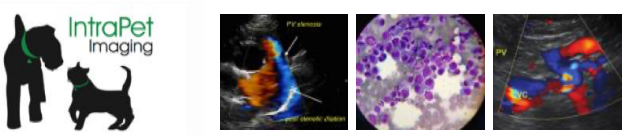
IMAGING PERFORMED BY

IntraPet.com



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DATE

2/8/2022

PATIENT

Sammy I Am Baker

SPECIES

Canine

BREED

Dachshund

SEX

Male, neutered

AGE

10/3/2008

WEIGHT

18.8 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Fullerton AH

REFERRING VET

Dr. Baker

INVOICE

12984

PRESENTING CLINICAL SIGNS

History: History: Picky eater, intermittent vomiting, suspected IBD, distended abdomen, late in life onset of recurrent skin infections that will not go away, generally reoccur within 1-3 weeks of stopping treatment, last night both eyes and conjunctiva were markedly erythematous with chemosis, OS had episcleral injection, has lost 1 pound, whines a lot, hair did not regrow after being shaved over 4 months ago, back pain, elbow arthritis,

PE: Heart auscults with a normal rhythm and no murmurs, lungs auscult with normal bronchovesicular sounds, BCS 4/5, mild to moderate dental tartar, thin hair coat dorsally, right maxillary P-4 is absent, left maxillary P-4 has a fracture, OU chemosis, OD episcleral injection, crepitus in both elbows, patchy crusts, painful on palpation of the lumbar spine.

Current Medications: Neo-poly dex OU BID x 1.5 days, Prednisone 5 mg PO QD prn (1-2 days a week), Simparica Trio monthly
Lab Results: Hw/Lyme/Ehr/Ana-pending at Antech. CBC, superchem and U/A pending at Antech.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

Additional history- bloodwork shows AlkP 501, ALT 255, GGT 28, Precision PSL 26, CBC normal, fecal negative for ova and giardia. 4DX negative. Rads show hepatomegaly.

Imaging Performed By: Andi Parkinson, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended. The wall in the region of the apex is slightly thickened (up to 0.36 cm) with an irregular mucosal surface. A small amount of gravity-dependent mineralized sand is observed within the lumen. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (0.76 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 (4.59 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. 1-2 cortical infarcts are suspected at the caudolateral aspect. Several non-obstructive nephroliths are present. Trace pyelectasia is observed. There is no evidence of hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.34 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Several, non-obstructive nephroliths are visualized. Trace pyelectasia is present. There is no evidence of hydroureter.

Adrenal Glands

The left adrenal gland is enlarged (1.66 cm at cranial pole) (0.71 cm at caudal pole) (2.89 cm in length) with an irregular shape. A 2.11 x 1.59 cm irregular hyperechoic to heterogeneous nodule/mass is observed at the cranial pole. The glandular echogenicity and detail at the caudal pole are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged (1.12 cm at cranial pole) (0.59 cm at caudal pole) (2.22 cm in length) with a slightly irregular shape. A 1.37 x 1.01 cm hyperechoic to slightly heterogeneous nodule is observed at

the cranial pole. 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 (1.27 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.72 cm hypoechoic nodule is observed at the lateral aspect. A few myelolipomas are also seen. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with swollen/rounded 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 moderate amount of echogenic to mineralized partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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 pyloric outflow tract is 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 colonic wall is 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.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- The bilateral adrenal changes could be consistent with nodular hyperplasia, bilateral tumors, or a unilateral tumor (i.e., left side) with contralateral nodular hyperplasia.
- 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.
- Mineralized gallbladder debris, non-mucocele.

Secondary Findings:

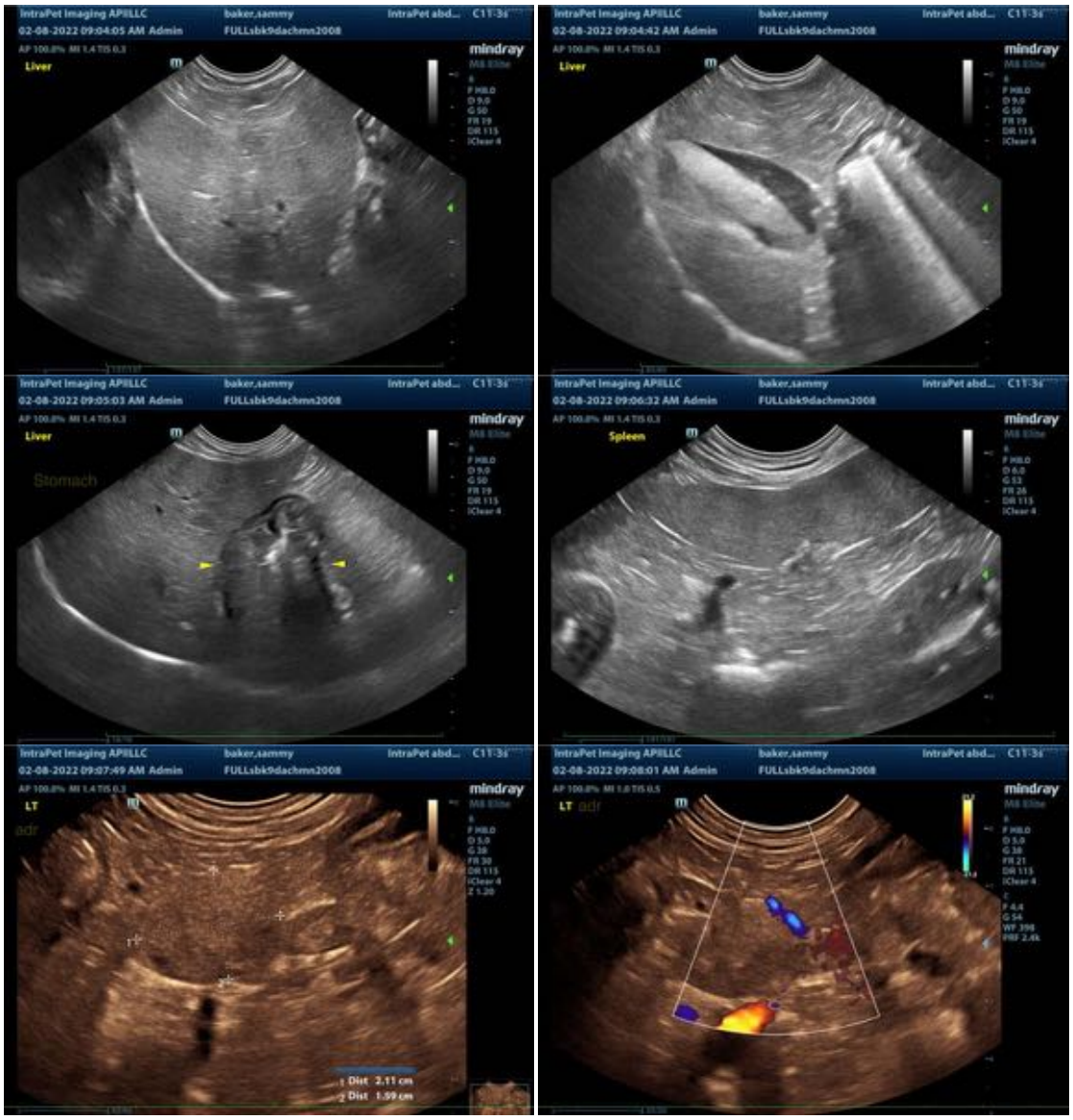
- Bilateral degenerative renal changes with non-obstructive nephrolithiasis and a suspected left cortical infarct.
- Urinary bladder sand with wall changes suggestive of cystitis. Correlation with clinical findings is recommended.

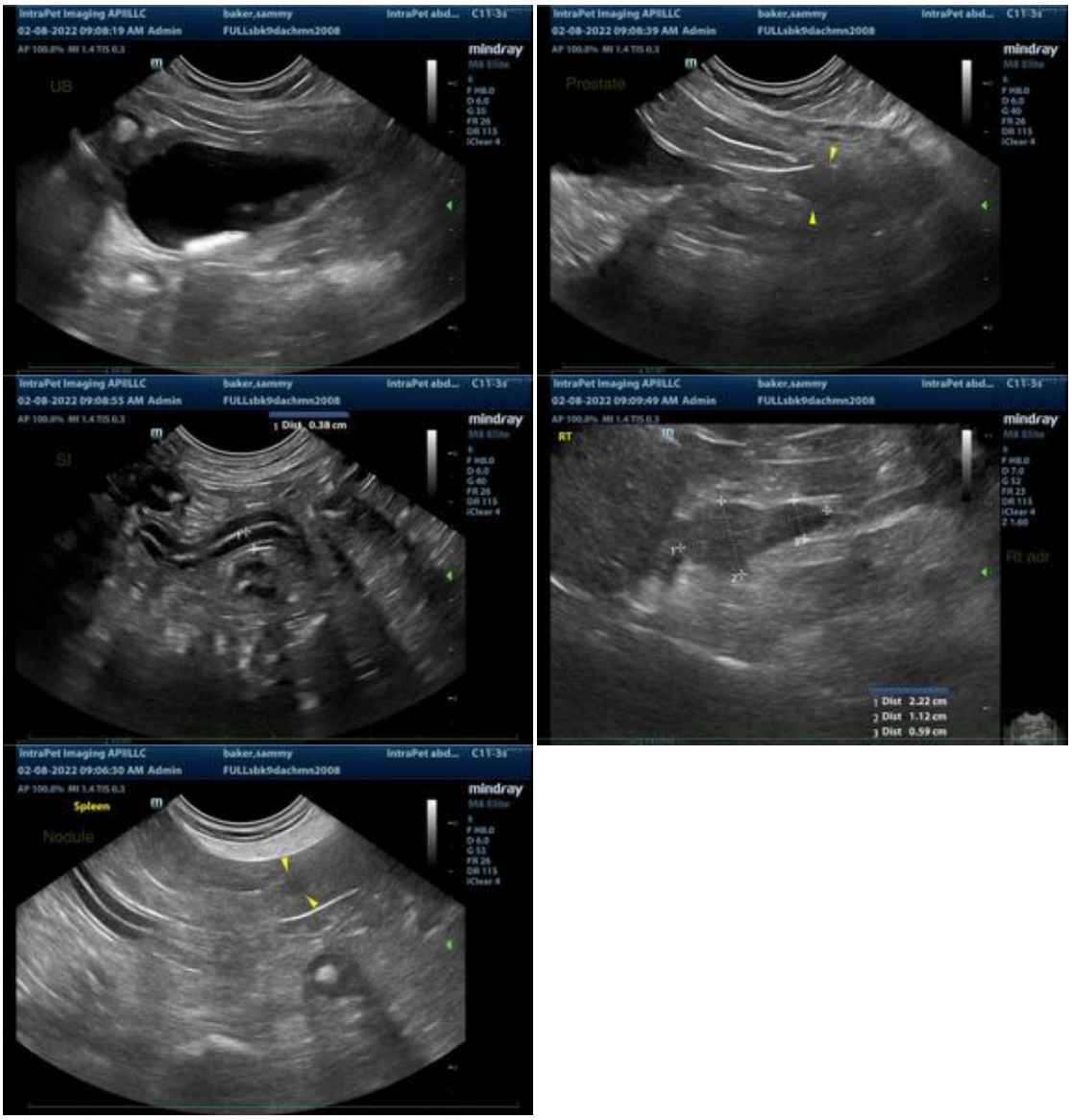
- The hypoechoic splenic nodule trends toward the benign (i.e., focus of lymphoid hyperplasia or extramedullary hematopoiesis) with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's clinical history, further testing for Cushing's disease (i.e., low dose Dexamethasone suppression test or ACTH stimulation test) is recommended. If confirmed, further differentiation of pituitary- vs. adrenal-dependent Cushing's disease (i.e., via an endogenous ACTH level) may be warranted.

- Also consider a baseline blood pressure measurement and UPC (if proteinuria is present) along with three-view thoracic radiographs to assess for pulmonary metastatic disease.





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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