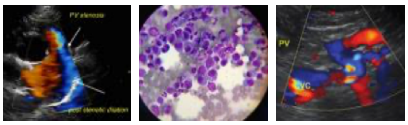
IMAGING PERFORMED BY

IntraPet.com



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DATE

2/21/22

PATIENT

Dottie Zepp

SPECIES

Canine

BREED

Dalmation

SEX

Female, spayed

AGE

11/7/2010

WEIGHT

44.5 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Bayside Animal Medical Center

REFERRING VET

Dr. DeLozier

INVOICE

13004

PRESENTING CLINICAL SIGNS

Chronic vomiting/diarrhea- managed ok with HP until last few months where the frequency is increasing. Possible cranial abdominal mass on x-rays.

Current Medications: None listed.
Radiographs: Prominent spleen with a rounded opacity near the pyloric region of the stomach/right liver area.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

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 amount of suspended echogenic debris is observed 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 left kidney is normal size (5.57 cm in length) with a slightly irregular shape. 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. A 1.76 x 1.56 cm cortical cyst is observed at the craniomedial aspect. This cyst causes slight capsular expansion. Renal vasculature is normal.

The right kidney is normal size (5.91 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (1.32 cm at cranial pole) (2.41 cm at caudal pole) (4.06 cm in length) with an irregular shape. A 1.47 x 1.33 cm hyperechoic nodule is observed at the cranial pole. A 2.36 x 2.03 cm hyperechoic nodule/mass with an ill-defined hypoechoic area and a 0.36 cm hyperechoic focus is observed at the caudal pole. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is prominent in size (1.42 cm at cranial pole) (0.49 cm at caudal pole) (3.34 cm in length) with a slightly irregular shape. A 2.29 x 1.19 cm irregular hyperechoic nodule/mass is observed in the cranial to mid aspect. The glandular echogenicity and detail at the caudal pole are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.99 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 contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated echogenic mostly gravity-dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is minimally fluid distended. The gastric wall in the region of the fundus is normal in thickness with a normal layering pattern. The pyloric antral wall is questionably prominent/thickened (vs artifact due to rugal folds). 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. The colonic wall is normal. No obstructive disease is noted.

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.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bilateral adrenal nodules/masses. Differentials include nodular hyperplasia vs emerging tumor(s).

Secondary Findings:

- Bilateral non-specific age-related renal changes.
- Gallbladder debris- incidental.
- Age-related pancreatic remodeling +/- fibrosis.
- Concurrent low-grade pancreatitis is also possible, particularly if a positive Murphy sign is present.
- Questionable pyloric antral thickening.

*An obvious cause for the patient's clinical signs is not identified in this study. Differentials include mild pancreatitis, microscopic gastrointestinal disease, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline bloodwork (i.e., CBC chemistry panel, urinalysis and T4 is recommended if not already performed).

- Other diagnostics/therapeutics to consider include the following:

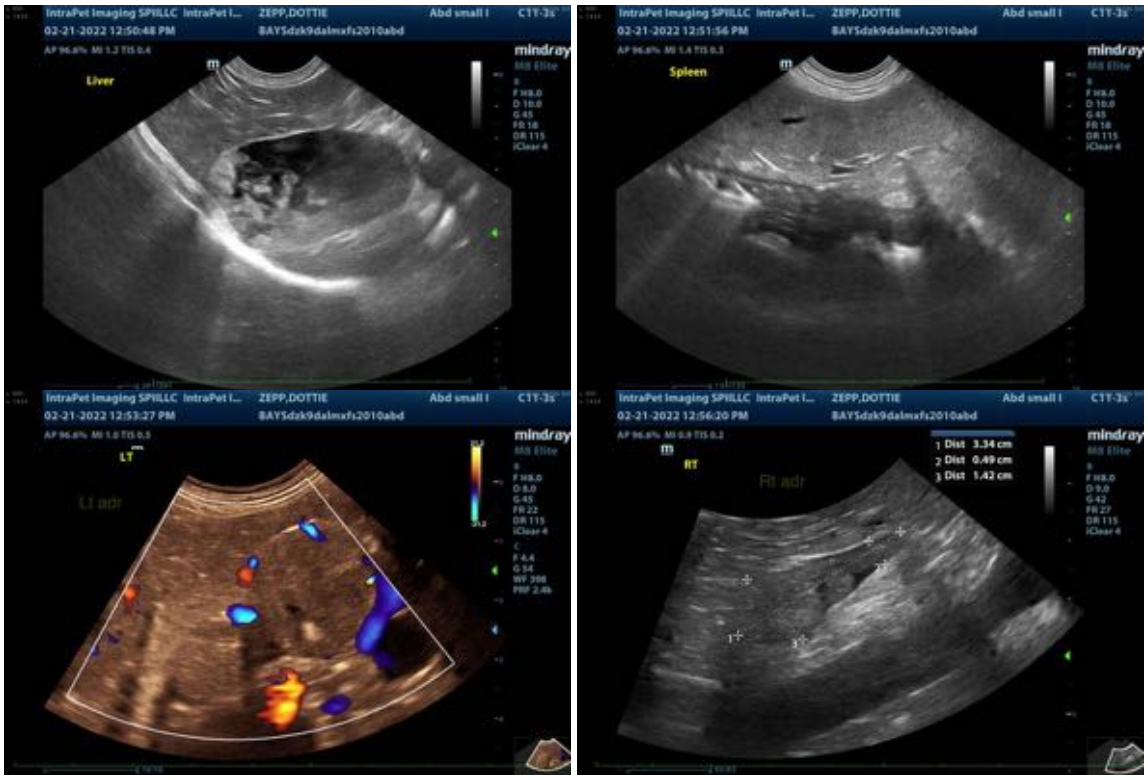
    1. GI panel sent to Texas A&M.

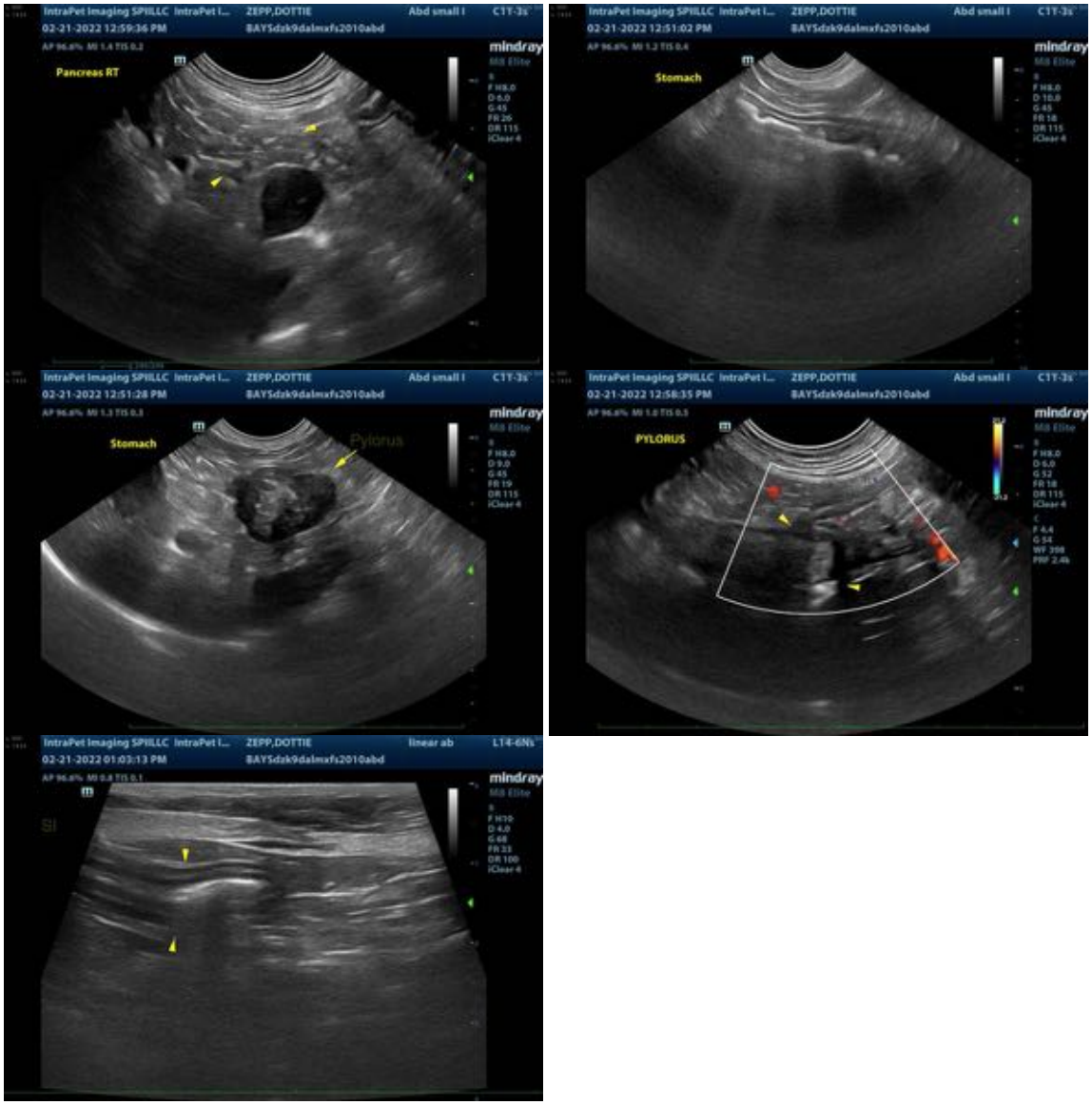
    2. A fecal evaluation for ova/Giardia

    3. Prophylactic deworming with Fenbendazole +/- GI biopsies (i.e., endoscopic or surgical). Thoracic radiographs should be performed prior to anesthesia.

    4. Also consider empirical treatment for small intestinal bacterial overgrowth with a 4-week course of Tylosin and supplementation with a probiotic with a high colony count (i.e., Proviable Forte or Visbiome).

- Regarding the adrenal lesions, further testing (i.e., low-dose dexamethasone suppression test, urine blood/catecholamine levels and baseline blood pressure measurements) can be considered.





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*)
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