



PATIENT

Rusty Tuers

SPECIES

Canine

BREED

Miniature pinscher

SEX

Male, neutered

AGE

15 Yrs.

WEIGHT

16 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Andrea Nicastro

HOSPITAL NAME

Companion AH

REFERRING VET

Dr. Tsai

INVOICE

11958

DATE

8/26/21

PRESENTING CLINICAL SIGNS

The patient presented with a history of Cushing's disease and severely elevated liver enzymes (ALKP 4406, GGT 24). Currently on 30 mg Trilostane. Recent steroids as well.

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 few small cystic calculi are observed within the lumen as well as a small amount of echogenic debris. The region of the trigone and visible portion of the proximal urethra are normal.

The prostate is mildly enlarged (1.36 cm in width) with a normal shape and smooth peripheral contours. The parenchyma is heterogeneous with foci of mineralization. The prostatic urethra is not overtly dilated.

The left kidney is normal size (4.23 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Several nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.45 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Several nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. A few small cortical cysts are present. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (0.77 cm at cranial pole) (1.10 cm at caudal pole) (2.44 cm in length) with an irregular shape. The parenchyma is heterogeneous with loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is enlarged (1.06 cm at cranial pole) (0.82 cm at caudal pole) (2.70 cm in length) with a normal shape and smooth peripheral contours. 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 (1.02 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few small myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen. At least one ill-defined hypoechoic nodule measuring 2.07 cm is observed within the parenchyma deep left to mid liver. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A few polypoid like lesions are arising from the luminal surface. A moderate amount of aggregated echogenic partially dependent sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

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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.

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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.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

16 lbs.

Primary Findings:

- The bilateral adrenal changes are 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 (similar to previous exam).
- Gallbladder sludge, non-mucocele.
- Cystic calculi (similar to previous sonogram).

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Secondary Findings:

- Bilateral age-related renal changes with dystrophic mineralization and non-obstructive nephroliths.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The prostate changes are similar to the previous scan and are consistent with a late in life neutering. The prostatic mineralization may be a benign incidental finding. However, mineralization can be associated with prostatic neoplasia. Correlation with clinical findings is recommended.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the recent history of corticosteroid therapy, consider rechecking liver values in 3-4 weeks to see if values are improving. If they are similar or increasing, serial monitoring (i.e., every 3-4 months) should be considered to assess for worsening.

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- A cystotomy with stone removal, analysis and culture is recommended. Alternatively, medical dissolution of the stones can be considered with a prescription renal diet and broad-spectrum antibiotic therapy. If there is no improvement in stone size after 4 weeks of therapy, a cystotomy should be reconsidered. If the stone size is reduced, continue therapy until complete dissolution has been achieved.

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