

PATIENT PRESENTING CLINICAL SIGNS

Rexie Lane History: Inappetence. History of dental disease.

SPECIES Lab-work: CBC chemistry panel and T4 unremarkable. UA pending.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Shih Tzu 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 visible portion of the proximal urethra are normal.

SEX

Spayed Female

The left kidney is normal in size (3.72 cm in length) with a normal shape, architecture and smooth peripheral margins. 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 hydronephrosis. Renal vasculature is normal.

AGE

3.24.14

WEIGHT

The right kidney is normal in size (3.85 cm in length) with a normal shape, architecture and smooth peripheral margins. 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 hydronephrosis. Renal vasculature is normal.

11.4 lbs

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is mildly enlarged at the cranial pole (0.73 cm) and normal in size at the caudal pole (0.37 cm) with a slightly irregular shape and homogenous parenchyma. A 0.97 x 0.73 cm hyperechoic nodule is observed at the cranial pole. Glandular echogenicity and detail at the caudal pole are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

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The right adrenal gland is in normal size (0.62 cm at cranial pole) (0.40 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Sun Dog Cat Moon

Spleen

The spleen is normal in size (0.83 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.

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Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The portal vein to caudal vena cava ratio is approximately 1: 1.

INVOICE

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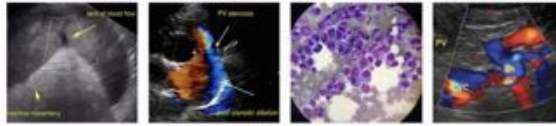
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The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

7.20.23

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly gas-distended. 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 not dilated. The small intestinal



PATIENT wall is normal in thickness 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.

Rexie Lane

SPECIES *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.

Canine

BREED *Free Abdomen*

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

Shih Tzu

SEX *Other*

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

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ULTRASONOGRAPHIC FINDINGS

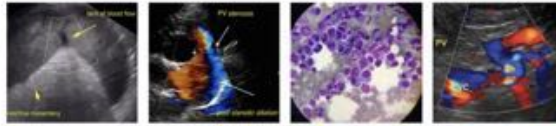
Primary Findings

- Left adrenal nodule differentials include adenoma, adenocarcinoma, pheochromocytoma, other.
- Mild bilateral chronic renal changes

*An obvious cause for the patient's inappetence is not definitively identified in this study. Considerations include dental disease, microscopic gastrointestinal disease, infectious/inflammatory disease, occult neoplasia, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider dental prophylaxis. Given the patient's age, three-view thoracic radiographs are recommended prior to anesthesia.
- Also consider orthopedic and neurologic examinations to assess for nonmetabolic causes of inappetence.
- If appetite does not improve with dental cleaning, further work-up may be warranted and could include the following:
 1. Texas GI panel including serum cobalamin and folate, TLI and PLI
 2. +/- infectious disease testing
 3. +/- GI biopsies.
- Regarding the left adrenal nodule, consider the following:
 1. Further testing for a functional tumor (i.e., low-dose dexamethasone suppression test, urine/blood catecholamine levels), particularly if the patient is exhibiting appropriate clinical signs.
 2. Baseline blood pressure measurement
 3. Repeat ultrasound in 2-3 months to assess for growth



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Shih Tzu

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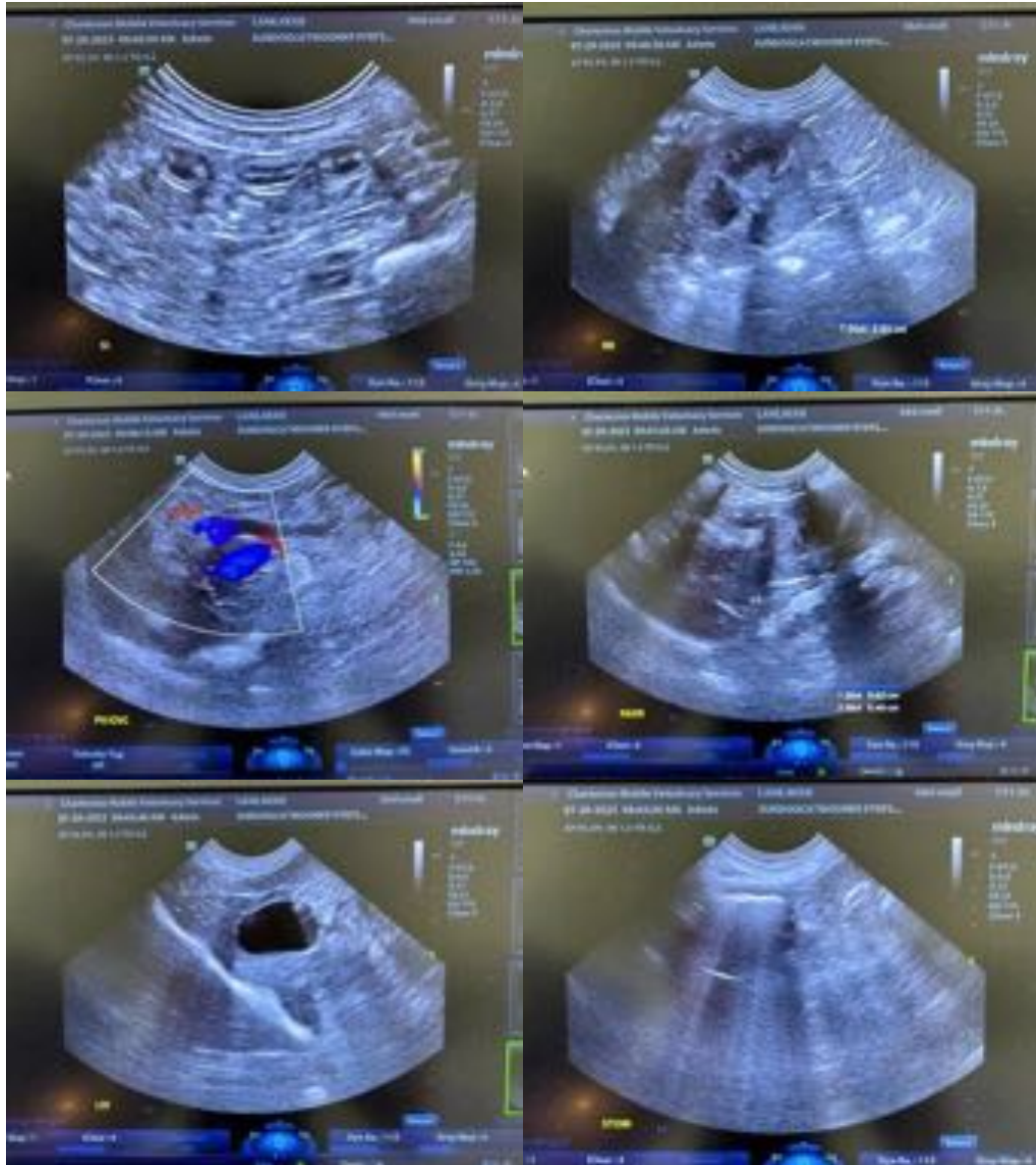
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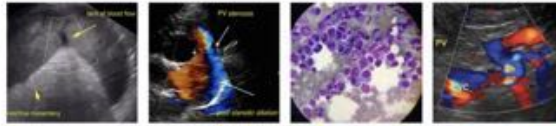
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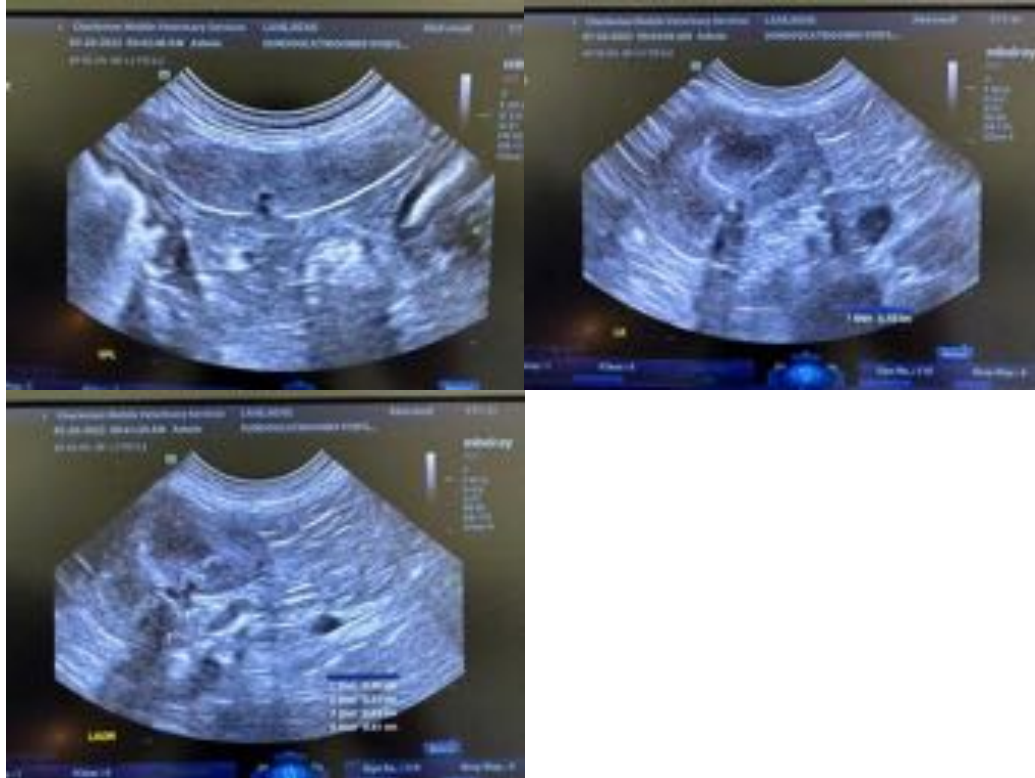
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com