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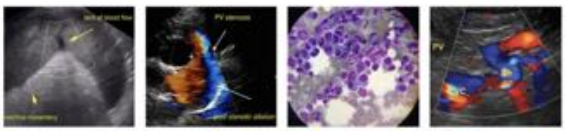

Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Kenzie Caggiano

SPECIES

Canine

BREED

Pitbull Terrier Mix

SEX

Female Spayed

AGE

05/24/2012

WEIGHT

44 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

River Oaks AH

REFERRING VET

Heather Duncan

INVOICE

12875

DATE

4.28.23

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Kenzie presented 3 weeks ago for increased thirst and urination. She is cushingoid but has been regulated with Vetoryl 30mg AM and 60mg PM for approximately 1 year.
Her urinalysis revealed hematuria and increased WBCs but no obvious bacteria; however, I did treat her with antibiotics. Her recheck UA showed continued hematuria.
Quick bladder ultrasound and radiographs did not show any evidence of uroliths or polyps/masses.
I have attempted to submit full minimum database but am unable to get enough serum to run the full panel. Her HCT is 78% and no matter how much blood I pull we can only get around 0.3 ml of serum.
I suspect a polycythemia and request and abdominal ultrasound to look for cancer, particularly nephrogenic tumors.

Abnormal lab-work values: Hct 78%. Unable to get enough serum to evaluate the rest of the panel. (polycythemia)

Current Medications: none at this time

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 scant 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 2-3 cm, are normal.

The left kidney is normal in size (5.78 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. The renal vasculature is mildly dilated.

The right kidney is normal in size (7.23 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Mild pyelectasia is present (0.33 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. The renal vasculature is mildly dilated.

Adrenal Glands

The left adrenal gland is mildly enlarged (1.02 cm at cranial pole) (1.08 cm at caudal pole) with a slightly irregular shape. The parenchyma is slightly hyperechoic with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged (1.23 cm at cranial pole) (0.97 cm at caudal pole) with a normal shape and 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 (1.35 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is subjectively hypoechoic and homogenous. No focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

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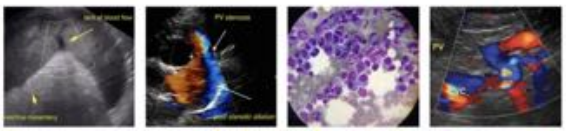

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Liver
The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

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 and gas. 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. There is mild mucosal speckling in some segments. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas
The right limb of the pancreas is 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 evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral chronic age-related renal changes with increased vascularity, which may be secondary to polycythemia or other causes. The right pyelectasia may be secondary to age-related remodeling, pyelonephritis, PU/PD (if applicable), or some combination thereof.

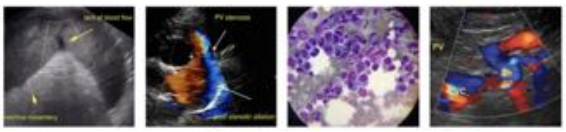
Secondary Findings

- The bilateral adrenomegaly is consistent with the previous diagnosis of hyperadrenocorticism.
- Minor age-related pancreatic remodeling in the right limb
- The small intestinal mucosal speckling is sometimes associated with enteritis. However, correlation with the patient's clinical history is recommended.

*An obvious cause for the patient's polycythemia is not definitively identified in this study. Considerations include cardiac or pulmonary disease, polycythemia vera, other conditions.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for cardiovascular status. Also consider an echocardiogram to evaluate for underlying cardiac disease (i.e., right-to-left shunt). Also



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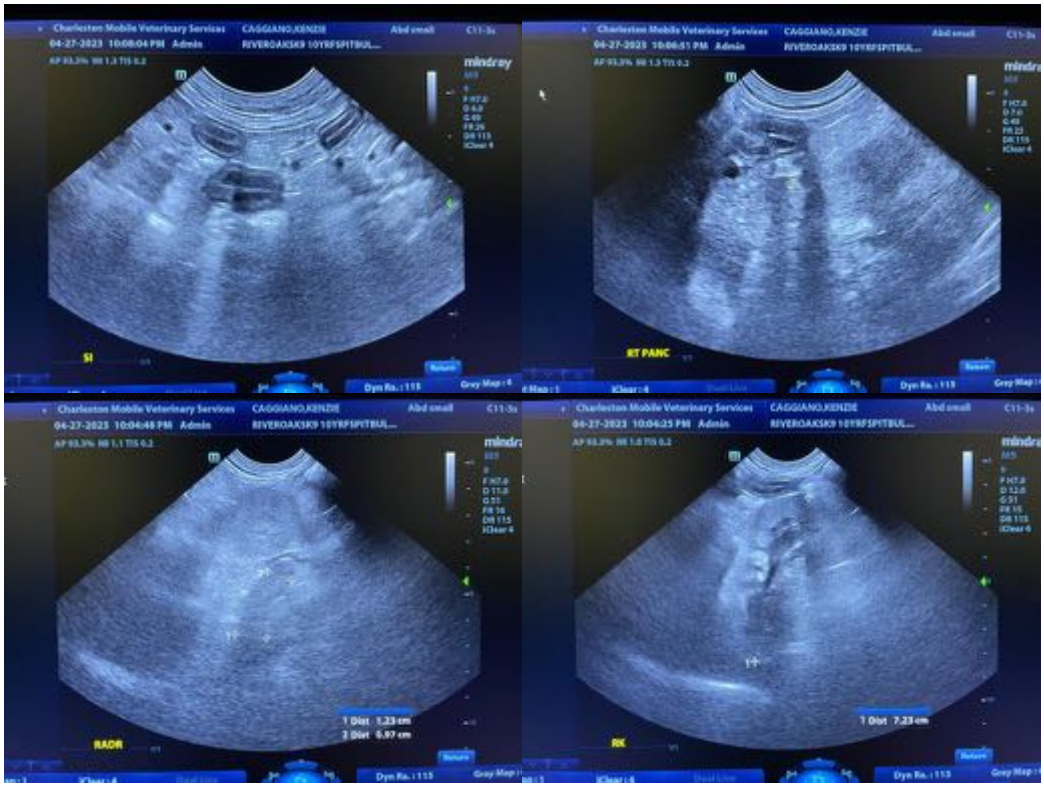
consider an arterial blood gas analysis (if available) to assess for hypoxemia. If the above diagnostics are inconclusive, treatment for polycythemia vera should be considered and could include the following:

1. Repeated phlebotomies
2. +/- hydroxyurea

- Given the PU/PD, consider rechecking an ACTH stimulation test to assess Cushing's disease regulation.



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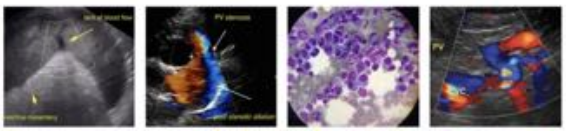

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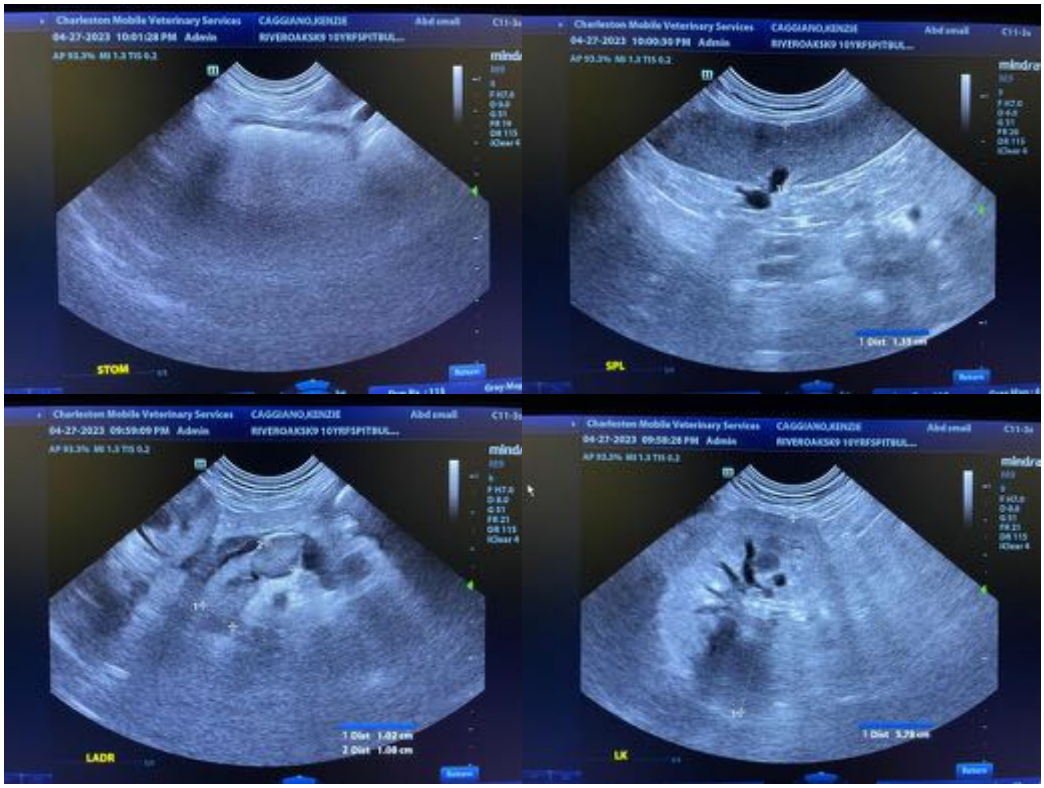

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com