


PATIENT PRESENTING CLINICAL SIGNS

PATIENT Mocha Coble

SPECIES Canine

BREED Chihuahua

SEX Spayed Female

AGE 11 years, 7 mos

WEIGHT 6 lbs

INTERPRETED BY Amanda Lacey-Crook, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY Amanda Lacey-Crook, SDEP Cert. Sonog.

HOSPITAL NAME Rivers Edge Pet MC

REFERRING VET Dr. Jamie Sullivan

History: See attached previous AUS report 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, copper storage disease, auto-immune, open - Hepatomegaly - Suspected collapsing trachea - Bilateral medial luxation of patellas - No cardiomegaly or radiographic changes to explain heart murmur - Recheck BW revealed improving liver values but still elevated O reports weight loss since last AUS as well as voracious appetite with no other clinical signs including no urinary or bowel abnormalities. Started denamarin and ursodiol after previous AUS report. Current Medications: - Trilostane - Hypo HP food by Royal Canin - Denosyl 90 mg SID Ursodiol

Abnormal PE/Chem/CBC/UA Results: See above findings and attached lab-work
 ALP 588. GGT 13. USG 1.005 with 1+ proteinuria and an inactive sediment. Thrombocytosis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

The urinary is moderately distended with mostly anechoic urine. In the region of the trigone/cystourethral junction, a 0.92 x 0.58 cm echogenic tissue structure is visualized. The remaining urinary bladder wall is normal in thickness. The mucosal surface of the apex is slightly irregular. No cystic calculi are observed. The visible portion of the proximal urethra is normal.

The left kidney is normal in size (4.37 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A hyperechoic medullary band is observed at the corticomedullary junction. Trace pyelectasia is present. There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (4.29 cm in length); with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. At least one pinpoint, hyperechoic mineralized focus is observed within the cortex. A hyperechoic medullary band is observed at the corticomedullary junction. Trace pyelectasia is present. There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (0.57 cm at cranial pole) (0.72 cm at caudal pole) (1.76 cm in length); with a slightly irregular 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 mildly enlarged (0.81 cm at cranial pole) (0.65 cm at caudal pole) (1.75 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 Spleen

11149 The spleen is normal in size (0.75 cm in width at the level of the hilus) with a normal capsular

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contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic, suspended sludge, in a partially stellate pattern, is observed within the lumen. 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 mildly distended with ingesta. 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. There is no evidence of an obstructive pattern.

Pancreas

The right limb of the pancreas is slightly prominent in size, 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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The gall bladder changes are suggestive of developing mucocele. Changes are similar-to-slightly-improved compared to the previous sonogram.
- The tissue opacity in the urinary bladder trigone/cystourethral junction region could be consistent with a tumor (transitional cell carcinoma), inflammatory polyp, granuloma, other.

Secondary Findings

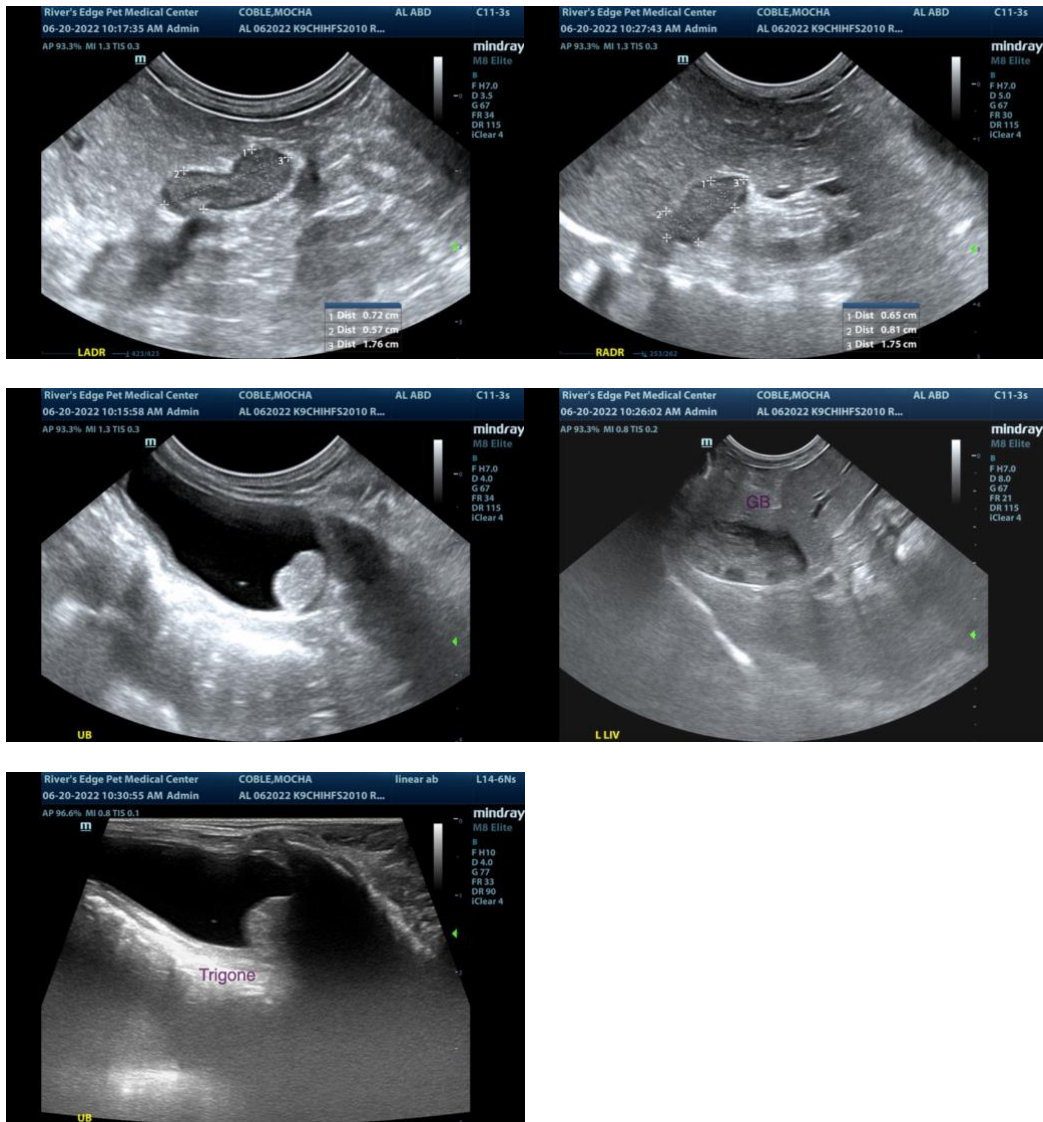
- Suspected benign diffuse hepatopathy. Top differentials include vacuolar hepatopathy and regenerative nodular hyperplasia. Changes are similar to the previous sonogram.
- The bilateral adrenomegaly is consistent with the previous diagnostics of pituitary-dependent hyperadrenocorticism.

- Age-related pancreatic remodeling in the right limb. Changes are similar to the previous sonogram.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Regarding the gall bladder, continuation of ursodiol therapy is recommended with serial sonographic monitoring (i.e., every 2-3 months) to assess for progression.

Regarding the urinary bladder lesion, consider a urine BRAF test to further assess for lower urinary tract neoplasia. It should be noted that if results are negative, cancer cannot be completely ruled and further diagnostics (i.e., biopsy) may be necessary to get a definitive diagnosis.



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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