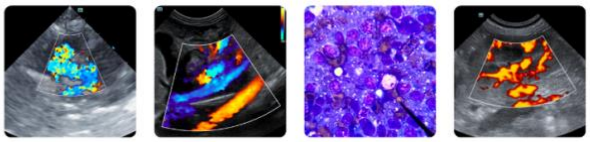


PATIENT

Sadie McCauley

SPECIES

Canine

BREED

Corgi Mix

SEX

Female Spayed

AGE

12

WEIGHT

27 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brittany Wolfe

HOSPITAL NAME

HomeVets

REFERRING VET

Dr. Brittany Wolfe

INVOICE

22676

DATE

3-12-26

PRESENTING CLINICAL SIGNS

History: P has Cushing's disease and has been well controlled on trilostane. Recently P has been having very frequent urinary accidents in the house (intentional) and had a high UPC. Drinking is the same. No improvement after a trial of clavacillin for 7 days.

Abnormal PE/Chem/CBC/UA Results: Blood pressure normal 120 CBC unremarkable Chem: stable ALT enzyme elevation: ALT 240. increasing ALP 943, Alb wnl 3.7 (previously 4.1) normal pre-pill cortisol borderline low T4 0.7 UA: low USG 1.004, very high UPC 5.0,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. Luminal contents are anechoic. No cystic calculi are observed.

The left kidney is normal in size (approximately 5.0 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (5.48 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with 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 mildly enlarged (0.78 cm at cranial pole) (0.78 cm at caudal pole) with a normal shape and 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 mildly enlarged (0.77 cm at cranial pole) (0.72 cm at caudal pole) with a normal shape and 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 (1.6 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.

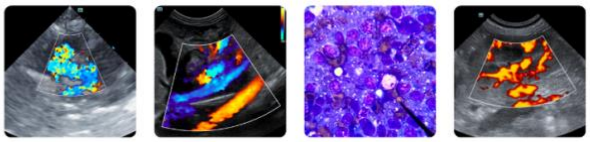
Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic- to mineralized, partially dependent, sludge/sand is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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 is normal in thickness with a



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normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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.

Lymph Nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

- The bilateral adrenomegaly is consistent with the previous diagnosis of hyperadrenocorticism.
- The diffuse hepatic changes are most consistent with vacuolar hepatopathy (i.e., endocrine, idiopathic) with a lower possibility of inflammatory disease, infiltrative neoplasia, or other hepatopathy.
- The gallbladder changes could be consistent with cholestasis, fasting, or an emerging mucocele.
- Mild bilateral nonspecific age-related renal changes. Given the presence of significant proteinuria, a protein-losing nephropathy is suspected. Most protein-losing nephropathies are idiopathic. However, they can be secondary to infectious, inflammatory, immune-mediated, or neoplastic diseases, and an underlying cause should be sought if possible.

*It is unclear whether the patient's proteinuria is associated with the frequent urinary accidents or if another disease process (i.e., trigonal or urethral disease, occult infection) is present.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urine culture and sensitivity is recommended to assess for occult infection. Acquisition of additional sonographic images of the urinary bladder trigone, cystourethral junction, and proximal urethra is also recommended to evaluate for underlying pathology. A rectal examination is also recommended to assess the pelvic urethra.
- Regarding the proteinuria, consider the following:

1. Initiation of an angiotensin receptor blocker, along with omega 3 fatty acids, and a prescription renal diet.
2. Close monitoring of the patient's renal values, serum albumin, UPC and blood pressure is recommended to assess progression of the suspected protein-losing nephropathy.

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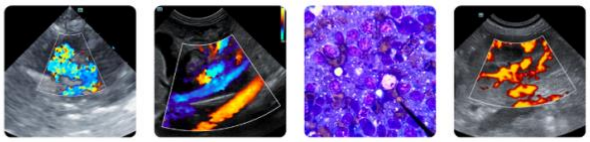

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SonoPath.com | info@sonopath.com | 1.800.838.4268

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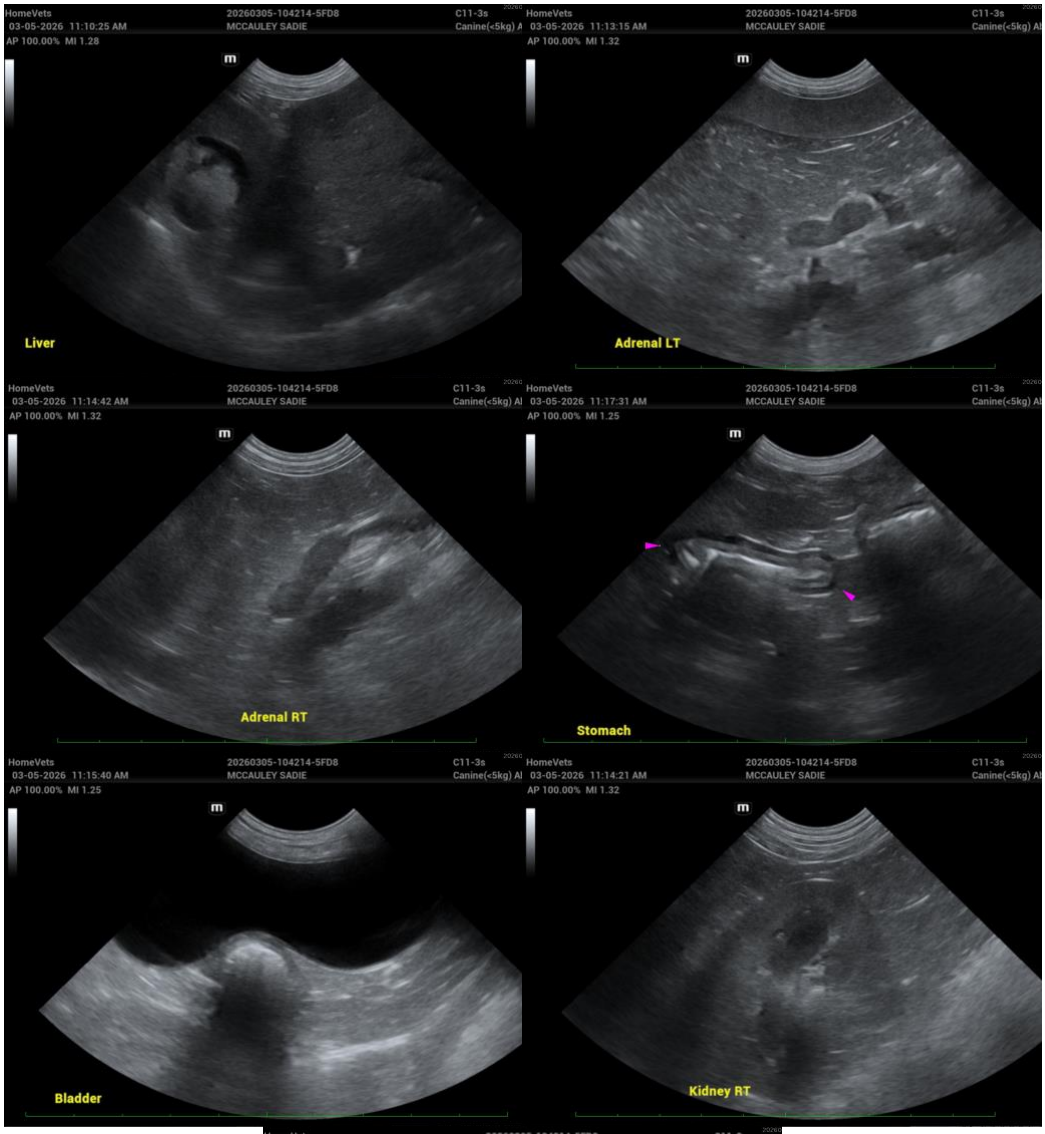

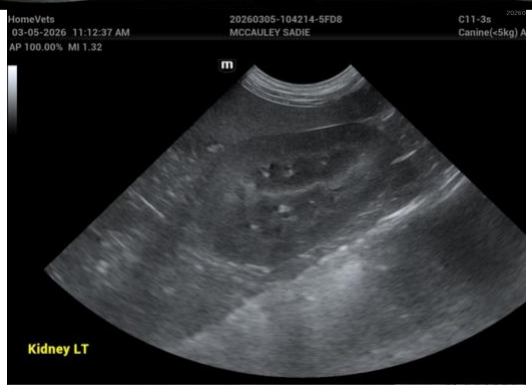

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in

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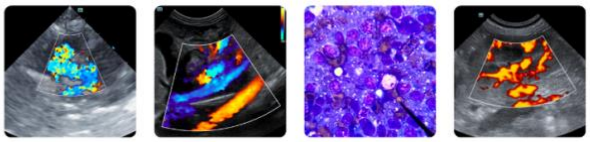

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the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com