

**DATE PRESENTING CLINICAL SIGNS**

6/20/2022 Soft stool (improving), progressive/constant panting, progressive cholestatic liver enzyme elevation, poor hair regrowth, recurrent UTI. Suspect Cushing's. History of well controlled PLN

PATIENT

Nolan Fajardo

Current Medications: Gabapentin, methocarbamol, telmisartan, galliprant
 Lab Results: ALP 658, ALT 190, normal B12, folate, TLI. UA pending.
 Radiographs: Chest rads unremarkable, no reason for panting noted.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.

BREED

Mastiff

Imaging Performed By: Andi Parkinson, BS, RDMS.

Due to patient's body hepatis, sonographic evaluation of the abdomen was somewhat limited.

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****AGE**

3/23/2012

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 2 cm, are normal.

WEIGHT

84 kg

The prostate is not definitively visualized due to its pelvic location.

INTERPRETED BY

Andrea Nicastro, DMV,
 Diplomate DACVIM
 (Small Animal
 Internal Medicine)

The left kidney is normal size (9.49 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 (10.51 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Nexus Vet. Specialists

Adrenal Glands

The left adrenal gland is enlarged (1.23 cm at cranial pole) (1.29 cm at caudal pole) (4.19 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.

REFERRING VET

Dr. Steele

The right adrenal gland is borderline enlarged (0.76 cm at cranial pole) (0.91 cm at caudal pole) (2.65 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.

INVOICE

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Spleen

The spleen is normal in size (2.58 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is normal to slightly prominent in size with normal 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

Within the gastric lumen a 3.54 x 1.56 cm, hard, shadowing, heterogenous structure is visualized, along with a small amount of ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with gas and 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.

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

Primary Findings

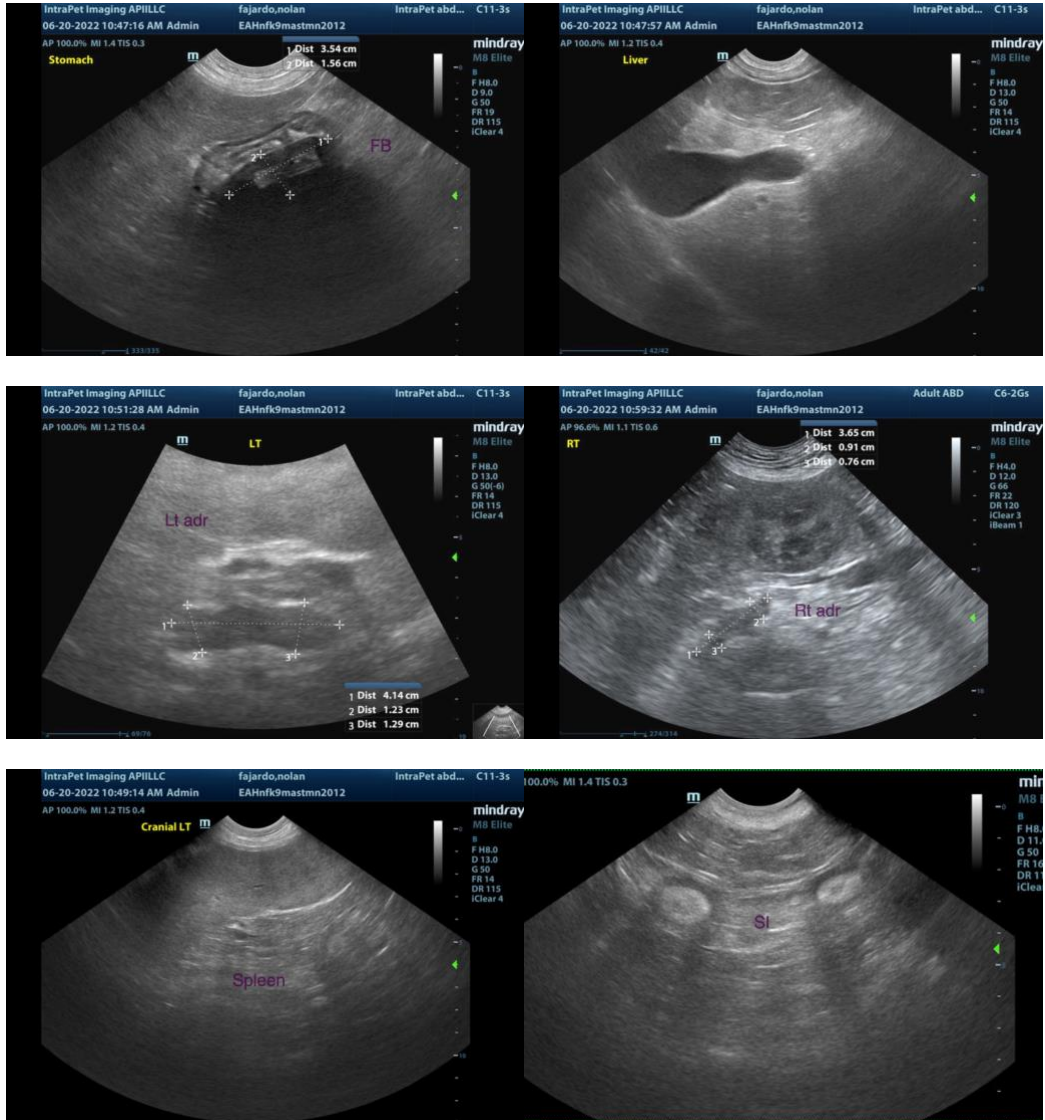
- Suspected benign, diffuse hepatopathy. Top differentials include regenerative nodular hyperplasia and vacuolar hepatopathy. Inflammatory disease is considered less likely in light of the liver enzyme pattern. Infiltrative neoplasia is possible but considered less likely based on the sonographic appearance of the liver.
- Bilateral adrenomegaly, more pronounced in the left adrenal gland.
- The shadowing structure within the gastric lumen is most consistent with a foreign body. This is likely an incidental finding.

Secondary Findings

- The splenic parenchymal changes are nonspecific and are likely associated with a benign process (i.e., infiltrative neoplasia, extramedullary hematopoiesis, or similar). However, emerging neoplasia (i.e., round cell tumor) cannot be completely excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Diagnostic and treatment recommendations to be implemented by Dr. Cara Steele.



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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