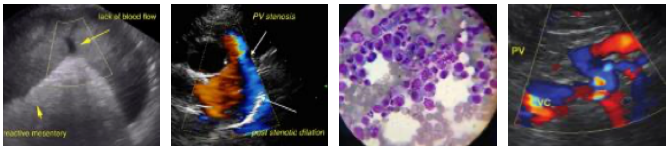
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Rocky Kasperowicz

SPECIES
Canine

BREED
Pit mix

SEX
Male, neutered

AGE
8 Yrs.

WEIGHT
69.5 lbs.

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

IMAGING PERFORMED BY
Jessica miller

HOSPITAL NAME
North Jersey AH

REFERRING VET
Dr. Riedel

INVOICE
13367

DATE
5/16/22

PRESENTING CLINICAL SIGNS

History: Pu/en, very hungry
Abnormal PE/Chem/CBC/UA Results: ALP 458

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 mostly anechoic urine. The wall is thickened (up to 0.82 cm) with an irregular mucosal surface. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (1.00 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (7.75 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (7.64 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.84 cm at cranial pole) (0.91 cm at caudal pole) (2.92 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.

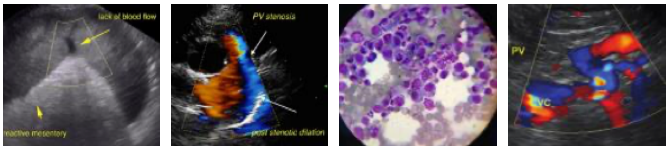
The right adrenal gland is normal size (1.08 cm at cranial pole) (0.67 cm at caudal pole) (3.03 cm in length); normal shape; homogenous parenchyma. At the cranial pole, a 0.84 cm isoechoic nodule is visualized. Approximately mid-gland, a 0.92 cm ill-defined hyperechoic nodule is seen at the caudal pole. A 0.86 cm hypoechoic nodule is present. There is loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature appear normal.

Spleen

The spleen is normal in size (2.32 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. The parenchyma is mottled in appearance. A few, ill-defined myelolipomas are also observed in the region of the hilus. 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 in appearance with numerous hypoechoic nodules throughout the organ. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gallbladder 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.



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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 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 segmentally dilated with chyme. 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 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.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

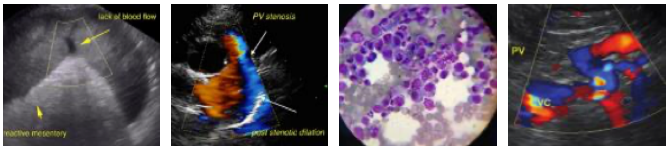
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory is considered unlikely, particularly in light of the normal ALT. Infiltrative neoplasia is possible but also considered less likely.
- Left adrenomegaly and right adrenal nodules. Considerations include benign hyperplastic change bilaterally or emerging tumors.
- The urinary bladder wall changes are suggestive of cystitis. However, the wall thickening may be somewhat artifactual due to lack of full repletion. Correlation with the patient's clinical signs is recommended.

Secondary Findings:

- Bilateral, age-related renal changes with minor dystrophic mineralization.
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, antigenic stimulation or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urinalysis is also recommended, if not already performed, to assess for isosthenuria and proteinuria. Also consider a urine culture and sensitivity to assess for occult pyelonephritis.



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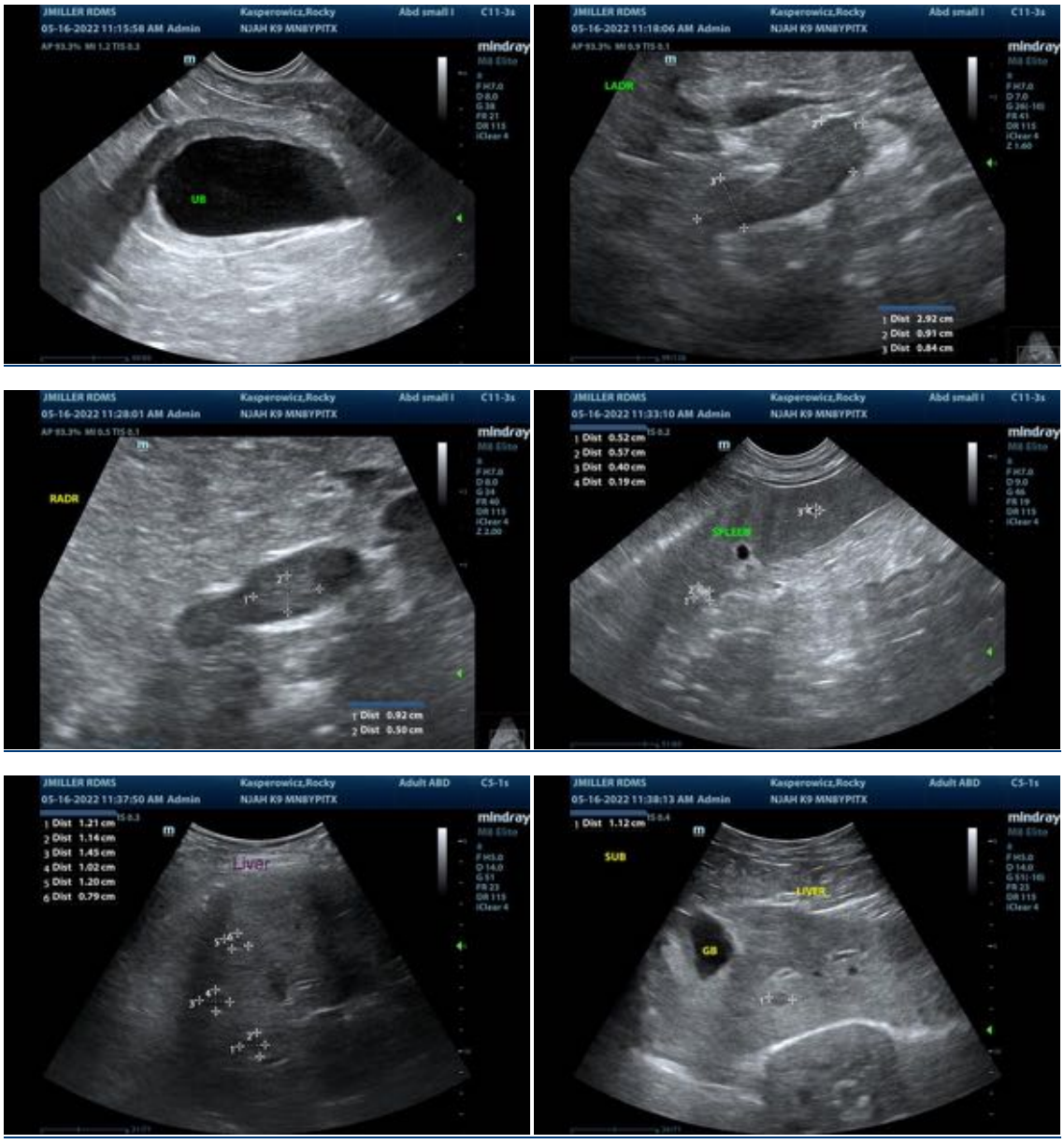
- If the clinical history supports Cushing's disease (including urinalysis findings), consider further testing (i.e., a low-dose Dexamethasone suppression test).



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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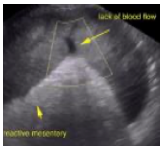
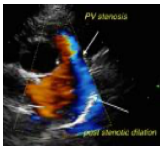
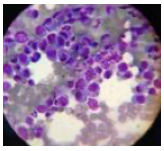
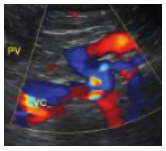

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