SonoPath
Clinical Sonography & Telecytology
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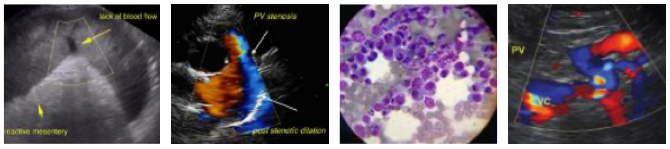

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Cole Jordan

SPECIES

Canine

BREED

Puggle

SEX

Neutered Male

AGE

12 years

WEIGHT

40.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Millburn VH

REFERRING VET

Dr. Turowsky

INVOICE

13750

DATE

7.19.23

PRESENTING CLINICAL SIGNS

History: Persistent ALP elevation, possibly Cushing's. No current meds.
Abnormal PE/Chem/CBC/UA Results: ALP 852; USG 1.008

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. In the dorsal wall, a 1.03 x 0.70 cm well-circumscribed, thin, bald, anechoic structure with echogenic debris is observed. The remaining urinary bladder wall is normal in thickness with a smooth mucosal surface. Luminal contents are otherwise anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2-3 cm, are normal.

The left kidney is normal in size (5.34 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (5.17 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The prostate is normal in size (0.91 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

Adrenal Glands

The left adrenal gland is normal in size at the cranial pole (0.50 cm) and mildly enlarged at the caudal pole (0.86 cm), (2.28 cm in length). Glandular echogenicity and detail at the cranial aspect are normal. There is a questionable 0.91 x 0.60 cm hyperechoic-to-heterogenous nodule at the caudal aspect. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged (1.32 cm at cranial pole) (0.76 cm at caudal pole) (2.02 cm in length) with a normal shape and smooth peripheral contours. There is a questionable 0.80 x 0.72 cm hyperechoic nodule at the cranial- to mid-aspect. The remaining glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.78 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 appears normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and slightly mottled 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 moderately distended. The wall is thin and smooth. A small amount of gravity-dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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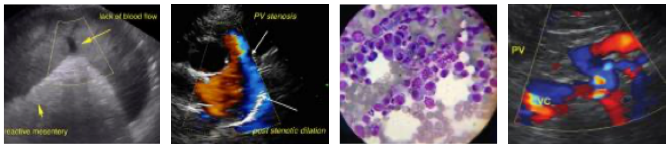

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Gastrointestinal
The lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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

- Mild bilateral adrenomegaly with questionable bilateral nodules. It is unclear whether the nodules are true nodules versus imaging artifact.
- The hepatic parenchymal changes are nonspecific. Given the ALP in the face of the normal ALT, a benign hepatopathy (i.e., regenerative nodular hyperplasia and/or age-related remodeling) is suspected with a lower possibility of inflammatory disease, infiltrative neoplasia, or other hepatopathy.
- The urinary bladder wall lesion could be consistent with a mural cyst. Alternatively, an emerging tumor (i.e., round cell) is possible. A cyst is favored given the lack of obvious vascularity.

Secondary Findings

- Gall bladder debris - incidental
- Bilateral chronic age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the urinary bladder wall lesion, resection of the lesion with submission for histopathology may be necessary to get a definitive diagnosis. If a more conservative approach is desired, consider a recheck ultrasound in 4-6 weeks to assess for growth.
- Regarding the adrenal changes, consider further testing for Cushing's disease (i.e., low-dose dexamethasone suppression test or ACTH stimulation test) if the patient is exhibiting clinical signs consistent with the disease.
- 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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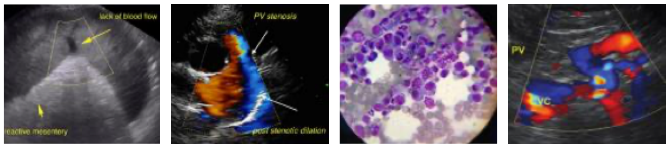

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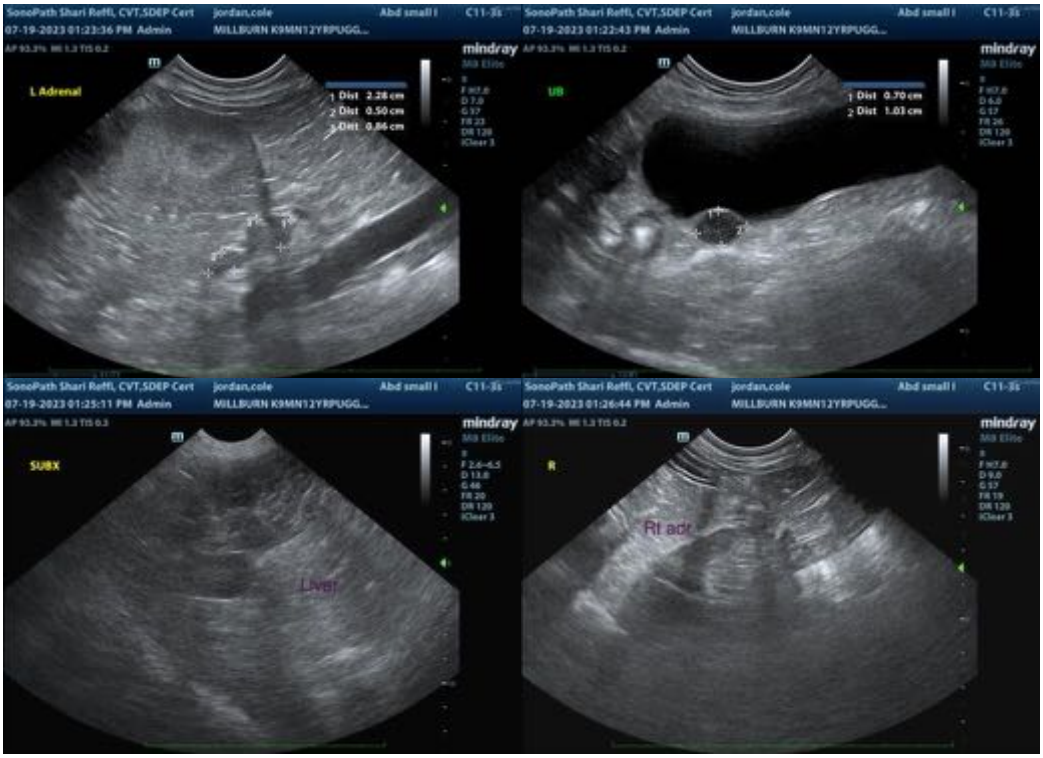

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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