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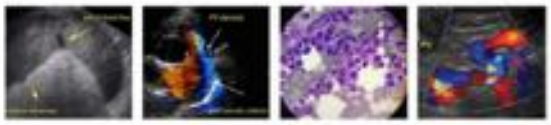


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Luca Crouch

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

9 years, 10 mos

WEIGHT

12 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

MountainView AH

REFERRING VET

Dr Sarah Kalivoda

INVOICE

12598

DATE

3.30.23

PRESENTING CLINICAL SIGNS

History: Luca has a pot belly appearance and is recently dealing with alopecia, comedones and sebaceous cysts. He does have polydipsia. His lab work showed severely elevated liver values. Concern for cushings- MEDS: Heartgard, Vetprofen 1/2 tab SID, Joint supplement [Advise likely d/c Vetprofen and consider Corydalis instead]

Abnormal PE/Chem/CBC/UA Results: LABS attached= Eos 0.024 (L), Platelets 469 (H), BUN 32 (H), K 5.7 (H), Na: K Ratio 26 (L), Cl 106 (L), ALT 444 (H), ALP 2,170 (H), GGT 1058 (H), Chol 469 (H), Lipase 419 (H). Thrombocytosis. T4 .70. 4dx negative.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The prostate is normal in size (0.88 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (4.05 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. The cortex is isoechoic relative to the spleen. Several hyperechoic shadowing diverticular foci are observed. Several nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The right kidney is normal in size (4.20 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. The cortex is isoechoic relative to the spleen. Several hyperechoic shadowing diverticular foci are observed. Several nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.75 cm at cranial pole) (0.60 cm at caudal polewith 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 (0.66 cm at cranial pole) (0.70 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 (0.87 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 gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of mostly gravity-dependent echogenic debris/sludge 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 is normal in thickness with a 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 base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic 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
There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hepatic changes could be consistent with a vacuolar hepatopathy (i.e., idiopathic/endocrine). However, more insidious hepatic pathology (i.e., inflammatory disease, infiltrative neoplasia (less likely), other) cannot be completely excluded.
- Mild bilateral adrenomegaly
- Gall bladder sludge – non-mucocele

Secondary Findings

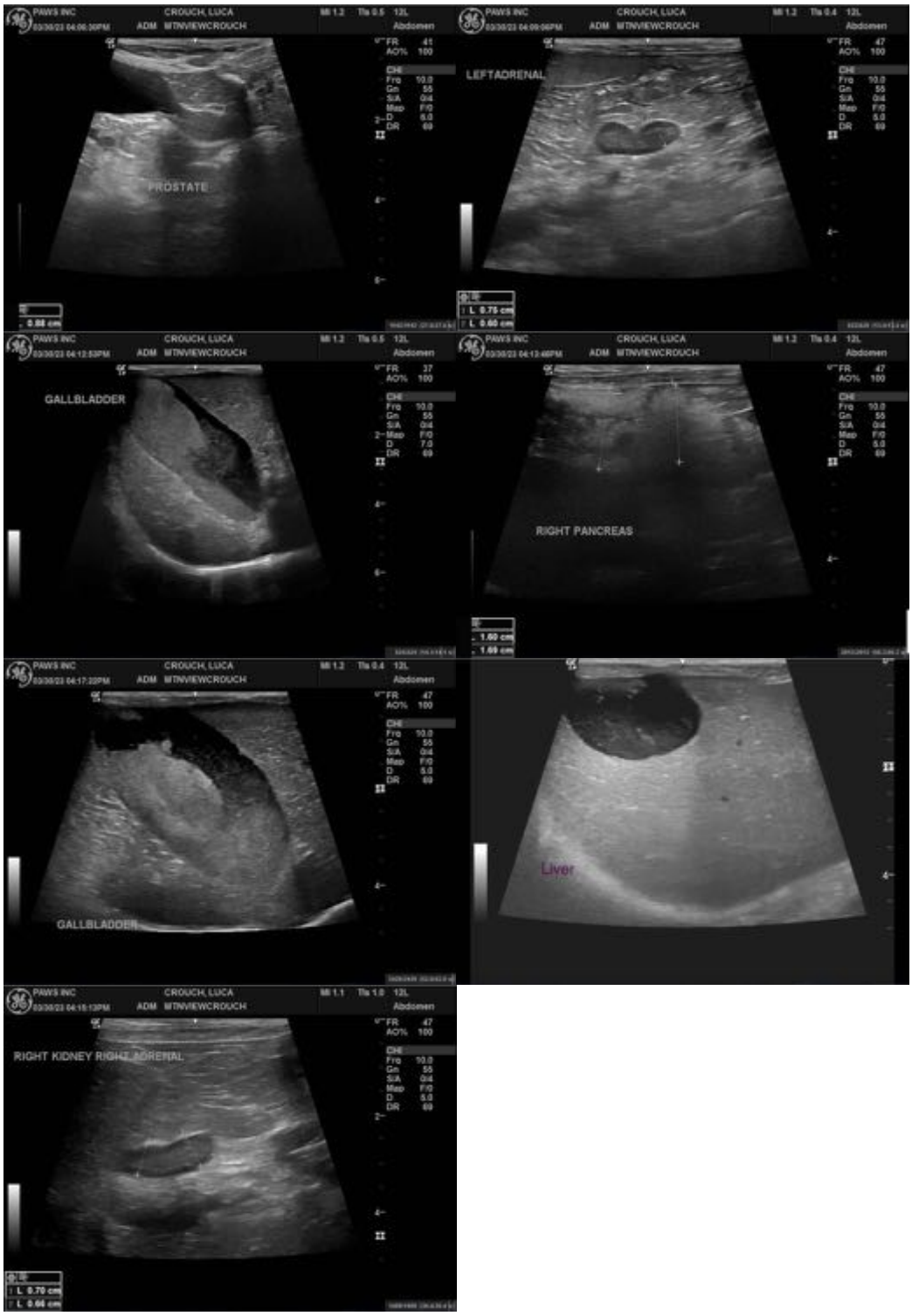
- Bilateral chronic renal changes with nonobstructive nephrolithiasis
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's clinical history, consider the following:

    1. Urinalysis to assess for isosthenuria
    2. Pre-and postprandial serum bile acids
    3. Cushing's testing (i.e., low-dose dexamethasone suppression test or ACTH stimulation)

- Further diagnostic and treatment recommended should be based on the results from the above diagnostics.



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 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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