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Clinical Sonography & Telecytology
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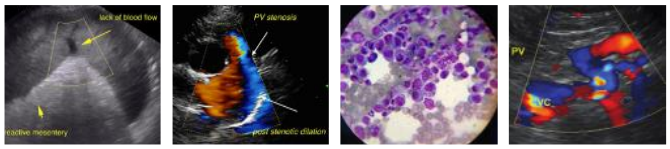


PATIENT
Sonny Mahan

SPECIES
Canine

BREED
Dachshund

SEX
Neutered Male

AGE
12 Years

WEIGHT
22 Lbs.

INTERPRETED BY
Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY
Dr. Hadley Harris

HOSPITAL NAME
TotalBond VH

REFERRING VET
Dr. Hadley Harris

INVOICE
10512

DATE
3/7/22

PRESENTING CLINICAL SIGNS

History: 12yo MN Dachshund that presented for acute pu/pd that progressed over ~2weeks. Bloodwork was suggestive of HAC, so LDDS was performed but was not consistent with HAC. Ultrasound to further explore cause for pu/pd.

ALP 1556. Calcium 12.0. Hematocrit 61%. T4 normal. Urine Specific Gravity 1.006 with 1+ proteinuria and an inactive sediment. 4dx negative. UPC 1.0.

Abnormal PE/Chem/CBC/UA Results: see attached

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 with anechoic urine. 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 prostate is not definitively visualized due to its pelvic location.

The left kidney is normal in size (5.79 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Pinpoint hyperechoic foci are observed within the cortex. Several cortical cysts are also seen. Mild pyelectasia is present (0.32 cm in the transverse plane). There is no evidence of infarcts or hydroureter.

The left kidney is normal in size (5.63 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Pinpoint hyperechoic foci are observed within the cortex. Several cortical cysts are also seen. Mild pyelectasia is present (0.29 cm in the transverse plane). There is no evidence of infarcts or hydroureter.

Adrenal Glands

The caudal pole on the left adrenal gland is visualized and is mildly enlarged (0.72 cm in width), with a normal shape, glandular echogenicity and detail. The phrenicoabdominal vein and surrounding vasculature appear normal.

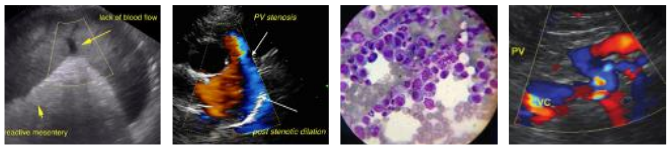
The caudal pole of the right adrenal gland is visualized and is upper limits of normal size (0.66 cm in width), with a normal shape, glandular echogenicity and detail. The phrenicoabdominal vein and surrounding vasculature appear normal.

Spleen

The spleen is not visualized in its entirety. In the visualized portions, it is normal in size (1.81 cm in width at the level of the hilus), with normal curvilinear peripheral contours. The parenchyma is homogenous. No focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen, and slightly heterogenous in appearance. A 1.55 cm irregular hyperechoic nodule is observed on the right side. Hepatic vasculature and intrahepatic biliary tracts



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are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of gravity dependent echogenic to mineralized debris is observed within the lumen. The cystic and common bile ducts are normal.

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 small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern. There is evidence of mucosal speckling in some segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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

- The hyperechoic hepatic nodule trends toward the benign, (i.e., regenerative nodule, lymphoid hyperplasia), with a lower possibility of emerging neoplasia. The diffuse hepatic parenchymal changes are most consistent with a benign hepatopathy (i.e., vacuolar hepatopathy, regenerative nodular hyperplasia). Inflammatory disease is considered unlikely, given the normal ALT. Infiltrative neoplasia is possible, but considered less likely.
- Gall bladder debris, non-mucocele
- Mild bilateral adrenomegaly

Secondary Findings

- Bilateral age-related renal changes with dystrophic mineralization and cortical cysts
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The small intestinal mucosal speckling can be associated with enteritis/inflammation. However, correlation with clinical findings is recommended.

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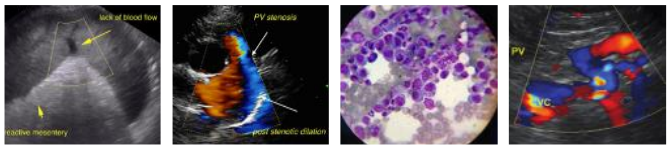

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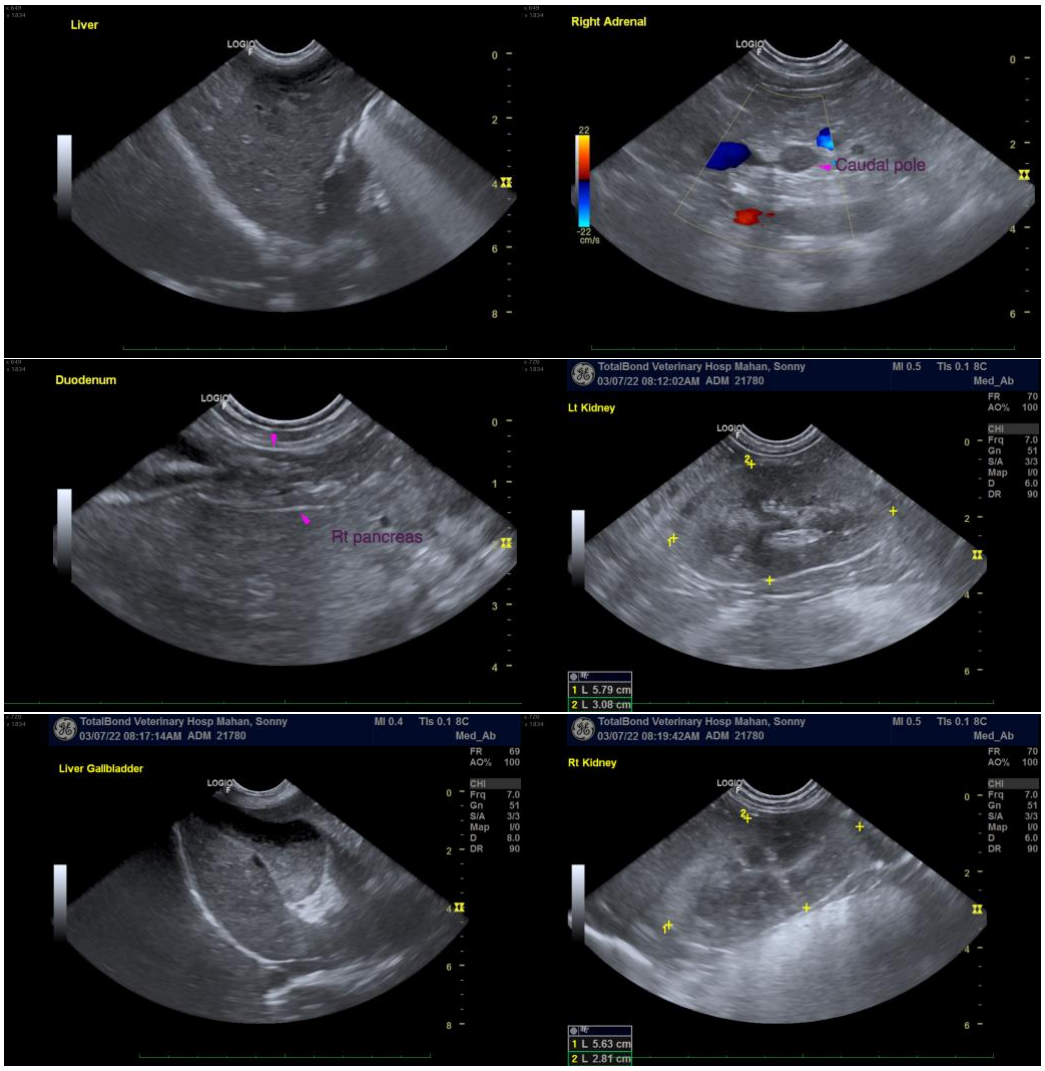
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Due to the potential for a false-negative test result and/or the possibility of atypical Cushing's disease, consider further testing (i.e., an ACTH stimulation test +/- a full adrenal panel (send to the University of TN)). If results are not consistent with Cushing's Disease, consider further PU/PD workup, which could include the following:

    1. Urine culture and sensitivity to assess for occult pyelonephritis
    2. Pre-and postprandial serum bile acids to assess hepatic function
    3. Leptospirosis testing (i.e., blood and urine PCR, serology)
    4. +/- a DDAP trial
    5. +/- a modified water deprivation test.

- Given the mild hypercalcemia, consider an ionized calcium +/- PTH/PTHrP. A rectal examination is also recommended to evaluate for anal gland masses. Chest radiographs (3-view) should also be considered to assess for neoplasia in the thorax.



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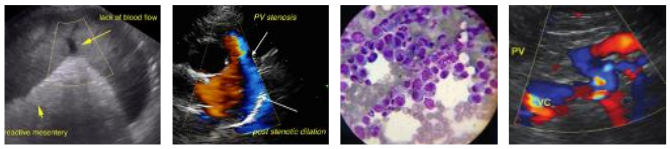

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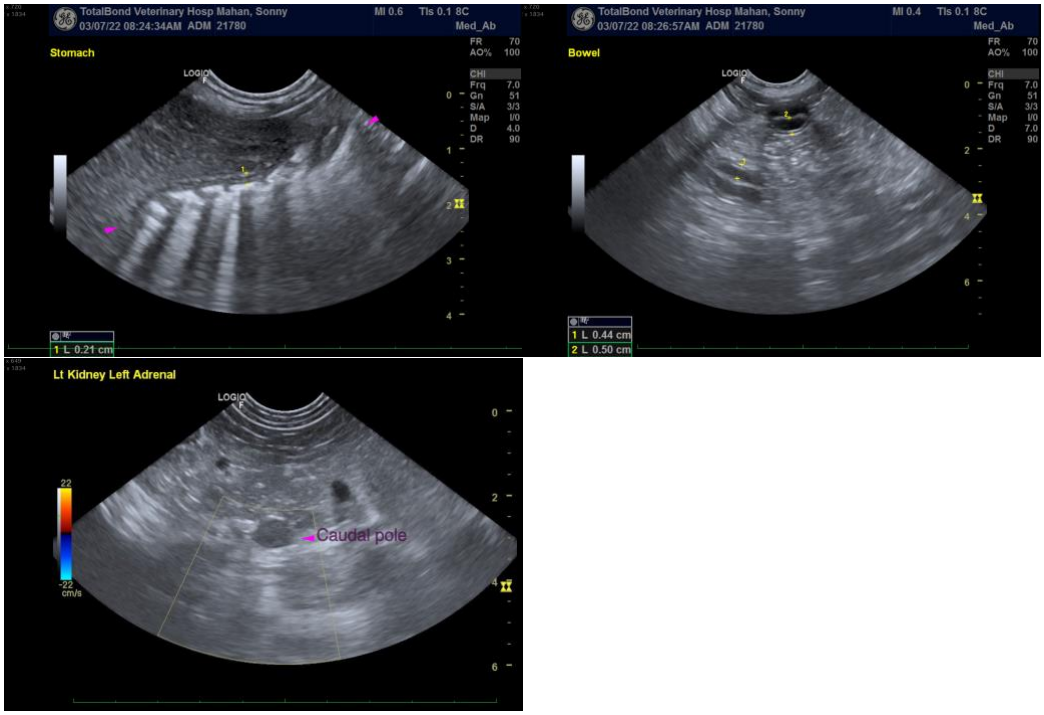

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 DACVIM (Small Animal Internal Medicine)
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