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Clinical Sonography & Telecytology
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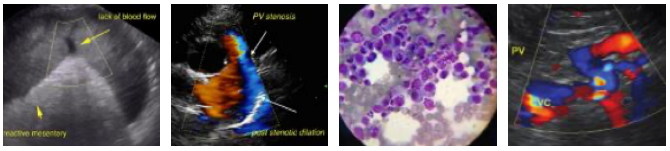

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1-800-838-4268 info@sonopath.com

PATIENT
Brutus Suto

SPECIES
Canine

BREED
Dachshund

SEX
Male, neutered

AGE
11 Yrs.

WEIGHT
21 lbs.

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

IMAGING PERFORMED BY
Jenn

HOSPITAL NAME
Rockaway

REFERRING VET
Dr. Maniar

INVOICE
15100

DATE
6/28/23

PRESENTING CLINICAL SIGNS

History: decreased appetite abd pain Hx of Cushings

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended. The wall in the region of the apex is slightly thickened and irregular. A 0.48 cm cystic calculus is observed. The remaining luminal contents are anechoic. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (0.99 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (4.85 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. Small non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.94 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. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.68 cm at cranial pole) (0.68 cm at caudal pole); 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 mildly enlarged (1.29 cm at cranial pole) (0.75 cm at caudal pole) (2.20 cm in length) with a relatively normal shape. A 1.16 x 0.69 cm ill-defined hyperechoic to heterogeneous nodule/area is observed in the cranial to mid-gland. The glandular echogenicity and detail at the caudal pole are unremarkable. Surrounding vasculature appears normal.

Spleen

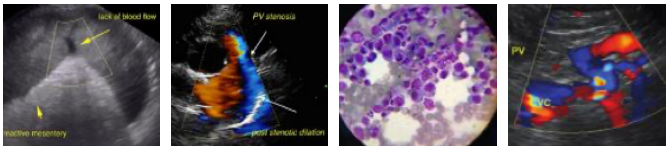
The spleen is normal in size (1.66 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic 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 gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of suspended echogenic debris 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 not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The



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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 right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic 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:

- Cystic calculus with urinary bladder wall changes suggestive of cystitis.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

Secondary Findings:

- Bilateral chronic renal changes with non-obstructive nephrocalcinosis.
- Mild bilateral adrenomegaly, consistent with a previous diagnosis of hyperadrenocorticism. The hyperechoic nodule/area in the right adrenal gland may represent hyperplastic change or an emerging tumor (i.e., adenoma, adenocarcinoma, pheochromocytoma). A benign process is favored.
- The hepatic parenchymal changes are most consistent with benign diffuse hepatopathy (i.e., vacuolar) with a lower possibility of more insidious hepatic pathology. However, correlation with the patient's liver values is recommended.

*An obvious cause for the patient's abdominal pain is not definitively identified in this study. Considerations include low-grade pancreatitis, pyelonephritis, referred back pain, other orthopedic or neurologic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's clinical history, consider the following:
    - Orthopedic and neurologic examinations to assess for non-metabolic causes of pain.
    - Baseline lab work including a CBC chemistry panel, urinalysis and T4 to evaluate overall metabolic function.
    - Urine culture and sensitivity to assess for pyelonephritis.
    - cPLI

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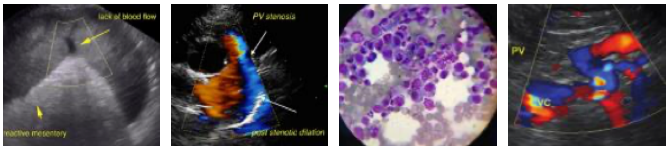

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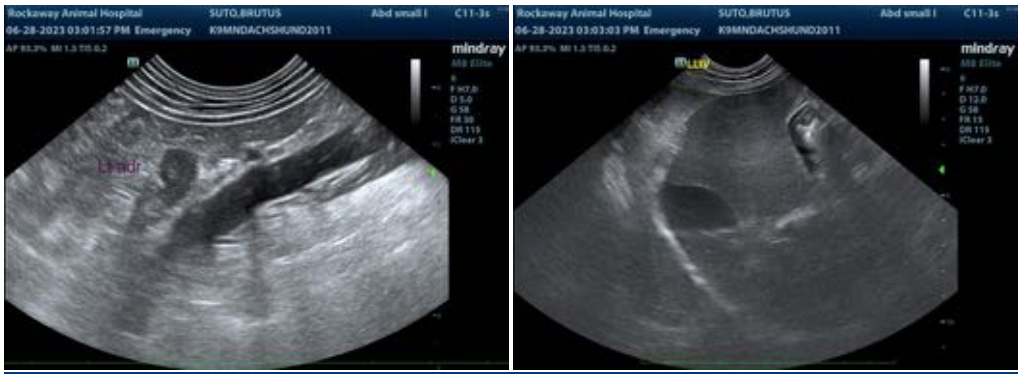
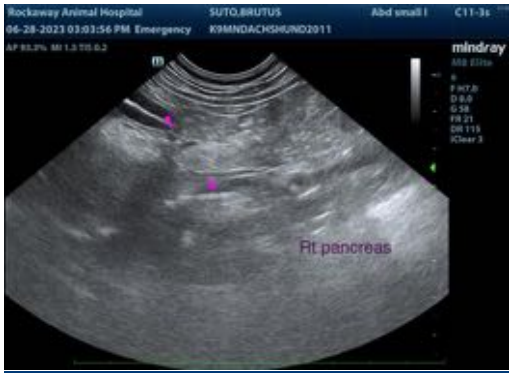
- Regarding the cystic calculus, a cystotomy with stone removal, analysis and culture is recommended. Alternatively, medical dissolution of the stones can be considered with a prescription urinary diet and broad-spectrum antibiotic therapy. If there is no improvement in stone size after 4 weeks of therapy, a cystotomy should be reconsidered. If the stone size is reduced, continue therapy until complete dissolution has been achieved.





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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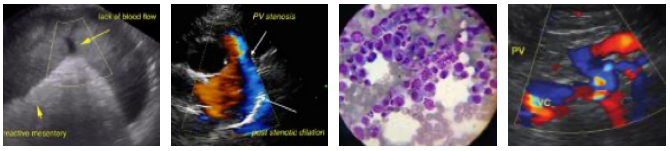

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