**DATE PRESENTING CLINICAL SIGNS**

3/13/23

Well managed Cushing's, asymptomatic heart murmur without medications. Pet had Bilroth surgery in 2/2021 for suspected pyloric mass causing several weeks of bloating and inappetence. Currently doing well but heart murmur worsening, PSL and ALKP levels climbing. Overall assessment for wellness/disease monitoring. Murmur currently 4/6 systolic.

**PATIENT**

Popi Wallace

Current Medications: Trilostane 5.5mg SID.

Lab Results: 3/6/23: AST 264, ALT 320, ALKP 3982, Glu 162, Chol 622, Trig 1682, amyl 1146, psl 3088, plt 1465, SG 1.025 pro 3+, blood 3+.

**SPECIES**

Canine

12/21/22: ACTH stim: pre 1.5, post 3.5.

Date of Previous IntraPet Ultrasound: 2/10/22. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**BREED**

Chihuahua

Imaging Performed By: Stephanie Warga RDCS, RVT.

**SEX**

Male, neutered

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A scant 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 1-2 cm, are normal.

**AGE**

3/14/08

The prostate is normal in size (0.73 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

**WEIGHT  
12.85 lbs.**

The left kidney is normal size (4.23 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A few small cortical cysts are seen. Mild pyelectasia is present (0.49 cm in the transverse plane). There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

**INTERPRETED BY**

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

**HOSPITAL NAME**

Everhart VH

The right kidney is normal in size (4.32 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. The cortex is isoechoic relative to the spleen. There is poor corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Mild pyelectasia is present (0.31 cm in the transverse plane). There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

**REFERRING VET**

Dr. Notarangelo

**Adrenal Glands**

The left adrenal gland is mildly enlarged (0.59 cm at cranial pole) (0.77 cm at caudal pole) (1.96 cm in length) with a slightly irregular shape. The parenchyma is subtly heterogeneous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

**INVOICE**

14728

The right adrenal gland is mildly enlarged (0.73 cm at cranial pole) (0.68 cm at caudal pole) (2.03 cm in length) with a slightly irregular shape. The parenchyma is subtly heterogeneous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

Previously splenectomized.

**Liver**

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely heterogeneous with numerous small, ill-defined hypoechoic nodules/areas

throughout the organ. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. Several polypoid like lesions are arising from the luminal surface. There is also adhered echogenic debris and mineralized foci 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 mildly fluid 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 base and limbs of the pancreas are prominent in size with slightly irregular 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. See also *Other*.

### ***Free Abdomen***

There is no obvious evidence of free fluid.

### ***Lymph Nodes***

See *Other*.

### ***Other***

A 2.56 x 1.05 cm multi-septated cystic structure is observed in the right cranial quadrant.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

- The hepatic parenchymal changes are most consistent with a benign process (i.e., regenerative nodular hyperplasia and/or vacuolar hepatopathy). However, given the moderately elevated ALT, inflammatory disease or other hepatopathies cannot be completely excluded. Changes are similar to the previous sonogram.
- The gallbladder polyps and sludge are likely benign, incidental findings.
- The bilateral adrenomegaly is consistent with the previous diagnosis of pituitary-dependent hyperadrenocorticism.

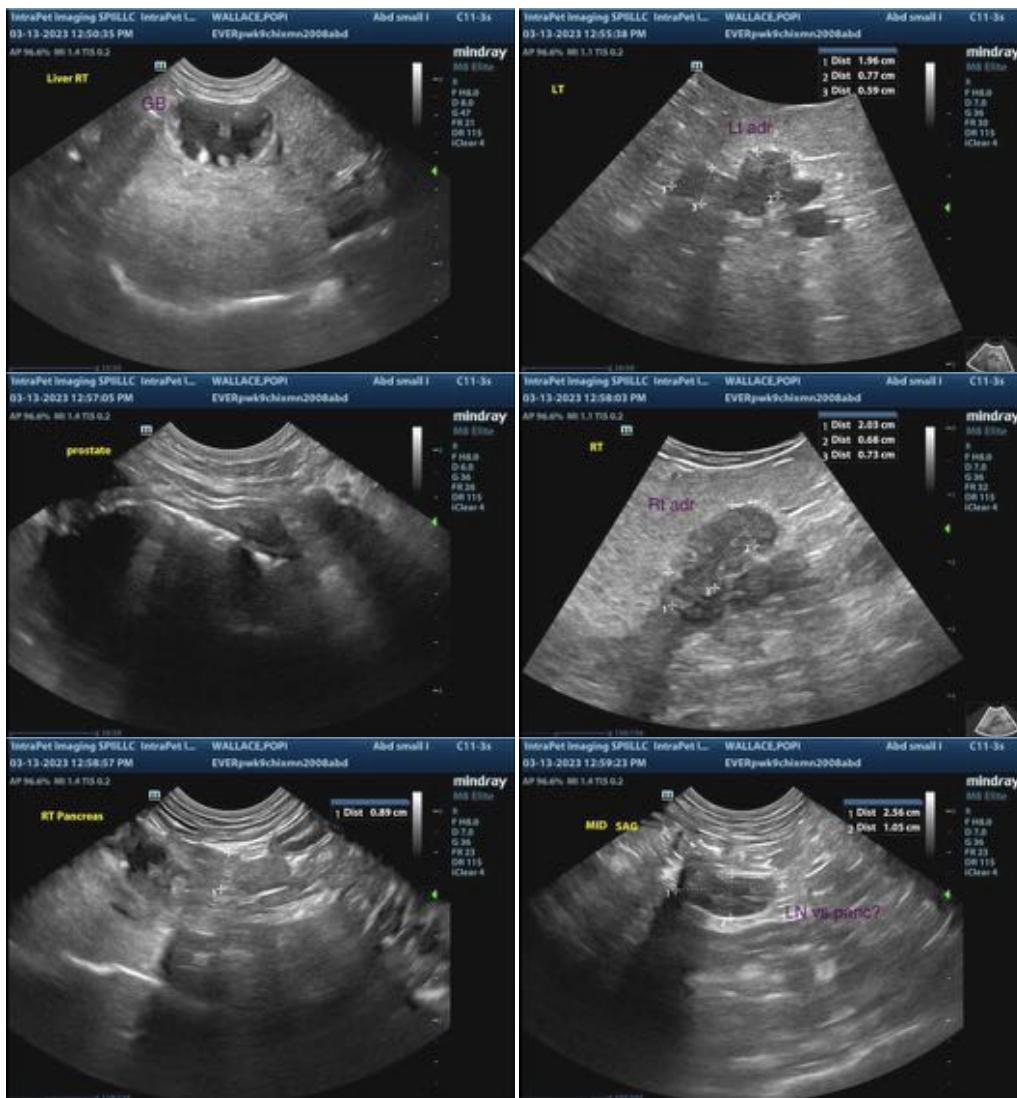
### **Secondary Findings:**

- Bilateral, chronic age-related renal changes with pyelectasia and right dystrophic mineralization. Changes are similar to the previous sonogram.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis. Changes are similar to the previous sonogram.

- The cystic structure in the right cranial quadrant may represent a cystic periportal lymph node or a cystic area within the right limb of the pancreas. A cystic periportal lymph node is favored. This is a new finding.

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

To further evaluate for an underlying hepatopathy, consider pre- and post-prandial serum bile acids, Leptospirosis testing (if clinical suspicion for disease is high) +/- hepatic tissue sampling (i.e., fine needle aspirate or biopsies).





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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