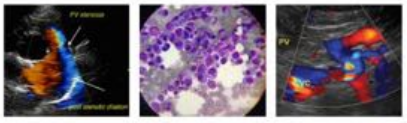
IMAGING PERFORMED BY
svsimagingqc.net 309-737-3070

SVS IMAGING



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Kassie Respecki

SPECIES

Canine

BREED

Sheltie

SEX

Spayed Female

AGE

13.5 years

WEIGHT

35 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Union Lake VH

INVOICE

11267

DATE

7.25.22

PRESENTING CLINICAL SIGNS

History: Diarrhea. Overweight. Cushing's Disease. Coughing. anxiety- improved on Anapryl
Abnormal PE/Chem/CBC/UA Results: None provided.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The **left kidney** is normal size (5.56 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A small cortical cyst is observed at the caudal pole. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The **right kidney** is normal size (5.80 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is mildly enlarged (0.52 cm at cranial pole) (0.73 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 (0.73 cm at cranial pole) (0.92 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.

Spleen

The **spleen** is normal in size (1.40 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.33 x 0.29 hypoechoic nodule is observed at the lateral aspect. In addition, a few, small, hyperechoic nodules are also seen throughout the organ. Splenic vasculature is normal.

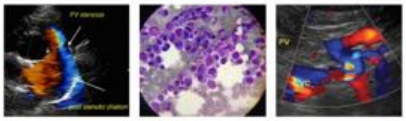
Liver

The **liver** is prominent in size with swollen, slightly rounded 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 **gall bladder** previously removed.

Gastrointestinal

The **gastric lumen** mildly distended with ingesta. The gastric wall in the region of the fundus is normal in thickness with a normal layering pattern. The pylorus is mildly thickened (up to 0.78 cm), slightly irregular, and hypoechoic circumventially. The pyloric outflow tract appears patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Disc The colonic wall is normal. There is no evidence of an obstructive pattern.



PATIENT

Kassie Respecki

SPECIES

Canine

BREED

Sheltie

SEX

Spayed Female

AGE

13.5 years

WEIGHT

35 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Union Lake VH

INVOICE

11267

DATE

7.25.22

Pancreas

The right limb of the **pancreas** is visible with normal curvilinear peripheral contours. The parenchyma is slightly hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated (0.18 cm in diameter). 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 pyloric wall changes may be secondary to hypertrophy, inflammation, emerging neoplasia, or may be a normal variant for this patient. Correlation with the patient's clinical history is recommended.

Secondary Findings

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- The mild bilateral adrenomegaly is consistent with the previous diagnosis of hyperadrenocorticism.
- Bilateral, chronic, age-related renal changes
- The hypoechoic splenic nodule trends toward the benign (i.e., focus of lymphoid hyperplasia, extramedullary hematopoiesis, or similar) with a lower possibility of emerging neoplasia. The hyperechoic splenic nodules are also likely benign (i.e., myelolipomas).
- *An obvious cause for the patient's diarrhea is not identified in this study. Considerations include primary gastrointestinal disease (i.e., infectious/parasitic, inflammatory bowel disease, food allergy/intolerance), underlying metabolic issue, low-grade pancreatitis, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Baseline lab work, including a CBC Chemistry panel, urinalysis and T4 is recommended, if not already performed.

The following diagnostics/treatment recommendations can also be considered:

1. Serum cobalamin, folate, PLI and TLI
2. A fecal evaluation for ova/Giardia
3. Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.

PATIENT

Kassie Respecki

SPECIES

Canine

BREED

Sheltie

SEX

Spayed Female

AGE

13.5 years

WEIGHT

35 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Union Lake VH

INVOICE

11267

DATE

7.25.22

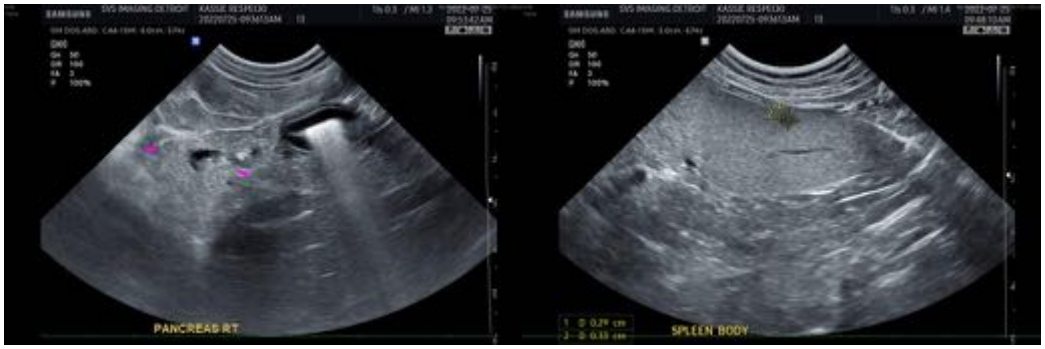
4. A 6-week limited antigen diet trial to assess for food allergies.

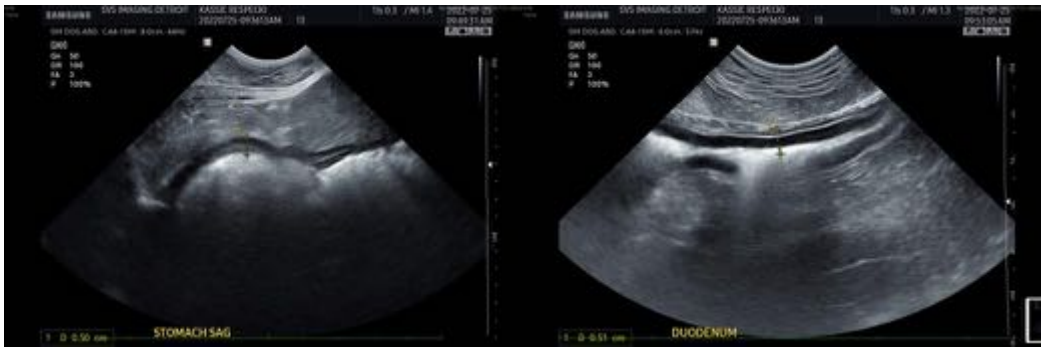
5. Consider a 4-week course of Tylosin as empirical treatment for small intestinal bacterial overgrowth.

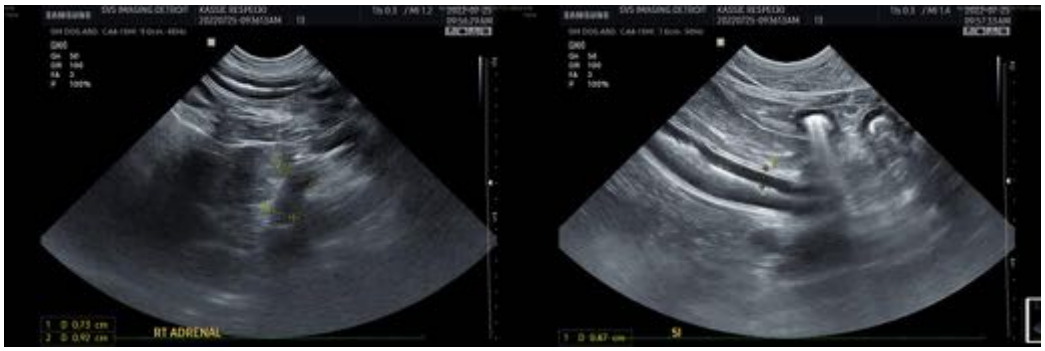
6. Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted.

Regarding the pyloric changes, consider a repeat ultrasound in 3-4 weeks to assess for progression. However, if the patient has a history of vomiting, biopsies (i.e., endoscopic, or surgical) may be warranted sooner rather than later..

Given the history of coughing, three-view thoracic radiographs are recommended.

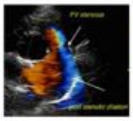
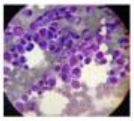
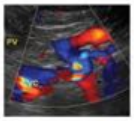






IMAGING PERFORMED BY
svsimagingqc.net 309-737-3070

SVS IMAGING

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Kassie Respecki

SPECIES

Canine

BREED

Sheltie

SEX

Spayed Female

AGE

13.5 years

WEIGHT

35 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

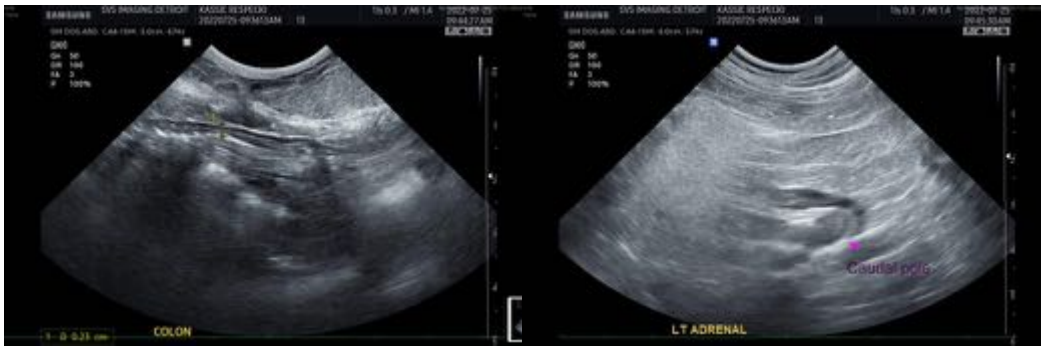
Union Lake VH

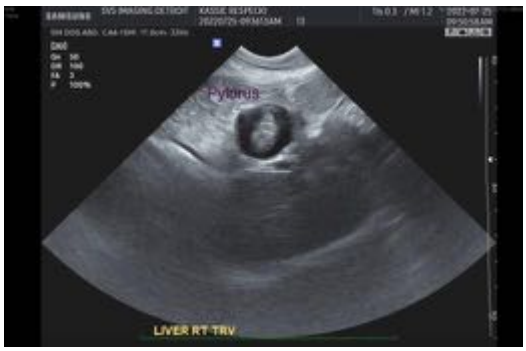
INVOICE

11267

DATE

7.25.22





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)
info@SonoPath.com