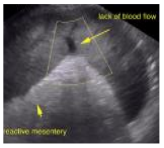
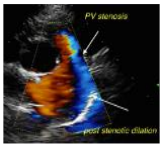
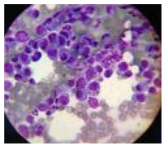
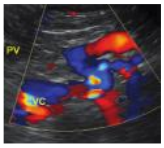
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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PATIENT

Bailey Hendriksen

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

12 years

WEIGHT

76 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jo Goodman

HOSPITAL NAME

Evandale-Blue Ash PH

REFERRING VET

Dr. Jo Goodman

INVOICE

10799

DATE

4/21/22

PRESENTING CLINICAL SIGNS

History: Recheck ultrasound from 6/11/2021. Prev hx of urinary incontinence, ITP, chronic skin infections and elevated ALT. On 4/6/22, patient presented for increased appetite, water intake, and urinations started 2 weeks prior. She's still panting a lot and it doesn't seem related to the weather warming up. Her urinary incontinence is still happening, even on Proin. She will wake up or get up after a while and still be wet. Issues with hind end mobility also increasing. Previously have performed a LDDS on 11/2020 and results came back normal. With her increase in thirst, urination, and hunger, we performed one on 4/7/22 and results came back inconclusive (report attached). Lab recommends performing an ACTH Stim test with an abdominal ultrasound. ACTH Stim performed today, results pending. current meds: thyro tabs: 0.6mg 1 bid proin 50mg: 1/2 tab bid gabapentin 300mg 3 tabs daily fish oil Proviable simparica trio

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 left kidney is normal in size (6.07 cm in length); with a slightly irregular shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A cortical cyst is observed at the caudal pole. Trace pyelectasia is present. There is no evidence of nephroliths or hydroureter.

The right kidney presented normal size (7.29 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. One to two cortical infarcts are suspected. There is no evidence of pyelectasia, nephroliths or hydroureter.

Adrenal Glands

The left adrenal gland is enlarged (1.42 cm at cranial pole) (1.21 cm at caudal pole) (3.68 cm in length); with a slightly irregular shape. The parenchyma is mildly heterogenous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (1.68 cm at cranial pole) (0.62 cm at caudal pole) (2.79 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 (2.57 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 normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely mottled and heterogenous in appearance, with numerous small, irregular, hypoechoic to mildly heterogenous nodules throughout the organ. Some of the nodules

have a slight target-like appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal
The gastric lumen is not distended. The gastric wall is 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

- Left adrenomegaly
- The hepatic parenchymal changes are nonspecific and could be associated with a benign process (i.e., regenerative nodular hyperplasia and/or vacuolar hepatopathy). Alternatively, infiltrative neoplasia or an inflammatory hepatopathy are possible. The hepatic nodules were not previously visualized.

Secondary Findings

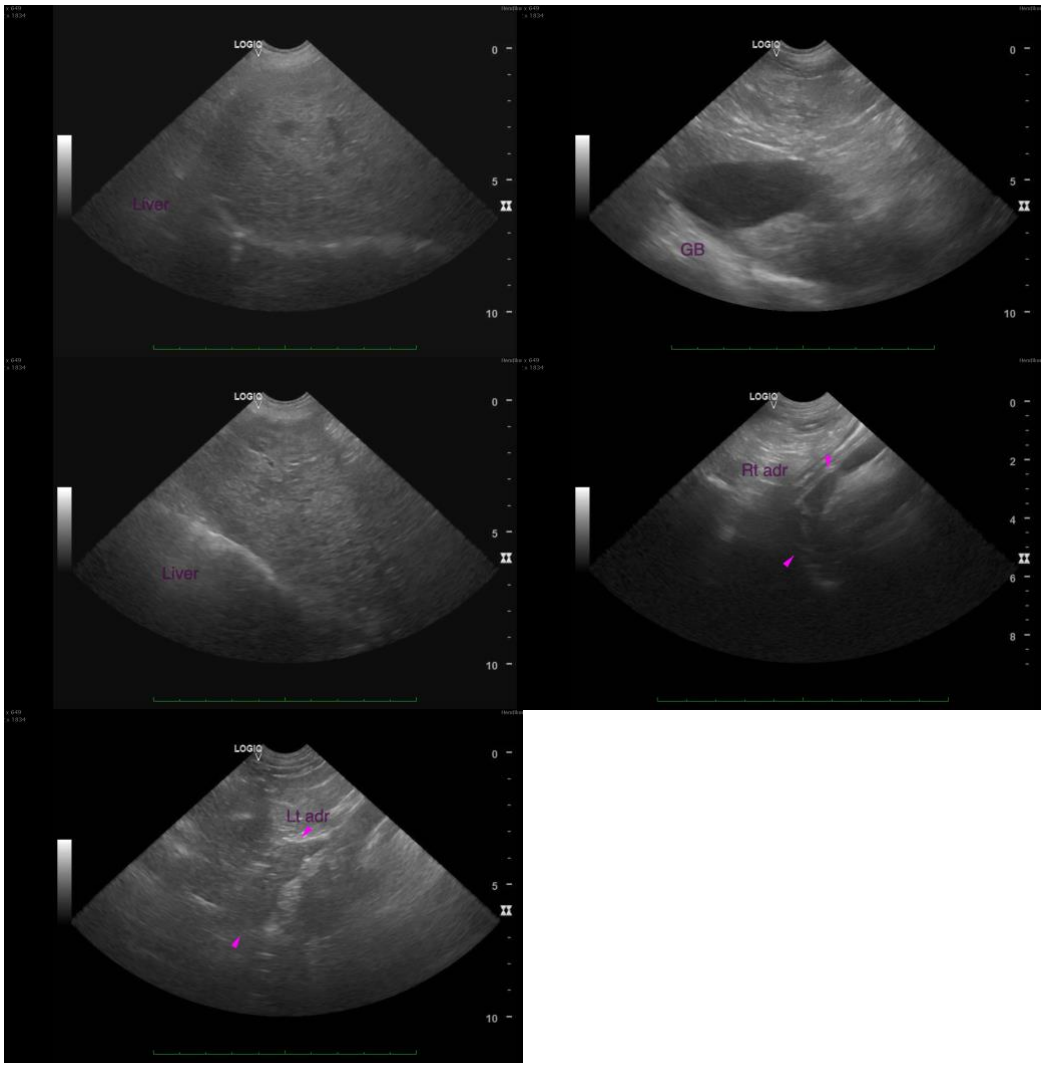
- Bilateral age-related renal changes with cortical infarcts

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the hepatic parenchymal changes, consider the following:

1. Thoracic radiographs to assess for neoplasia in the chest
2. Fine-needle aspirate of the liver (if clotting status is appropriate) to further evaluate for round cell neoplasia. Alternatively, a liver biopsy can be considered, as biopsies tend to be more representative of global organ pathology.
3. Repeat bloodwork is also recommended to reassess the liver values.
4.

Regarding the patient's clinical signs, the decision of whether or not treat for Cushing's disease should be based on the ACTH stimulation test results as well as the results of 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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info@SonoPath.com