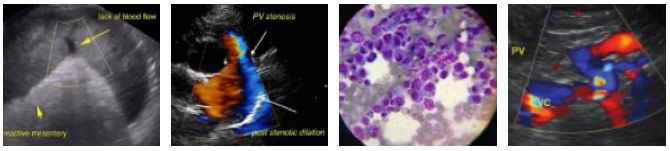
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
SonoPath.com
1-800-838-4268 info@sonopath.com



PATIENT
Mocha Coble

SPECIES
Canine

BREED
Chihuahua

SEX
Female, spayed

AGE
11 Yr. 6 months

WEIGHT
7 lbs.

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

IMAGING PERFORMED BY
Amanda Crook

HOSPITAL NAME
Rivers Edge Pet Medical Center

REFERRING VET
Dr. Jamie Sullivan

INVOICE
13298

DATE
5/2/2022

PRESENTING CLINICAL SIGNS

History: History of hyperadrenocorticism and currently being controlled with trilostane. Annual BW revealed increasing liver values. - Controlled HAC but high end of range - May need dose change pending clinical signs - Elevated ALT, GGT, Cholesterol, Triglycerides, (significant elevation) - Rule out neoplasia, toxin, drug induced, congestion, benign nodular hyperplasia, hepatitis, coper storage disease, auto-immune, open - Hepatomegaly - Suspected collapsing trachea - Bilateral medial luxation of patellas - No cardiomegaly or radiographic changes to explain heart murmur Tx: Recommend abdominal U/S and +/- biopsy and clotting factors Recommend referral to IM specialist but work up can get expensive Recommend Denamarin but only start Ursodiol If HAC clinical signs are present, recommend increasing Trilostane dose Current Medications: - Trilostane - Hypo HP food by Royal Canin
Abnormal PE/Chem/CBC/UA Results: ACTH: Pre - 5.1 (1-5) - ELEVATED Post - 8.5 (1.5-9.1) Chem: Elevated - ALT 175 (12-118), Alk Phosphatase 1169 (5-131), GGT 23 (1-12), BUN/Creat ratio 50 (4-27), Phosphorus 6.3 (2.5-6), Cholesterol 721 (92-324), Triglyceride 2277 (29-291) Low - Creatinine 0.3 (0.5-1.6) CBC: Elevated - Platelet Count 742 (170-400) T4: 2.4 (0.8-3.5) UA: USG 1.036 (1.015-1.05) pH 7.5 (5.5-7) Protein 4+ (NEG) Struvite (Triple P04) Crystals 11-20 (NONE) Accuplex: NEGATIVE X4
Radiograph Interpretation: AIS Assessment: 1. Suspect collapsing trachea 2. Hepatomegaly – nonspecific, unchanged 3. Bilateral medial patellar luxation Discussion: A definitive cause of heart murmur is not determined during this evaluation. If clinically warranted, echocardiography and ECG are recommended. Endoscopic or fluoroscopic examination of the trachea is recommended for definitive diagnosis and surgical staging. The differential diagnosis for the liver lesion includes endocrinopathy, neoplasia, cysts, hepatic necrosis, hematoma, infarct, abscess, and nodular hyperplasia. Liver enzyme assay, liver biopsy and abdominal ultrasound are recommended for definitive diagnosis.

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 1 cm, are normal.

The left kidney is normal in size (4.01 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. A few tiny non-obstructive nephroliths are visualized. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

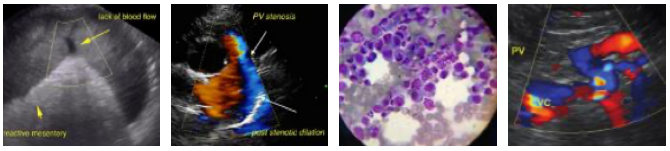
The right kidney is normal in size (4.15 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. A small cortical cyst is observed at the caudal pole. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. There is no evidence of infarcts or hydronureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (0.54 cm at cranial pole) (0.74 cm at caudal pole) (1.65 cm in length) with a slightly irregular shape. The parenchyma is subtly heterogeneous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is enlarged (0.91 cm at cranial pole) (0.68 cm at caudal pole) (1.98 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.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
SonoPath.com
1-800-838-4268 info@sonopath.com



PATIENT
Mocha Coble

SPECIES
Canine

BREED
Chihuahua

SEX
Female, spayed

AGE
11 Yr. 6 months

WEIGHT
7 lbs.

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

IMAGING PERFORMED BY
Amanda Crook

HOSPITAL NAME
Rivers Edge Pet Medical Center

REFERRING VET
Dr. Jamie Sullivan

INVOICE
13298

DATE
5/2/2022

Spleen

The spleen is normal in size (0.95 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is slightly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate to large amount of aggregated echogenic suspended sludge is observed within the lumen. The sludge is in a partially stellate pattern. 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 not distended. 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 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 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.

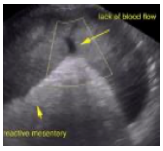
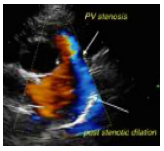
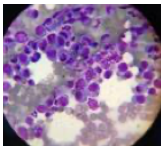
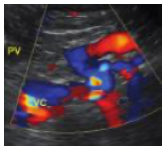
Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Gallbladder changes consistent with a developing mucocele.
- 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.
- The bilateral adrenomegaly is consistent with a previous diagnosis of pituitary-dependent hyperadrenocorticism.

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

PATIENT

Mocha Coble

SPECIES

Canine

BREED

Chihuahua

SEX

Female, spayed

AGE

11 Yr. 6 months

WEIGHT

7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook

HOSPITAL NAME

Rivers Edge Pet Medical Center

REFERRING VET

Dr. Jamie Sullivan

INVOICE

13298

DATE

5/2/2022

Secondary Findings:

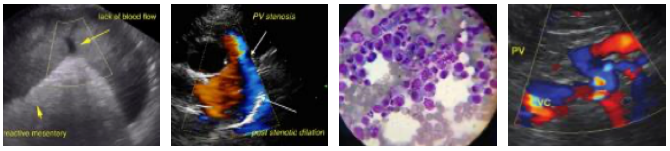
- Bilateral age-related renal changes with dystrophic mineralization.
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the gall bladder changes, Ursodeoxycholic acid is recommended. Serial sonographic monitoring (e.g., every 6-8 weeks) of the gall bladder is recommended to assess for progression to a fully-formed mucocele.
- Serial monitoring (i.e., every 6-8 weeks) of the patient's liver values is also recommended to assess for progression. If values continue to increase, a repeat abdominal ultrasound +/- hepatic tissue sampling may be warranted.




SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Mocha Coble

SPECIES

Canine

BREED

Chihuahua

SEX

Female, spayed

AGE

11 Yr. 6 months

WEIGHT

7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook

HOSPITAL NAME

Rivers Edge Pet Medical Center

REFERRING VET

Dr. Jamie Sullivan

INVOICE

13298

DATE

5/2/2022

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

Andrea.nicastro@sonopath.com