levels to assess for a functional tumor
 2. Blood pressure measurement to evaluate for systemic hypertension
 3. +/- left adrenalectomy (i.e., at the time of cholecystectomy). However, it should be noted that

an adrenalectomy will substantially increase the risk of perioperative complications.





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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