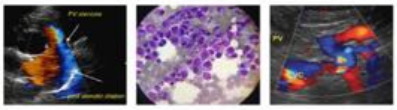


PATIENT
Ozzie Zandi

SPECIES
Canine

BREED
Maltese

SEX
Neutered Male

AGE
5 years, 10 mos

WEIGHT
10 lbs

INTERPRETED BY
Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY
Potomic Mobile Vet Ultrasound

HOSPITAL NAME
Banfield PH Leesburg Village

REFERRING VET
Dr. Cathy Jarrett

INVOICE
11206

DATE
7.7.22

PRESENTING CLINICAL SIGNS

History: DVM suspects Cushing's due to elevated LDDST and history of Pu/Pd. Currently on insulin. Abnormal PE/Chem/CBC/UA Results: (06/30/2022) CHEM: ALKP 1677, ALT 171, GLU 519, Chloride 105. U/A (Free catch): USG 1.050, pH 5.0, Glucose 500, Ketone 10+.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A scant amount of mineralized debris is observed within the lumen. The region of the trigone and the visible portion of the proximal urethra are normal.

The **prostate** is normal in size (1.52 cm in length; 0.50 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The **left kidney** is normal size (4.07 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. A thin, hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (3.87 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. A thin, hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.34 cm at cranial pole) (0.36 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 normal size (0.38 cm at cranial pole) (0.43 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 (0.96 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.

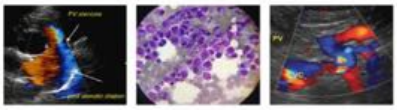
Liver

The **liver** is subjectively enlarged with swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and subtly heterogenous in appearance, with several hypoechoic nodules observed, the largest measuring 0.70 cm on the left side. 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **gastric lumen** is distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern. There is an increase in mucosal echogenicity/fogging in some segments, particularly the proximal



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duodenum. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.

Pancreas

A portion of the **pancreas** is obscured by the gastric distention. In the visualized portions, no obvious pathology is observed.

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 hepatic parenchymal changes (including the small, hypoechoic nodule on the left side) are nonspecific and are most consistent with a benign process (i.e., regenerative nodular hyperplasia, vacuolar or diabetic hepatopathy, other). Inflammatory disease and infiltrative neoplasia are considered less likely, given the sonographic changes and the liver enzyme pattern.

Secondary Findings

- The significance of the increase in small intestinal mucosal echogenicity is unclear. It may represent an inflammatory process. However, correlation with the patient's clinical history is recommended.
- The medullary bands seen in both kidneys is likely secondary to diabetic nephropathy. Alternatively, subclinical renal disease may be present.

  *Given the normal adrenal gland size, Cushing's Disease is considered less likely although some patients with the disease will have normal adrenal size. It is possible that the abnormal cortisol levels may be secondary to stress.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pre-and postprandial serum bile acids can be considered to assess hepatic function, although the parenchymal changes trend toward the benign.

To further evaluate for Cushing's disease, consider a repeat low-dose dexamethasone suppression test or ACTH stimulation test +/- adrenal panel (University of Tennessee). It would also be prudent to rule out other causes of PU/PD in this patient (i.e., occult pyelonephritis, hepatic dysfunction).

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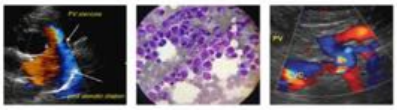

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Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

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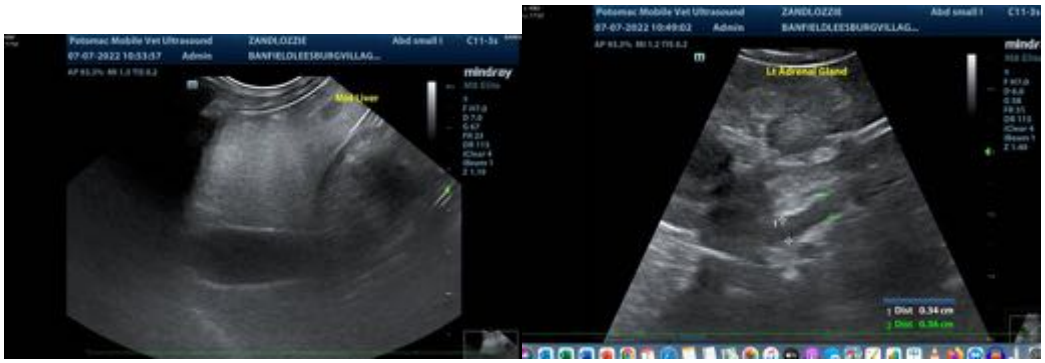

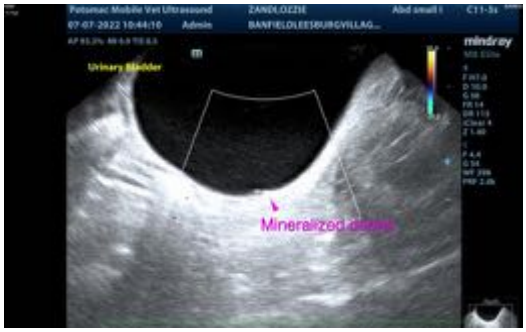

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com