

**DATE**

8/9/21

**PRESENTING CLINICAL SIGNS**

History: Patient presents for evaluation of sudden and acute blindness. PE notes: Obesity, potbelly appearance. Owner does note PU/PD, but not severe. Cardiac murmur grade 3/6, PMI mitral - femoral pulses S&S, normal rhythm and rate. BP 150 mmHg. \*Note - owner has current pending appointment with optho, and also is getting LDDST during today's appointment\* Ocular note: Mature cataracts make fundic examination not possible - patient does have an absent menace. Does appear to be able to orient herself slowly, but vision is largely absent. IOP's, STT, and FES are all WNL.

**PATIENT**

Riley O'Neill

Current Medications: No current medications.

**SPECIES**

Canine

Lab Results: Marked increase in ALP of 1392.  
Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not needed.

Stat Report: Not requested.

**BREED**

Terrier Mix

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Spayed Female

**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 mostly 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.

**AGE**

12/7/10

The left kidney is normal size (5.65 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

30 lbs

The right kidney is normal size (6.39 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**Adrenal Glands**

The left adrenal gland is normal size (0.58 cm at cranial pole) (0.57 cm at caudal pole) (2.05 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.

**HOSPITAL NAME**

Perry Hall AH

The right adrenal gland is normal size (0.45 cm at cranial pole) (0.60 cm at caudal pole) (1.68 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.

**REFERRING VET**

Dr. Miller

**Spleen**

The spleen is normal in size (0.97 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.

**INVOICE**

11847

**Liver**

The liver is subjectively prominent in size with rounded peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely heterogeneous in appearance with numerous varying sized hypoechoic nodules throughout the organ. 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. At least one polypoid like lesion is arising from the luminal surface. A moderate amount of aggregated echogenic

suspended sludge in a partially stellate pattern is observed within the lumen. 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 colonic wall is normal. No obstructive disease is noted.

### ***Pancreas***

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional 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 hepatic changes could be consistent with benign pathology (i.e., vacuolar hepatopathy, regenerative nodular hyperplasia, age-related remodeling or some combination thereof). Infiltrative neoplasia or an inflammatory disease cannot be completely excluded but are considered less likely in the absence of an elevated ALT.
- The gallbladder changes are suggestive of a developing mucocele.

### **Secondary Findings:**

- Bilateral age-related renal pathology.

\*It should be noted that Sudden Acquired Retinal Degeneration (SARDS) has been associated with Cushing's disease and Cushing's-like symptoms in dogs. If the patient's PU/PD has been chronic and the low-dose dexamethasone suppression test is consistent with Cushing's disease, consider medical therapy with Trilostane. However, if the PU/PD has been acute in onset and/or if the low-dose dexamethasone suppression test results are equivocal, consider holding off on treatment as Cushing's signs can be seen up to 8 months post diagnosis of SARDS.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Further recommendations should be based on the patient's history and low-dose dexamethasone suppression test (see above).
- Three-view thoracic radiographs are recommended to assess cardiopulmonary status, particularly given the patient's age.
- Given the gall bladder changes, Ursodeoxycholic acid (Ursodiol) at 10-15 mg/kg once a day is recommended. Serial sonographic monitoring (e.g., every 6-8 weeks) of the gall bladder is recommended to assess for progression to a fully-formed mucocele.





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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