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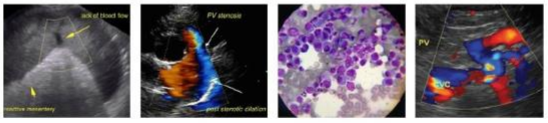

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Sabi Shub

SPECIES

Canine

BREED

Boxer

SEX

Neutered Male

AGE

10 years

WEIGHT

54 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT LVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

Dr Robin Janeway

INVOICE

10968

DATE

5/26/22

PRESENTING CLINICAL SIGNS

History: 50 History: LDDST performed at another vet hospital indicated possible PDHA; patient is not PU/PD or polyphagic per O. New skin lesions developed on patient chest a couple of months ago and patient has had a dramatic increase in panting. Patient was previously diagnosed with hypothyroid disease and is currently being controlled on Levothyroxine. Physical exam findings: Panting; no murmur/arr noted; lungs auscult clear; about 7 raised dermal lesions present cranial chest which are not attached to underlying tissue; possible mild hepatomegaly palpated Abnormal CBC/Chem/UA values: Baseline lab work on 01/04/22 indicates mild lymphopenia @ 790/uL, mild increase in ALT @ 129 U/L, elevated cholesterol @ 354 mg/dL, increased CK @ 337 U/L, urine SpGr WNL @ 1.030, urine pH elevated @ 8.5, 2+ proteinuria, but 3+ hematuria, 30-50 WBCs phpf, TT4 free T4 decreased. All other CBC/Chem values WNL. Urine C&S on 2/17/22 confirmed E. coli UTI which was susceptible to all antibiotics and was treated successfully. Radiograph Findings(email radiographs if available): Radiographic Findings Cardiovascular and pulmonary structures are within normal limits. There is no evidence of abnormal airway oriented or other pulmonary infiltrates. The visible trachea appears normal. Conclusion Normal cardiopulmonary structures. There is no radiographic evidence of lower respiratory abnormality. The visible trachea appears normal. Radiographs performed on 5/18/22 Steve Harnagel, DVM, DACVR

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is slightly thickened (up to 0.26 cm) in the region of the apex, with an irregular mucosal surface. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal. The penile urethra is evaluated. No obvious pathology is observed.

The prostate is normal in size (1.13 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal size (7.40 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney presented normal size (7.21 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A 0.96 cm irregular cystic lesion is observed in the caudal pole. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is enlarged (1.01 cm at cranial pole) (1.12 cm at caudal pole). The parenchyma is mildly heterogenous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature appear normal.

The right adrenal gland is mildly enlarged (0.91 cm at cranial pole) (0.81 cm at caudal pole) (2.68 cm in length); with a normal shape. The parenchyma is mildly heterogenous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

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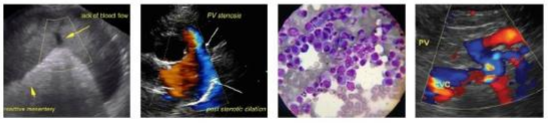

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Spleen

The spleen is normal in size (2.15 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly heterogenous 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 lumen is mildly to moderately distended. The wall is diffusely thickened (up to 0.21 cm) and hyperechoic. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. 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 or overt infiltrative disease is noted.

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious pathology is seen.

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

- Mild, bilateral adrenomegaly. These changes are most consistent with hyperplastic change, although emerging neoplasia cannot be completely excluded.
- The gall bladder wall thickening could be consistent with cholecystitis and/or benign age-related hyperplasia.

Secondary Findings

- Mild, bilateral, age-related renal changes

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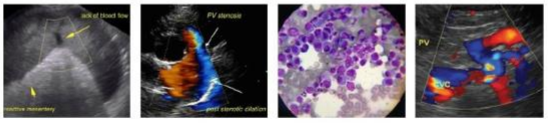

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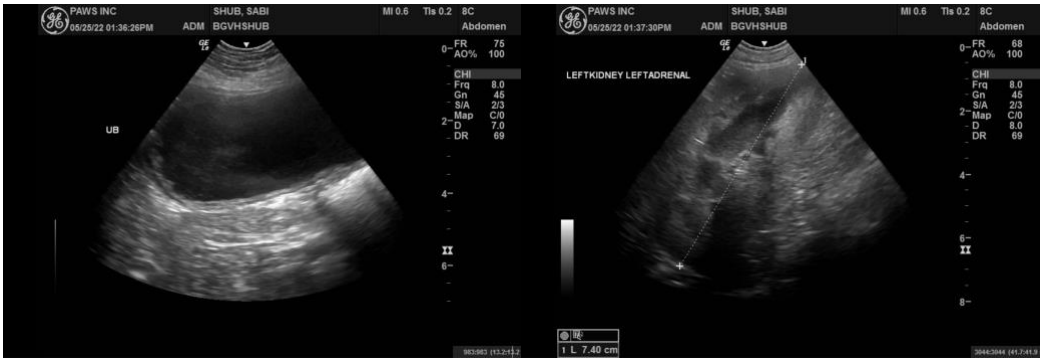
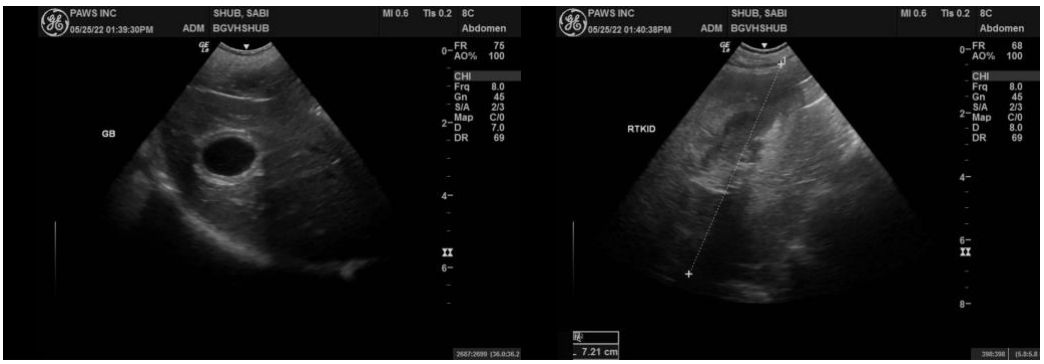
- The urinary bladder wall thickening in the region of the apex may be secondary to cystitis or may be artifactual due to lack of full repletion.

*It is difficult to determine if Cushing's Disease is present in this patient, given the lack of isosthenuria and normal ALP. These findings would make Cushing's Disease unlikely. However, given the bilateral adrenomegaly, the patient may be in a pre-clinical phase.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider orthopedic and neurologic evaluations to further assess for causes of panting (i.e., pain).
- Also consider a baseline blood pressure measurement to assess for systemic hypertension which can cause vague clinical signs.
- If the patient becomes more overtly clinical for Cushing's Disease (i.e., PU/PD, polyphasic, consider a repeat testing for Cushing's Disease (i.e., low-dose dexamethasone suppression test or ACTH stimulation test)
- Serial monitoring (i.e, every 3-4 months) of the patient's liver values is recommended. If values continue to increase, a repeat abdomen ultrasound +/- a more advanced hepatic work-up (i.e., tissue sampling) may be warranted.





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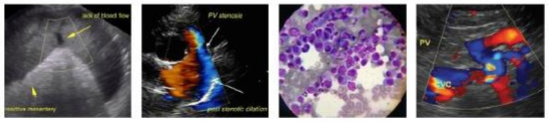

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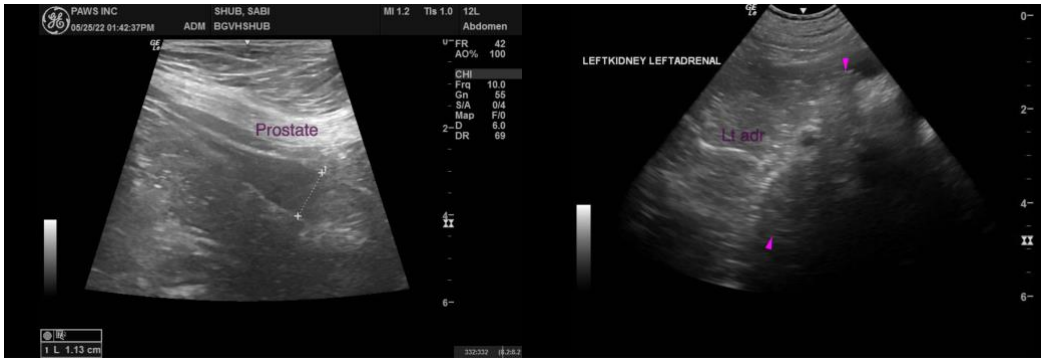

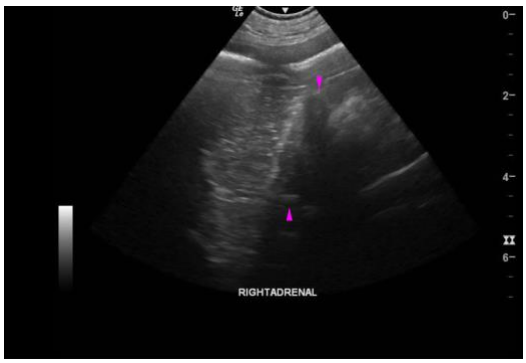

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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