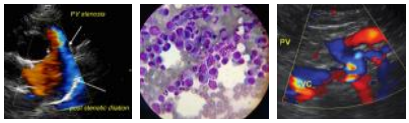
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

4/13/2022

PATIENT

Lucky Cohen

SPECIES

Canine

BREED

Lhasa Apso

SEX

Spayed Female

AGE

9/27/2010

WEIGHT

21.4lbs

INTERPRETED BY

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

HOSPITAL NAME

Airpark Animal Hospital

REFERRING VET

Dr. Owens

INVOICE

10739

PRESENTING CLINICAL SIGNS

History of pancreatitis, diabetes mellitus, suspect Cushing's or other disease causing insulin resistance and chronic skin and urine infections.
Had calcium oxalate bladder stones removed years ago at a different vet.

Current Medications: Currently on cefpodoxime 50 mg PO SID for bacterial UTI and vulvar dermatitis. Also takes apoquel, cytopoint, Vetsulin, tylosin
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, RDMS.

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 is moderately distended. A moderate 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 2 cm, are normal.

The left kidney is normal in size (4.80 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A few small, nonobstructive nephroliths are present. There is no evidence of pyelectasia, infarcts or hydroureter.

The right kidney is normal in size (4.39 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

Adrenal Glands

The left adrenal gland is upper limits of normal size (0.65 cm at cranial pole) (0.66 cm at caudal pole) (2.02 cm in length); with a normal shape and smooth peripheral contours. 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 normal size (0.67 cm at cranial pole) (0.58 cm at caudal pole) (2.00 cm in length); normal shape; 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 subjectively normal in size (1.34 cm in width at the level of the hilus) with normal curvilinear peripheral contours. Numerous, small, linear hypoechoic-to mineralized foci are observed throughout the organ, as well as several ill-defined myelolipomas along the medial aspect. Splenic vasculature is normal with no evidence of thrombosis.

Liver
The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic 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 small amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate to large amount of aggregated, echogenic, partially dependent-to suspended sludge is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal
The gastric lumen is moderate distended with ingesta, consistent with a post-prandial presentation. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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 or overt infiltrative 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 hepatic parenchymal changes are likely secondary to diabetes mellites (i.e., glycogenic cumulation). However, idiopathic vacuolar hepatopathy, regenerative nodular hyperplasia or inflammatory hepatopathy, or neoplasia (less likely), cannot be completely excluded.
- The gall bladder sludge could be consistent with an emerging mucocele or cholestasis.

Secondary Findings

- Splenic dystrophic mineralization, consistent with an endocrinopathy.
- Bilateral nonspecific age-related renal changes with dystrophic mineralization and left nonobstructive nephrolithiasis.
- The urinary bladder debris could be consistent with cells, crystals and/or exfoliated material.

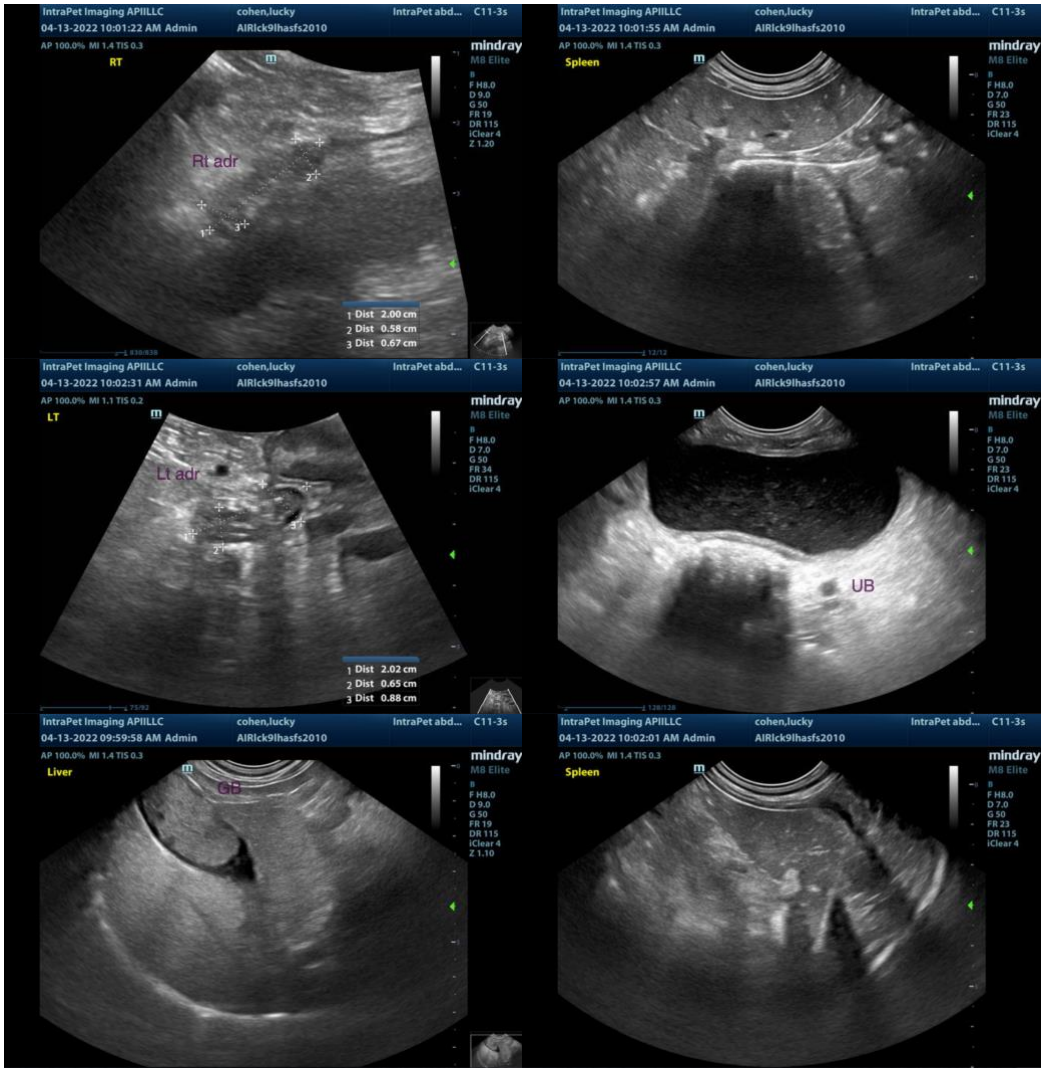
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Baseline lab-work including a CBC chemistry panel, urinalysis, urine culture and sensitivity (preferably on a pre-antibiotic sample), and T4 is recommended, if not already performed.

If the patient's diabetes remains unregulated despite resolution of the skin and urinary tract infections, consider the following:

1. Further testing for Cushing's disease (i.e., low-dose dexamethasone suppression test or ACTH stimulation test)
2. Thoracic radiographs to assess for occult disease in the chest
3. +/- switching of insulin types

Given the gall bladder changes, Ursodeoxycholic acid (Ursodiol) at 10-15 mg/kg once a day is recommended. Serial sonographic monitoring (e.g., every 6-8 weeks) of the gall bladder is recommended to assess for progression to a fully-formed mucocele.



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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