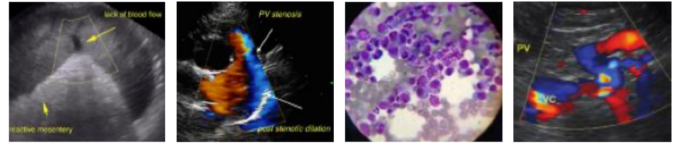

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1-800-838-4268 info@sonopath.com

PATIENT

Peanut Robinson

SPECIES

Canine

BREED

Mix

SEX

Female Spayed

AGE

11 years

WEIGHT

26 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Christensen

HOSPITAL NAME

Tranquility VC

REFERRING VET

Christensen

INVOICE

12867

DATE

4.26.23

PRESENTING CLINICAL SIGNS

History: Sporadically controlled diabetic that recently has had a poor appetite. Very tense on abdominal palpation.

Abnormal PE/Chem/CBC/UA Results: Multiple infected cysts. Alk-phos= 299.

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. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (4.56 cm in length) normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (5.49 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. The cortex is isoechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is enlarged. A 1.72 x 1.59 cm heterogenous nodule is observed at the cranial pole. A 1.55 x 1.37 cm hyperechoic-to-heterogenous nodule is also observed at the caudal pole. Surrounding vasculature appears normal with no obvious evidence of invasion.

What is thought to be the right adrenal gland is enlarged (0.92 cm at the cranial pole) (1.34 cm at the caudal pole) with an irregular shape. The parenchyma is hypoechoic with some loss of glandular detail. Surrounding vasculature appears normal.

Spleen

The spleen is normal in size (1.58 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.28 cm hypoechoic nodule is observed near the lateral aspect. Splenic vasculature is normal.

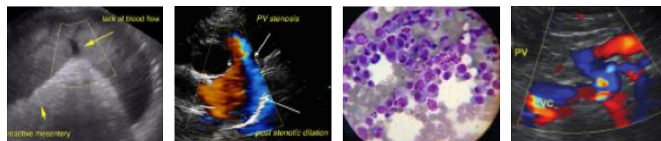
Liver

The liver is prominent to enlarged with normal curvilinear peripheral contours. The parenchyma is isoechoic to slightly hypoechoic relative to surrounding omental fat, with a coarse echotexture and homogenous appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. 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 mildly distended with ingesta. 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.



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Pancreas
The base and limbs of the pancreas are 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.

Other
A brief echocardiogram reveals no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The left adrenal nodules could be consistent with benign nodular hyperplasia or emerging tumor (i.e., adenomas, adenocarcinomas, pheochromocytomas). Suspected right adrenomegaly.

Secondary Findings

- The hepatic parenchymal changes are most consistent with a diabetic nephropathy. However, other emerging hepatopathies cannot be excluded.
- Gall bladder debris - non-mucocele
- Bilateral chronic age-related renal changes
- 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 adrenal changes, consider further testing for hyperadrenocorticism (i.e., low-dose dexamethasone suppression test or ACTH stimulation test). Additional sonographic images of the right adrenal gland would also be useful for further assessment. Also consider a baseline blood pressure measurement to evaluate for systemic hypertension.
- Given the lack of diabetic control, a urine culture and sensitivity should also be considered to assess for occult infection.
- Consider three-view thoracic radiographs to assess for occult disease in the chest.

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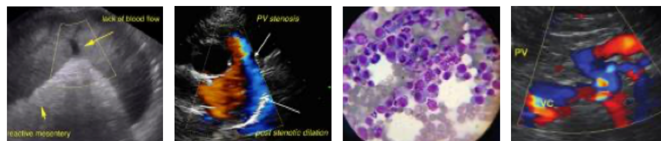

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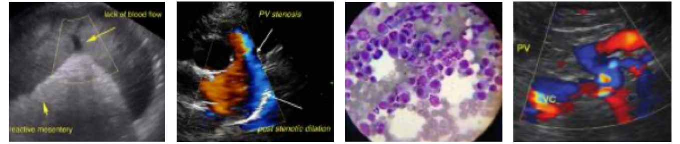
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com