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Clinical Sonography & Telecytology
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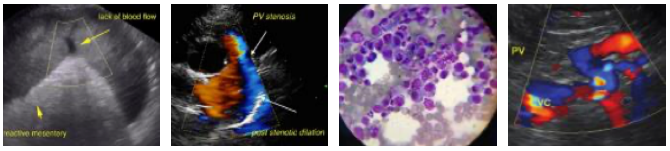


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Marley Coughlan

SPECIES
Canine

BREED
Yorkshire terrier

SEX
Male, neutered

AGE
12 years 9 months

WEIGHT
12.5 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
11880

DATE
8/13/21

PRESENTING CLINICAL SIGNS

History: Has symptoms of Cushing's (pu/pd, panting/ polyphagia). elevated ALP on bloodwork. Potbelly appearance, poor hair coat.
Abnormal PE/Chem/CBC/UA Results: ALP 834, Plt 111,000 otherwise normal CBC/Chem. USG 1.010, normal urinalysis otherwise.

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 lumen is moderately distended with anechoic urine. 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 (1.60 x 0.98 cm) with a normal shape and relatively smooth peripheral contours. A 0.74 cm linear focus of mineralization is observed within the parenchyma. The remaining parenchyma is homogeneous in appearance. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (4.39 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Pinpoint hyperechoic cortical foci are present. Mild pyelectasia is present (0.24 cm in the transverse plane). There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (4.46 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Mild pyelectasia is present (0.27 cm in the transverse plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.39 cm at cranial pole) (0.41 cm at caudal pole) (1.63 cm in length); 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.

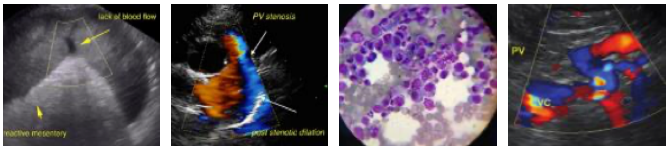
The right adrenal gland is normal size (0.41 cm at cranial pole) (0.38 cm at caudal pole) (1.42 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively normal in size (1.07 cm in width at the level of the hilus) with mild capsular swelling at the cranial aspect where a 0.86 x 0.70 cm hypoechoic to heterogeneous nodule is present. The remaining parenchyma is homogeneous in appearance. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively enlarged with swollen/rounded peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely heterogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The



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gallbladder 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.

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 colonic wall is normal. No obstructive disease is noted.

Pancreas

The right limb of the pancreas is prominent to enlarged with slightly irregular peripheral contours. The parenchyma is heterogeneous in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic 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:

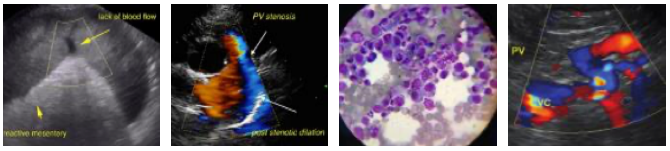
- The splenic nodule is concerning for a neoplastic process (i.e., sarcoma, round cell tumor). However, benign pathology (i.e., focus of lymphoid hyperplasia or extramedullary hematopoiesis) cannot be excluded.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- Gallbladder debris- incidental.

Secondary Findings:

- The pancreatic changes are most consistent with age-remodeling/fibrosis +/- concurrent pancreatitis, particularly if the patient exhibits discomfort on abdominal palpation.
- Bilateral chronic age-related renal changes with dystrophic mineralization and mild pyelectasia.
- The prostatic parenchymal mineralization may be an incidental finding. However, prostatic mineralization has been associated with neoplasia in some cases. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- In light of the patient's clinical history, further testing for Cushing's disease would still be appropriate as some dogs with Cushing's disease have normal sized adrenals. Consider a low-dose dexamethasone suppression test or ACTH stimulation test. If results are inconclusive, consider an adrenal panel (send to the University of Tennessee; this is performed like an ACTH stimulation test but measures multiple adrenal hormones).
- Given the renal changes, a urine culture and sensitivity could also be considered.



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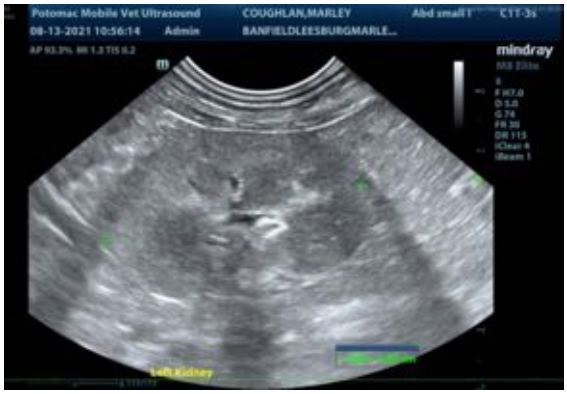
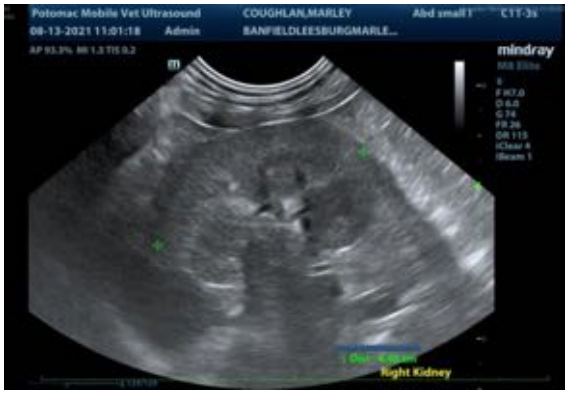
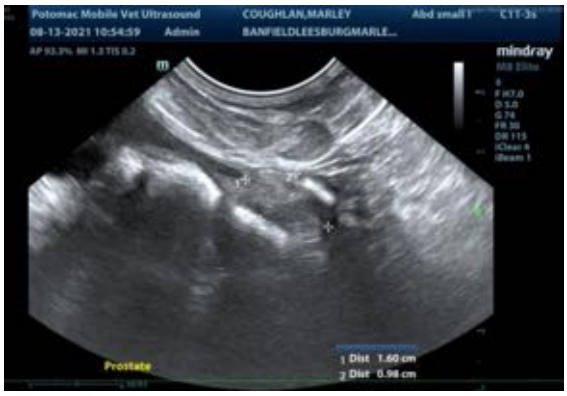
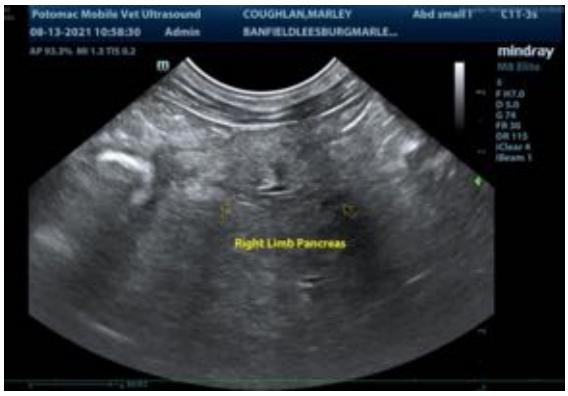
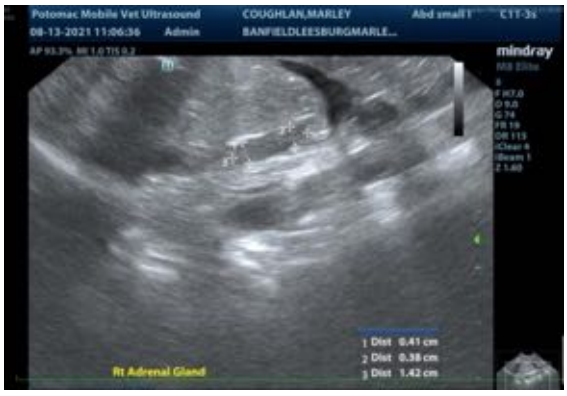
- Three-view thoracic radiographs are also recommended given the patient's age.

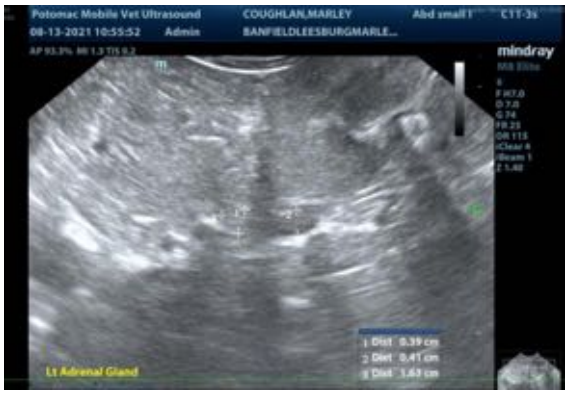












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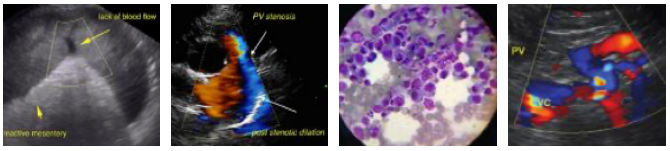

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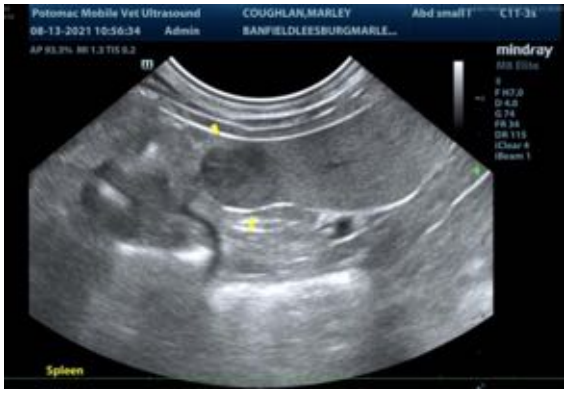

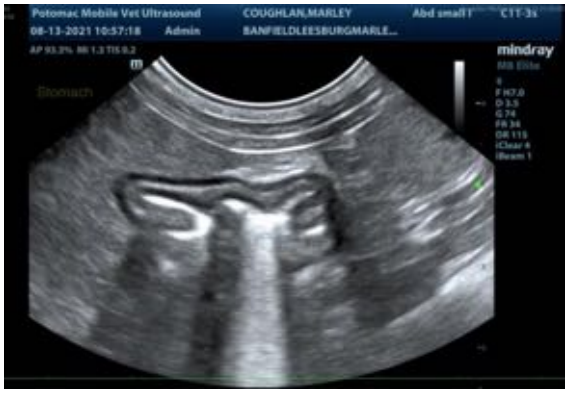

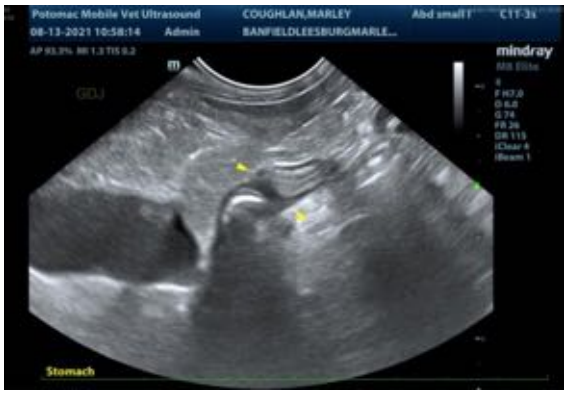

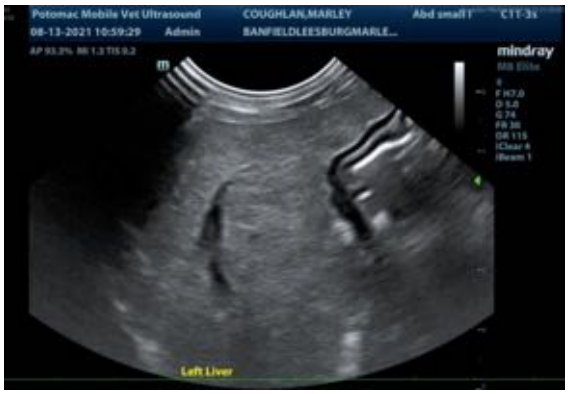

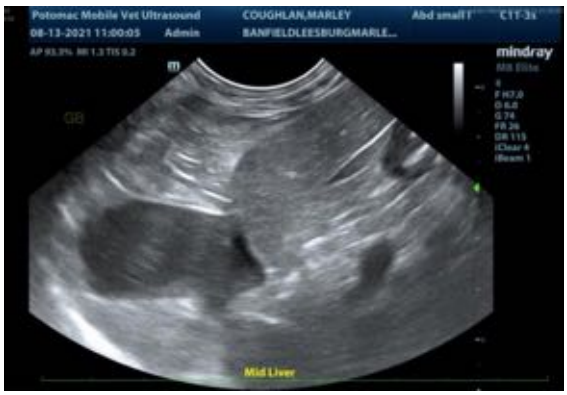

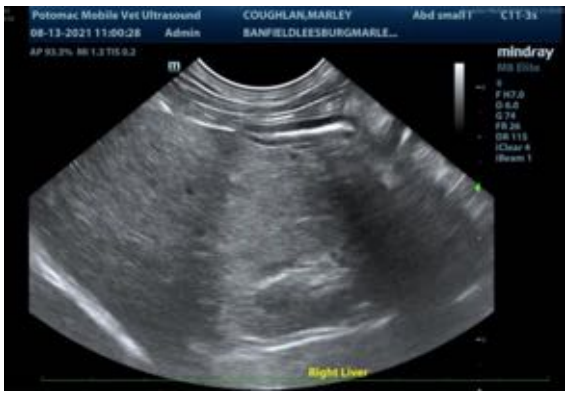

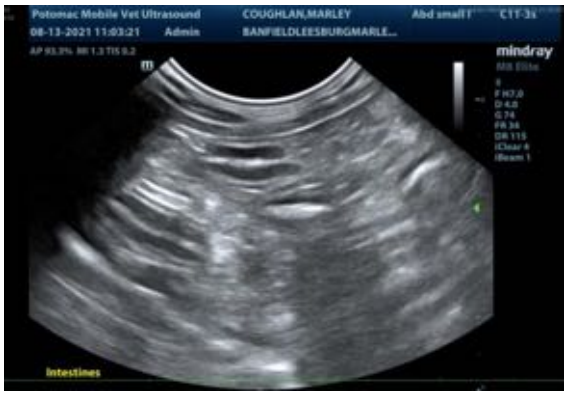

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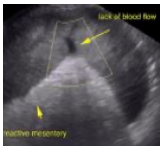
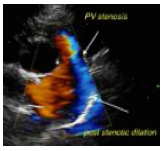
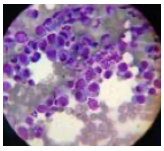
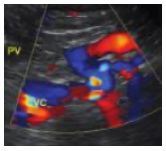

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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