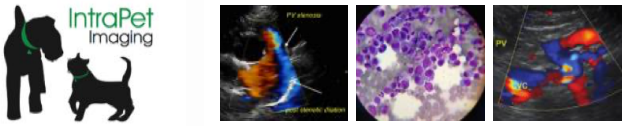
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

2/21/22

PATIENT

Buster Nachodsky

SPECIES

Canine

BREED

Bulldog mix

SEX

Male, neutered

AGE

10/28/2011

WEIGHT

103 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Perry Hall AH

REFERRING VET

Dr. Miller

INVOICE

13001

PRESENTING CLINICAL SIGNS

In November 2021, patient was seen for routine evaluation. Increased ALP (836) picked up on routine lab work. No clinical signs at this time. Owner elected to have LDDST done at this time. Results were borderline, but no clinical signs were present, so the option to continue to monitor was decided. 2/15/22- patient presents with significant PU/PD and bloated abdomen with presence of weight gain. PE shows potbelly appearance and 6 pound weight gain. Significant elevation in ALP noted.

Current Medications: None at this time.
Lab Results: Normal CBC, AlkP 3115, ALT 238. In November the ALP was in the 800s. USG 1.006 with 1+ proteinuria and an active sediment. T4 normal.
Radiographs: One lateral radiograph showed a prominent tail of the spleen.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, RDMS.

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. A small to moderate amount of echogenic debris is suspended within the lumen. 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 (1.27 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 (7.32 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (7.12 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (1.21 cm at cranial pole) (0.91 cm at caudal pole) (2.85 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.

The right adrenal gland is upper limits of normal size (0.96 cm at cranial pole) (0.82 cm at caudal pole) (2.90 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 (2.05 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.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gall bladder 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 gastric lumen is mildly to moderately distended with ingesta. A 3.21 cm hard shadowing structure is also observed within the lumen. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears 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 ileocecal colic junction and colonic wall are normal. No obstructive 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 reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The bilateral adrenal changes are suggestive of hyperplasia (i.e., secondary to pituitary dependent hyperadrenocorticism). However, normal variation cannot be excluded.
- 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, non-mucocele.
- The shadowing structure within the gastric lumen likely represents foreign material.

Secondary Findings:

- Urinary bladder debris.

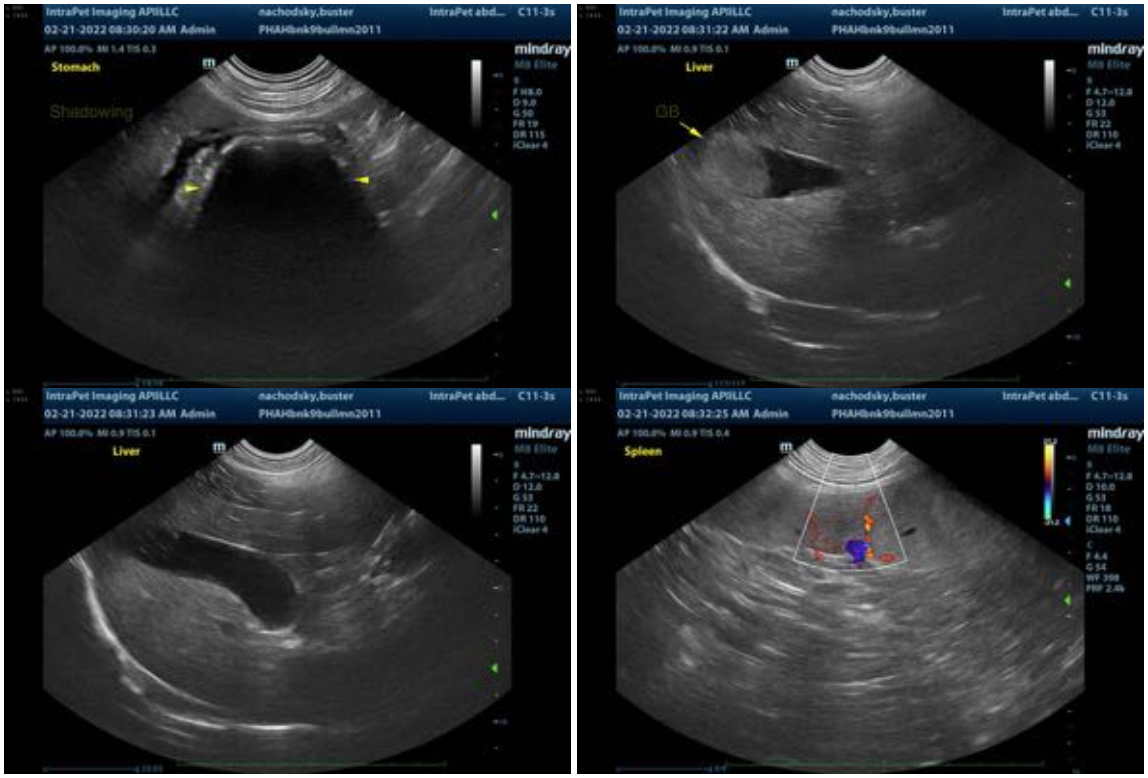
- Minor age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's clinical history and sonographic changes, consider repeat testing for hyperadrenocorticism (i.e., low-dose dexamethasone suppression test or ACTH stimulation test). If results are not consistent with Cushing's disease, further hepatic workup (i.e., serum bile acids +/- hepatic tissue sampling) may be warranted.

- Given the bacteriuria, a urine culture and sensitivity is also recommended. If negative, a UPC should be considered given the presence of proteinuria.

- Regarding the shadowing structure within the gastric lumen, consider abdominal radiographs to further characterize the foreign material. Serial abdominal imaging (i.e., radiographs or ultrasound) may be necessary to determine if the patient passes the foreign body.

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LT Adrenal
1 Dist 2.85 cm
2 Dist 1.21 cm
3 Dist 1.08 cm
mindray


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IntraPet Imaging APIILLC
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Stomach
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RT
Rt adr
1 Dist 2.90 cm
2 Dist 0.96 cm
3 Dist 0.86 cm
mindray


IntraPet Imaging APIILLC
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Prostate
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Rt pancreas
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IntraPet Imaging APIILLC
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ICCJ
mindray

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 ACVIM (*Small Animal Internal Medicine*)
Andrea.nicastro@sonopath.com