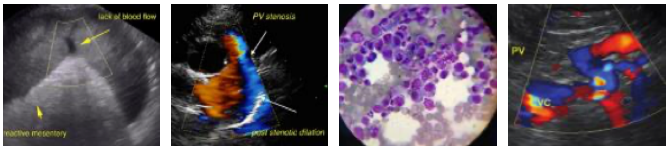
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Sam Costello

SPECIES
Canine

BREED
Golden Retriever

SEX
Female, spayed

AGE
10 yrs.

WEIGHT
90 lbs.

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

IMAGING PERFORMED BY
Dr. Scott

HOSPITAL NAME
Ho Ho Kus

REFERRING VET
Dr. scott

INVOICE
13341

DATE
5/9/22

PRESENTING CLINICAL SIGNS

History: About 1 year ago was having skin issues, weight gain, lethargy. Full bw was questionable for hypothyroidism-- T4 and free t4 low but TSH normal, tried a course of levo and no change so stopped that. Last fall had a cyst and a malignant tricoepithlelioma removed from her back. Since then the hair had not regrown in the areas were she was shaved. Owner also feels pet is PU/PD and hair loss is also occurring at the tip of her tail now
Abnormal PE/Chem/CBC/UA Results: CBC/Chem- ALP 303, Chol 423, conj bili 0.3, USG 1007, UPC 1.9 Total T4 0.9, free T4 0.5, TSH 0.37 (normal but high end of normal this ntime) Urine cortisol creat ratio 68 (elevated) LDDS- Normal Today: Tennessee Adrenal panel sent out to lab

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (7.32 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 is normal size (7.66 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.

Adrenal Glands

The left adrenal gland is normal size (0.87 cm at cranial pole) (0.71 cm at caudal pole) (3.15 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 (1.53 cm at cranial pole) (0.92 cm at caudal pole) (3.22 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.

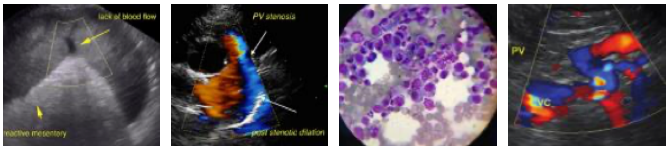
Spleen

The spleen is normal in size (2.09 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Several irregular hyperechoic nodules are observed throughout the organ, mainly at the medial aspect. Splenic vasculature is normal.

Liver

The liver is normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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The gastric lumen is not distended. 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 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.

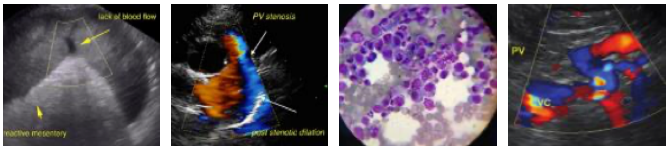
ULTRASONOGRAPHIC FINDINGS

- Suspected benign hepatopathy. Top differentials include age-related remodeling, regenerative nodular hyperplasia and/or vacuolar hepatopathy.
- The hyperechoic lesions adjacent to the splenic vessels are most consistent with myelolipomas. Although a neoplastic process within the spleen cannot be excluded, it is considered unlikely in this patient.

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include Cushing's disease (typical or atypical), occult pyelonephritis, Leptospirosis, occult hepatopathy, diabetes insipidus (central or nephrogenic), psychogenic polydipsia, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If the University of Tennessee adrenal panel is not consistent with Cushing's disease, consider the following diagnostics:
  1. Urine culture and sensitivity to assess for occult pyelonephritis.
  2. Pre and post prandial serum bile acids to assess for occult hepatic dysfunction.
  3. +/- Leptospirosis testing.
  4. +/- DDAVP trial to assess for central diabetes insipidus.
  5. +/- modified water deprivation test to assess for nephrogenic diabetes insipidus and psychogenic polydipsia.
- Given the elevated UPC, consider the following:
  1. Angiotensin receptor blocker.
  2. Baseline blood pressure measurement.
  3. Initiation of omega 3 fatty acids.



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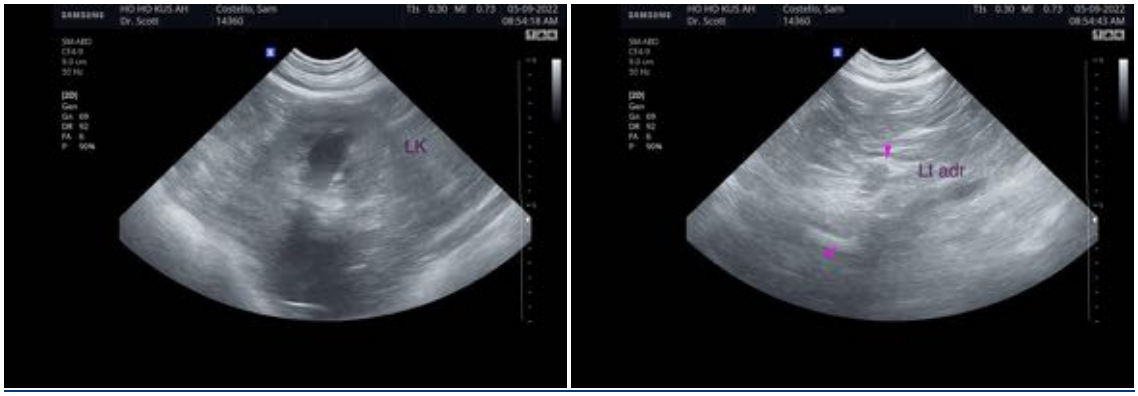
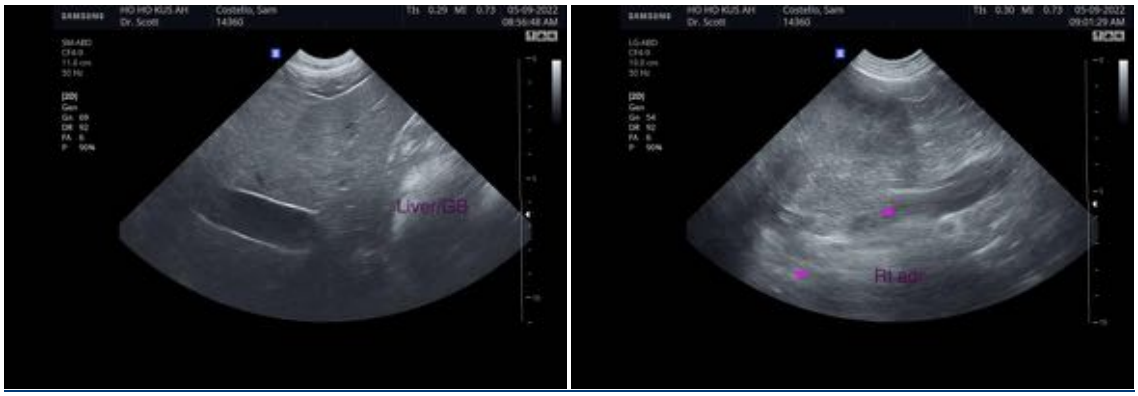
4. Serial monitoring of the patient's renal values, UPC and blood pressure to assess for progressive renal disease.





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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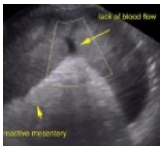
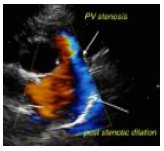
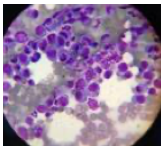
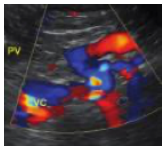

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