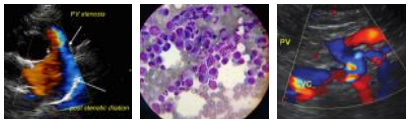
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

4/15/2022

PATIENT

Diesel Bahner

SPECIES

Canine

BREED

Boxer Mix

SEX

Neutered Male

AGE

10/9/2015

WEIGHT

80 lbs

INTERPRETED BY

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

HOSPITAL NAME

Timonium Animal Hospital

REFERRING VET

Dr. Stephens

INVOICE

10758

PRESENTING CLINICAL SIGNS

PU/PD and behavior changes reported (grumpy towards other dog).

Current Medications: None listed.
Lab Results: ALP 466, ALT 199, GGT 19, USG 1.006. Low-dose Dex. Revealed no cortisol suppression. No proteinuria. Inactive sediment. T4 normal.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Patient sedated with Dexdomitor.
Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with mostly anechoic urine. The wall is diffusely thickened (up to 0.78 cm) with an irregular mucosal surface. A 1.02 x 0.81 cm echogenic nodule/structure is arising from the dorsal wall. No cystic calculi are observed. The visible portion of the proximal urethra is normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney presented normal in size (7.26 cm in length); with an irregular shape. The cortex is variably thickened. There is mild to moderate loss of corticomedullary distinction. Cortical cysts are suspected at the lateral aspect. There is no evidence of pyelectasia, nephroliths or hydroureter.

The right kidney presented normal in size (7.10 cm in length); wit an irregular shape. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A small cortical cyst is observed at the lateral aspect. There is no evidence of pyelectasia, nephroliths or hydroureter.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.99 cm at cranial pole) (1.01 cm at caudal pole) (3.05 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.

The right adrenal gland is mildly enlarged (1.09 cm at cranial pole) (1.07 cm at caudal pole) (3.21 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 normal in size (1.66 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 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 amount of aggregated, echogenic-to-mineralized, mostly gravity dependent debris/sludge 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 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

- Mild bilateral adrenomegaly
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- Gall bladder debris/sludge, non-mucocele
- The bilateral renal changes are suggestive of prior insult (i.e., infection, toxicity, hypotensive event). However, mild renal dysplasia cannot be completely excluded.
- The nodule/structure on the dorsal wall can be considered with polypoid cystitis or an emerging tumor (i.e., transitional cell carcinoma). The diffuse urinary bladder wall changes are suggestive cystitis, with a lower possibility of infiltrative neoplasia.

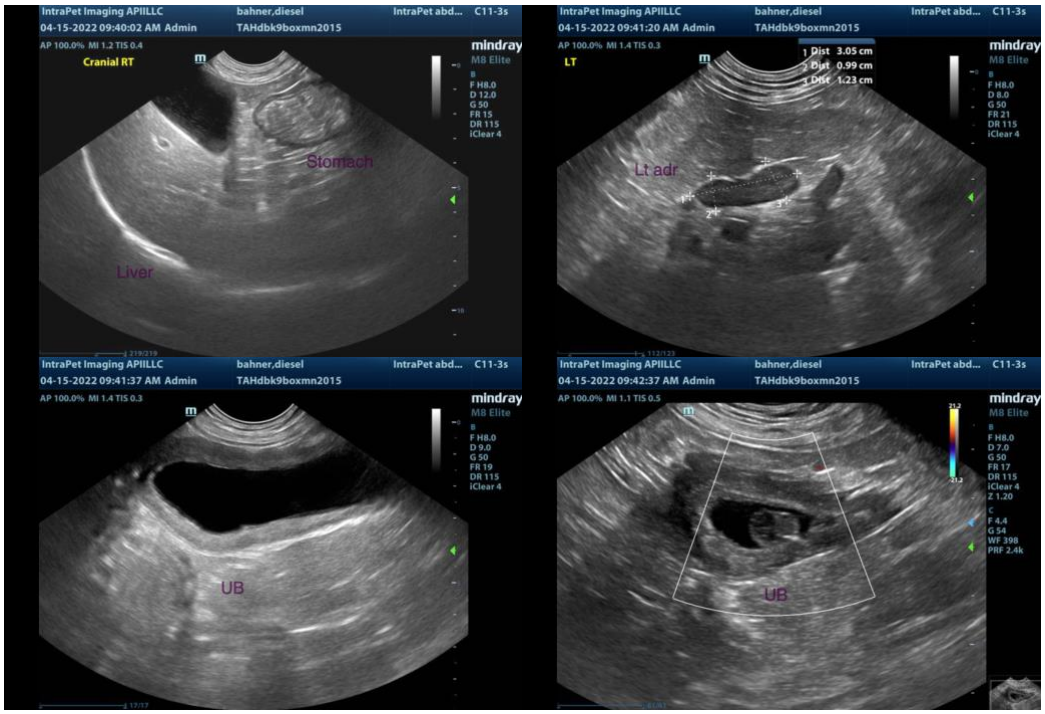
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

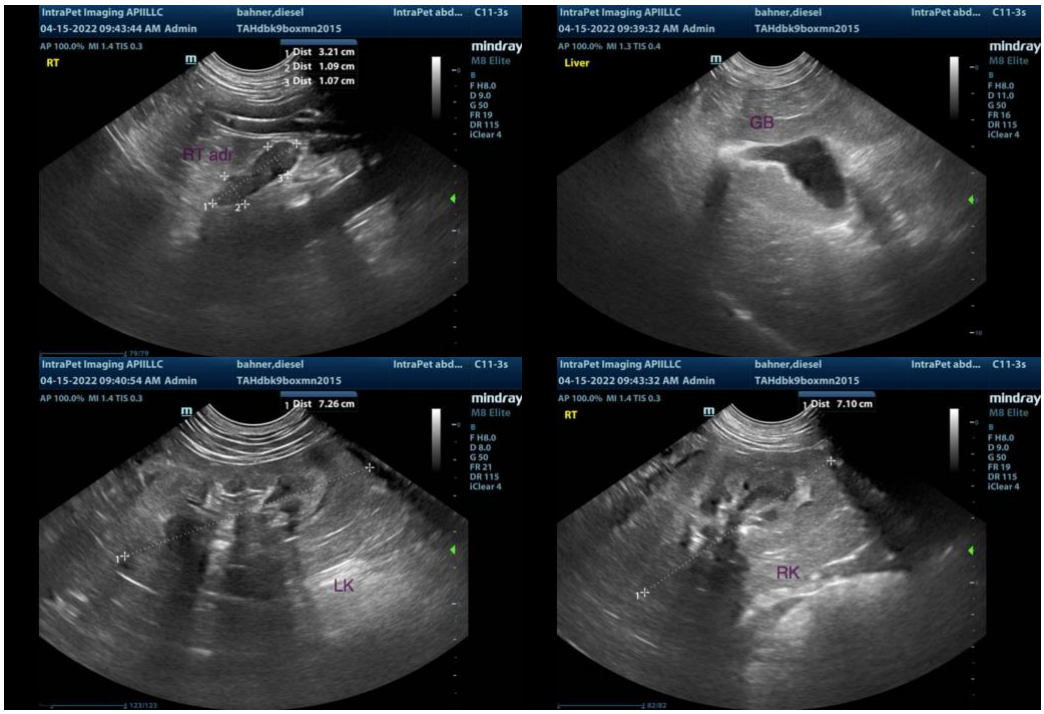
- Given the urinary bladder wall pathology, a urine culture and sensitivity is recommended, preferably on a catharized sample, to screen for infection. Also consider a urine BRAF test to screen for lower urinary tract neoplasia. If negative, neoplasia cannot be completely excluded and further testing (i.e., traumatic urethra catheterization) may be necessary to get a definitive diagnosis.

- Given the patient's behavior changes, a complete neurologic examination is recommended to assess for deficits that might indicate a primary brain lesion (i.e., tumor, stroke).

- Depending on the results of the above diagnostics, initiation of treatment for pituitary-dependent hyperadrenocorticism (i.e., trilostane) may be warranted.

- Other diagnostic considerations include a baseline blood pressure measurement and thoracic radiographs (three-view).





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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