

PATIENT

Pepper Fulkerson

SPECIES

Canine

BREED

Pudelpointer

SEX

Female Spayed

AGE

14 years

WEIGHT

70.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr Remcho

INVOICE

12883

DATE

4.27.23

PRESENTING CLINICAL SIGNS

History: Intermittent polydipsia Primary Question/Differential to Be Answered in This Exam Senior dog assessment (esp. kidneys and adrenal glands), collect urine for low count culture

Abnormal PE/Chem/CBC/UA Results: Creat 1.7, BUN 36, ALT 143, ALP 362, urine sg 1.014, proBNP 2138

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is distended. Luminal contents are anechoic. 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 (6.20 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Mild to moderate pyelectasia is present (0.38 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (7.35 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. Trace pyelectasia is present (0.19 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (0.87 cm at cranial pole) (1.07 cm at caudal pole) (2.80 cm in length); with a slightly irregular shape. The parenchyma is mildly heterogenous with some loss of glandular detail. A 0.27 cm cystic area is observed in the caudal pole. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the right adrenal gland is evaluated. The gland is not definitively visualized. However, no obvious abnormalities is observed in this region.

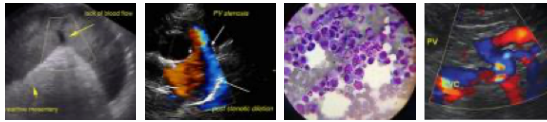
Spleen

The spleen is normal in size (1.32 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few ill-defined myelolipomas are observed in the region of the hilus. A hyperechoic-to-mineralized focus (0.62 cm) is also observed in the mid- to caudal aspect. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly mottled in appearance. No distinct focal lesions are observed 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.



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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 segmentally dilated with chyme. 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.

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. One to two proim medial iliac lymph node are visualized (the largest measuring 1.61 cm in length).

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral chronic age-related renal changes with subtle dystrophic mineralization and pyelectasia
- Left adrenomegaly. This finding is most consistent with hyperplastic change. However, an emerging tumor cannot be completely excluded. The right adrenal gland is not definitively visualized.

Secondary Findings

- 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. Correlation with the patient's liver values is recommended.
- The medial iliac lymphadenopathy could be consistent with reactive lymphadenitis, lymphoid hyperplasia, or less likely, emerging lymphoma or other neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the azotemia, consider the following:
 1. UPC (if proteinuria is present in the absence of infection)
 2. Baseline blood pressure measurement
 3. Transition to prescription renal diet (if the patient will tolerate it)
 4. Serial monitoring (i.e., every 3-4 months) of the patient's renal values is recommended to assess for progressive azotemia
- Given the patient's clinical history and enlarged left adrenal gland, consider testing for hyperadrenocorticism (i.e., low-dose dexamethasone suppression test or ACTH stimulation test).



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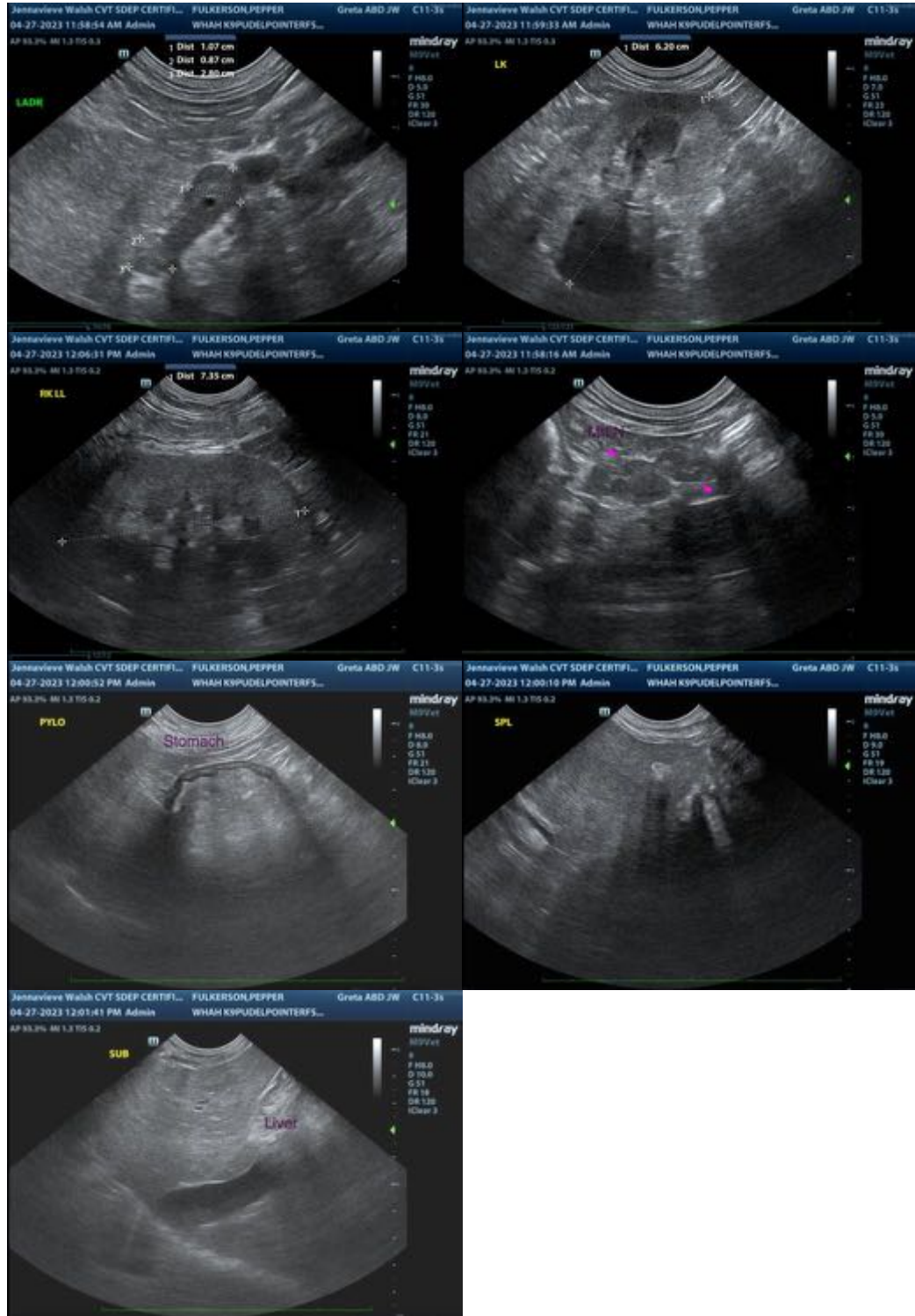
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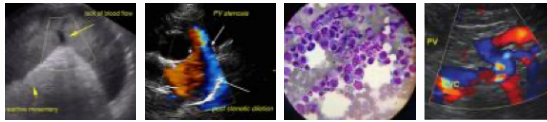
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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