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Clinical Sonography & Telecytology
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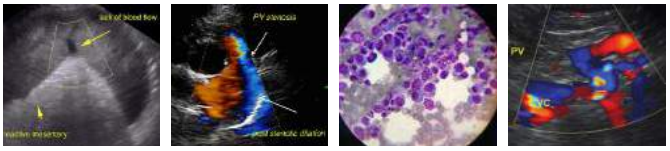

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1-800-838-4268 info@sonopath.com

PATIENT
Rascal Burns

SPECIES
Canine

BREED
Terrier Mix

SEX
Female Spayed

AGE
13 Years

WEIGHT
13.7 lbs.

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

IMAGING PERFORMED BY
Potomac Mobile Veterinary Ultrasound

HOSPITAL NAME
Banfield Leesburg

REFERRING VET
Dr. Jarrett

INVOICE
11623kk

DATE
8/11/21

PRESENTING CLINICAL SIGNS

History: Presented on 7/28 for pu/pd and lethargy. Lost 3lbs in one month. Has had Cushings since 10/2018; not being treated for it. Diagnosed with diabetes mellitus on 7/28. getting Vetsulin 4 units once daily. Also has a grade II/VI heart murmur for the past two years. Has been coughing some. Echo was also performed today.

Abnormal PE/Chem/CBC/UA Results: LDDST pre 3.2, 4 hr 0.5 7/28/21- ALP 1134, Glu 636, otherwise normal cbc/chem snap 4dx wnl Urinalysis USG 1.020, glucose +100, otherwise wnl.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (0.80 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 (4.53 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. A hyperechoic medullary band is adjacent to the corticomedullary junction. Mild pyelectasia is present (0.22 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.79 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. A hyperechoic medullary band is adjacent to the corticomedullary junction. Trace pyelectasia is present (0.14 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (0.75 cm at cranial pole) (1.00 cm at caudal pole) (2.58 cm in length) with an irregular shape. The parenchyma is slightly heterogeneous with some loss of glandular detail. No distinct focal lesions are observed. The phrenicoabdominal vein appear surrounding vasculature are normal.

The right adrenal gland is enlarged (0.86 cm at cranial pole) (0.72 cm at caudal pole) (1.79 cm in length) with an irregular shape. The parenchyma is slightly heterogeneous with some loss of glandular detail. No distinct focal lesions are observed. The phrenicoabdominal vein appear surrounding vasculature are normal.

Spleen

The spleen is subjectively prominent in size (1.21 cm in width at the level of the hilus) with normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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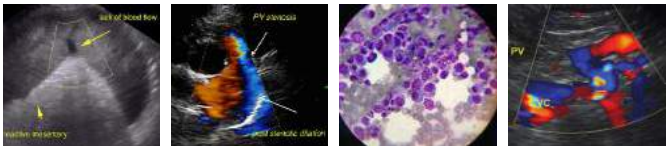

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Liver

The liver is subjectively enlarged with swollen to rounded peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely heterogeneous in appearance with a few, ill-defined, hyperechoic areas. A few small anechoic cysts are observed left to mid-liver. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The gall bladder is distended. The wall is normal in thickness. A moderate amount of aggregated, echogenic to mineralized partially dependent sludge is observed within the lumen along with some adherent as well as some suspended debris. 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 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 ileocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

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

- The bilateral adrenomegaly is consistent with the previous diagnosis of pituitary-dependent hyperadrenocorticism.
- 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 bilateral renal changes are consistent with diabetic nephropathy. The pyelectasia may be secondary to pyelonephritis, PU/PD, age-related remodeling, other.

Secondary Findings:

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Gall bladder sludge, non-mucocele.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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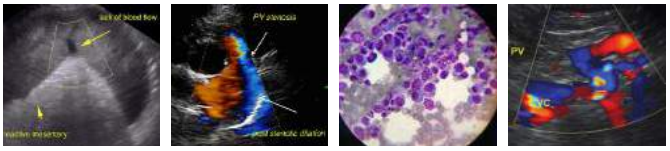

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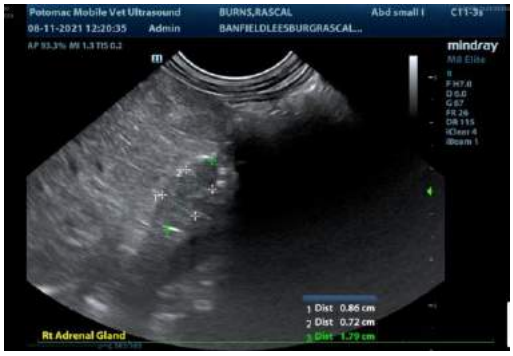
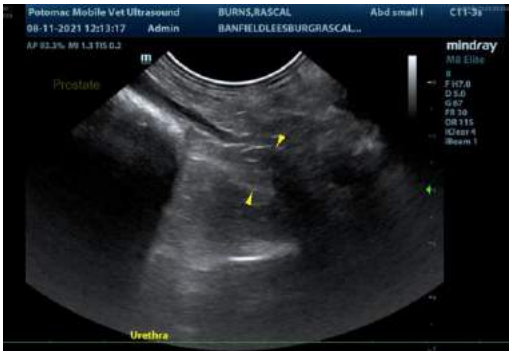
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. A urine culture and sensitivity is recommended to assess for pyelonephritis, as many new diabetics have occult urinary tract infections.

2. Three-view thoracic radiographs are recommended to assess cardiopulmonary status (if not already performed).

3. If the patient remains PU/PD once the diabetes is regulated or if the patient is difficult to regulate, consider retesting for Cushing' s disease +/- initiating medical therapy (i.e., Trilostane).





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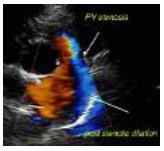
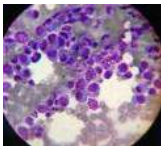
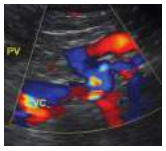

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)
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