

PATIENT PRESENTING CLINICAL SIGNS

Beau Pacheco History: History of thyroid carcinoma - Sx. removed 5/2021. Thyroid supplemented with levothyroxine. Initially treated with Piroxicam, has been off for > 6 months. Thyroid hormone controlled. AUS to evaluate kidneys due to persistent azotemia. *Sedated with butorphanol/midazolam

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: BUN 44 (H); creat 2.9 (H); SDMA 19 (H), lipase 308 (H); chloride 107 (L)

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Labrador Retriever

Urinary System

SEX

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.

Neutered Male

AGE

The prostate is normal in size (1.24 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

12 Years

WEIGHT

The left kidney presented normal size (6.44 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Mild to moderate pyelectasia is present (0.43 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

70.4 Pounds

INTERPRETED BY

The right kidney presented normal size (5.99 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Mild to moderate pyelectasia is present (0.34 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

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

Adrenal Glands

IMAGING PERFORMED BY

The left adrenal gland is enlarged (1.32 cm at cranial pole) (0.91 cm at caudal pole) (3.52 cm in length); with an irregular shape. A 1.57 cm x 1.40 cm, irregular, hyperechoic to slightly heterogeneous nodule is observed at the cranial pole. The parenchyma at the caudal pole is mildly heterogeneous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature appear normal.

Pamela Harrigan, RDCS

HOSPITAL NAME

The right adrenal gland is normal size (0.85 cm at cranial pole) (0.65 cm at caudal pole) (2.71 cm in length); with a normal shape and smooth peripheral contours. A 0.62 cm x 0.49 cm, irregular, hyperechoic nodule is observed at the cranial pole. The remaining glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Anchor AH

REFERRING VET

Spleen

Dr. Kristin Lavin, DVM

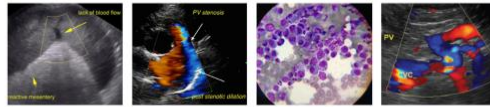
The spleen is normal in size (1.27 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

INVOICE

13966

Liver

DATE



PATIENT

Beau Pacheco

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A small hyperechoic nodule is observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

SPECIES

Canine

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

BREED

Labrador Retriever

The gastric 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. No obstructive or overt infiltrative disease is noted.

SEX

Neutered Male

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.

AGE

12 Years

Free Abdomen

WEIGHT

70.4 Pounds

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

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Medicine)

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Minor age-related renal changes with bilateral pyelectasia. The pyelectasia may be secondary to pyelonephritis and/or age-related remodeling.

Secondary Findings

- Left adrenomegaly with bilateral adrenal nodules. The nodules could be consistent with nodular hyperplasia or emerging tumors.
- The hyperechoic hepatic nodule trends toward the benign (i.e., regenerative nodule or lymphoid hyperplasia) with a low possibility of emerging neoplasia.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

IMAGING PERFORMED BY

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HOSPITAL NAME

Anchor AH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patients history and sonographic changes, a urine culture and sensitivity, baseline blood pressure measurement and UPC (if proteinuria is present) are recommended.
- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop in the future.

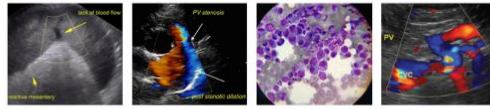
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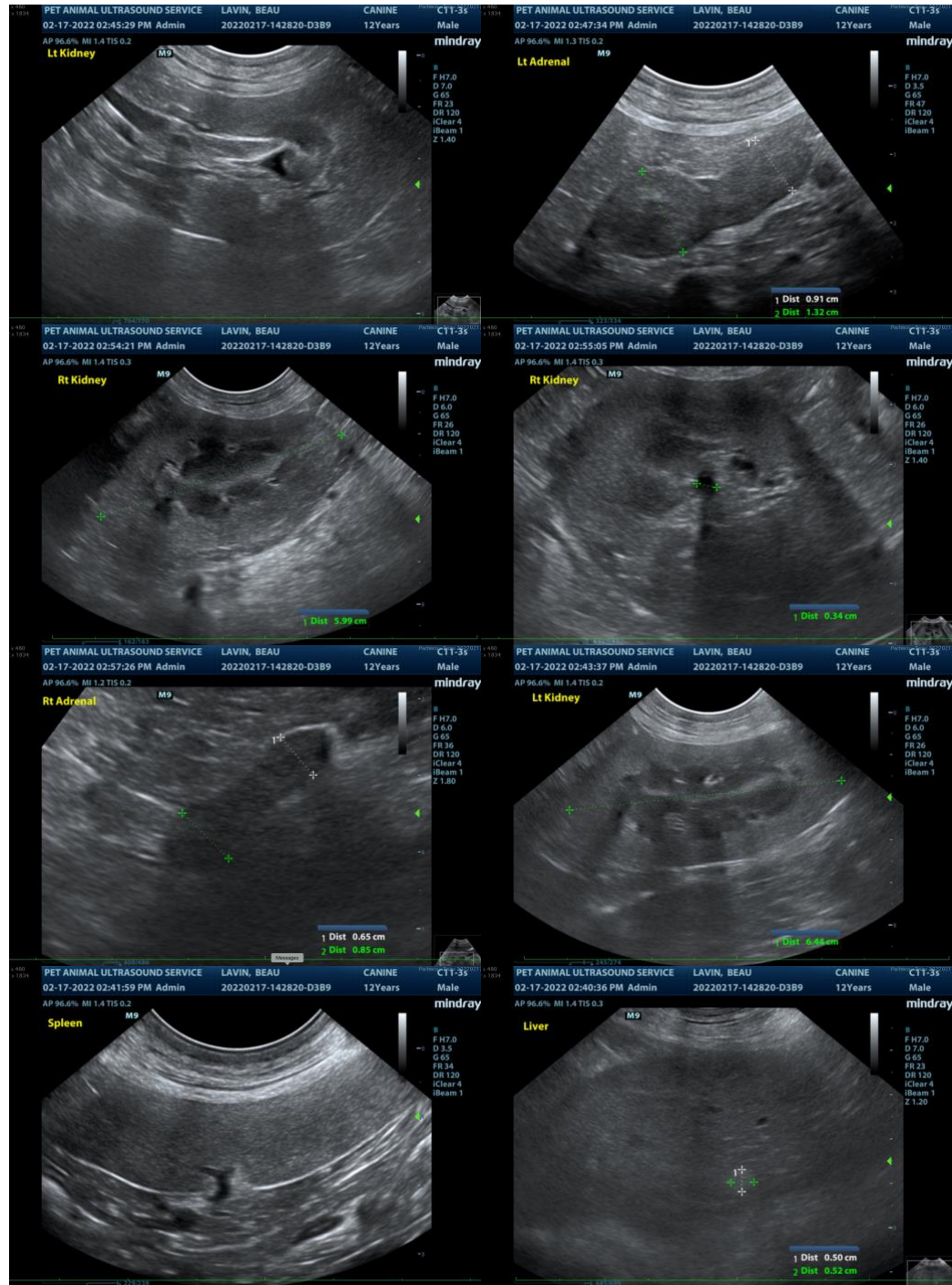
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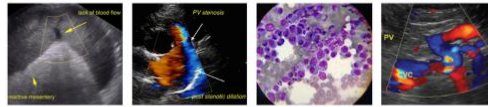
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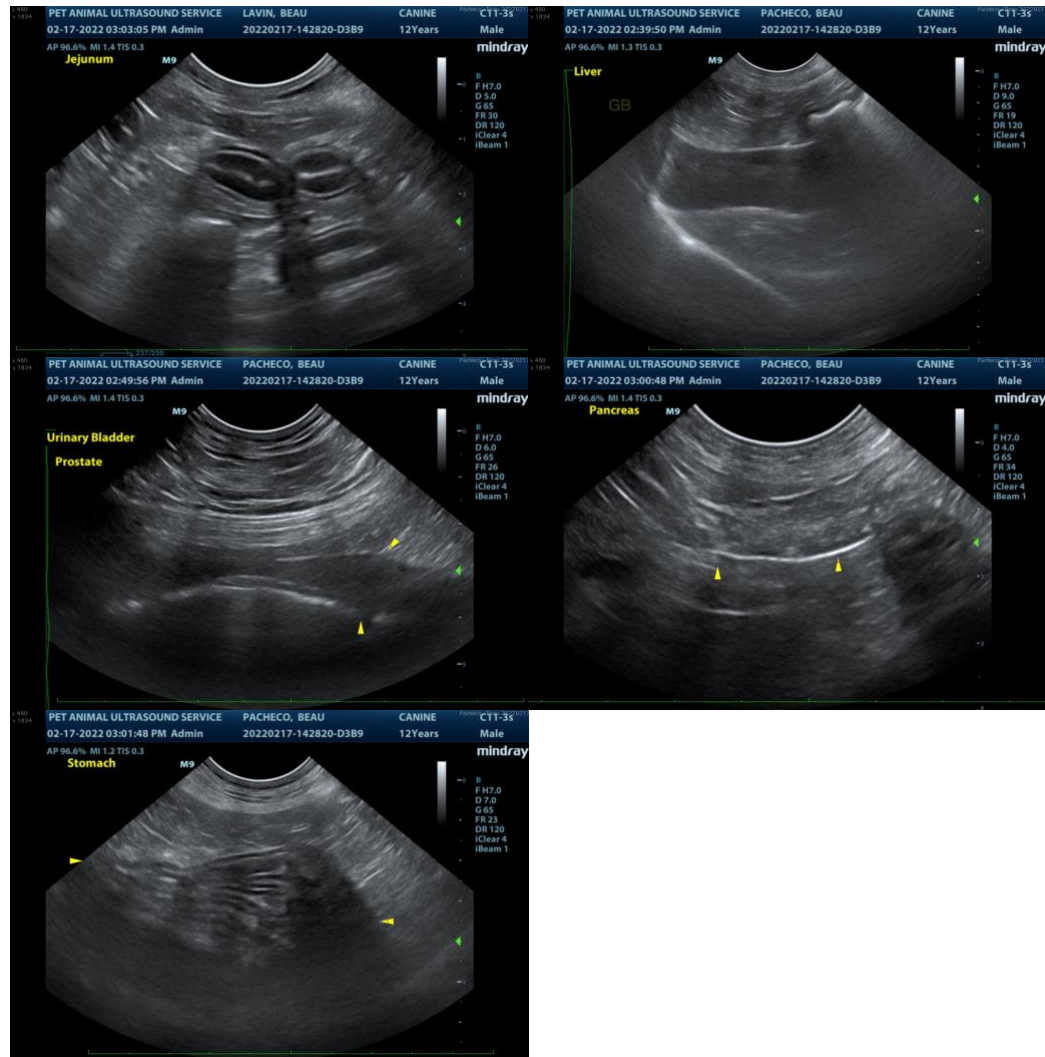
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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