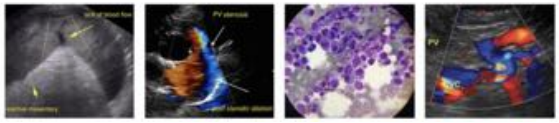


PATIENT

Ovie Baxter

SPECIES

Canine

BREED

Bernese Mt Dog Mix

SEX

Neutered Male

AGE

6.6.2010

WEIGHT

96.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Foxbank VH

REFERRING VET

Dr. Ashely Parsons

INVOICE

11367

DATE

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Recheck ultrasound.
Patient has developed polydipsia since the previous study.

Abnormal lab-work values: No new bloodwork since last ultrasound
Current Medications: Denamarin, Apoquel, Galliprant, Gabapentin, Chondroprotec

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall is 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 (0.98 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 (7.32 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (3.55 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.73 cm at cranial pole) (0.67 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 borderline enlarged (0.90 cm at cranial pole) (0.95 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.

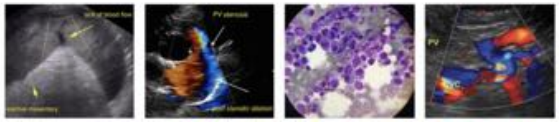
Spleen

The **spleen** is normal in size (1.79 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 normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and is subtly mottled in appearance. No focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. A moderate amount of mostly gravity dependent, echogenic debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

The **gastric lumen** is moderately distended ingesta and shadowing material. 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 segmentally dilated with chyme. 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. The lumen of the descending colon contains shadowing fecal material. There is no evidence of an obstructive pattern.

Pancreas

The right limb of the **pancreas** is prominent in size with slightly irregular peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. The mesentery effacing the serosal surface is mildly hyperechoic.

Free Abdomen

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

Lymph nodes

(See "Other" category)

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

A 2.06 x 1.78 cm irregular cystic structure is observed in the right cranial quadrant.

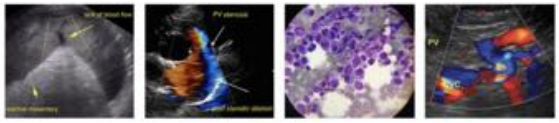
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The diffuse hepatic parenchymal changes are nonspecific and are likely secondary to a benign process (i.e., regenerative nodular hyperplasia and/or vacuolar hepatopathy). Inflammatory disease and infiltrative neoplasia are considered less likely. However, correlation with the patient's liver values is recommended. The previously observed cystic structure in the left lateral lobe is not visualized in today's study.
- Gall bladder debris/sludge, non-mucocele. Changes have improved since the previous sonogram.
- The origin of the cystic structure in the right cranial quadrant is unclear. It may be arising from lymph node, mesentery, pancreas, other. It is similar in size compared to the previous sonogram. Differentials include reactive lymph node, emerging neoplasia, other. Given the lack of change since the previous sonogram, a benign process is favored.
- Mild, right adrenomegaly. This may be a normal variant for this patient or may be secondary to early hyperplastic change.

Secondary Findings

- Bilateral, minor, chronic age-related renal changes
- The pancreatic changes are most consistent with age-related remodeling, +/- fibrosis. However, mild chronic active pancreatitis is also possible. Correlation with the patient's clinical history is recommended.



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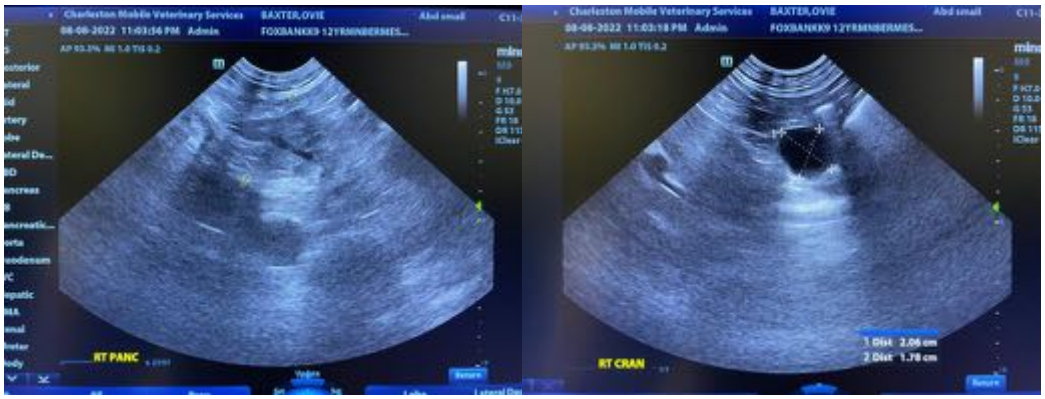
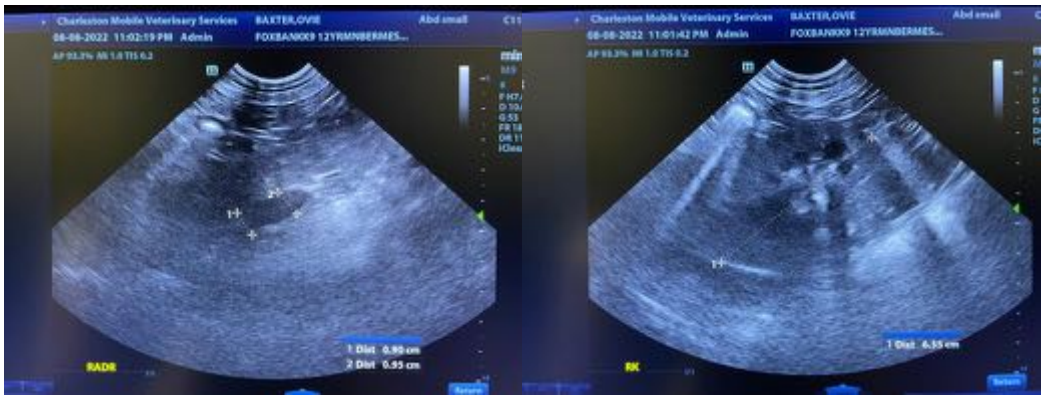
- The shadowing material within the gastric lumen is consistent with a foreign body, which was previously observed. It does not appear obstructive at this time.

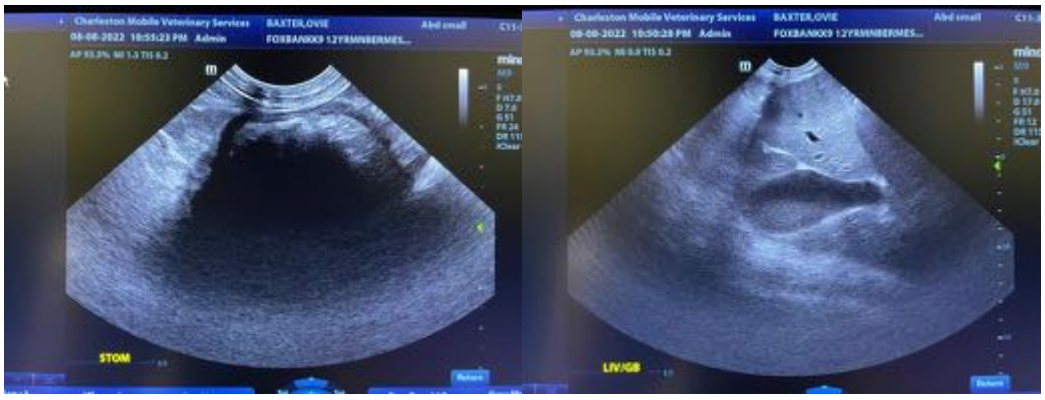
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the recent polydipsia, consider a urinalysis +/- urine culture and sensitivity. If these results are inconclusive and the patient is isosthenuric, consider repeat testing for Cushing's Disease (i.e., low-dose dexamethasone suppression test or ACTH stimulation test).

Consider a repeat abdominal ultrasound in 3 months to reassess the cystic lesion in the right cranial quadrant.







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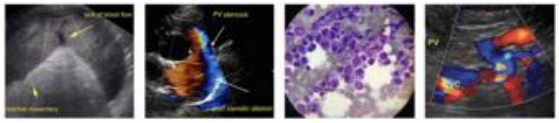

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CharlestonMobile.Net 800.403.5408

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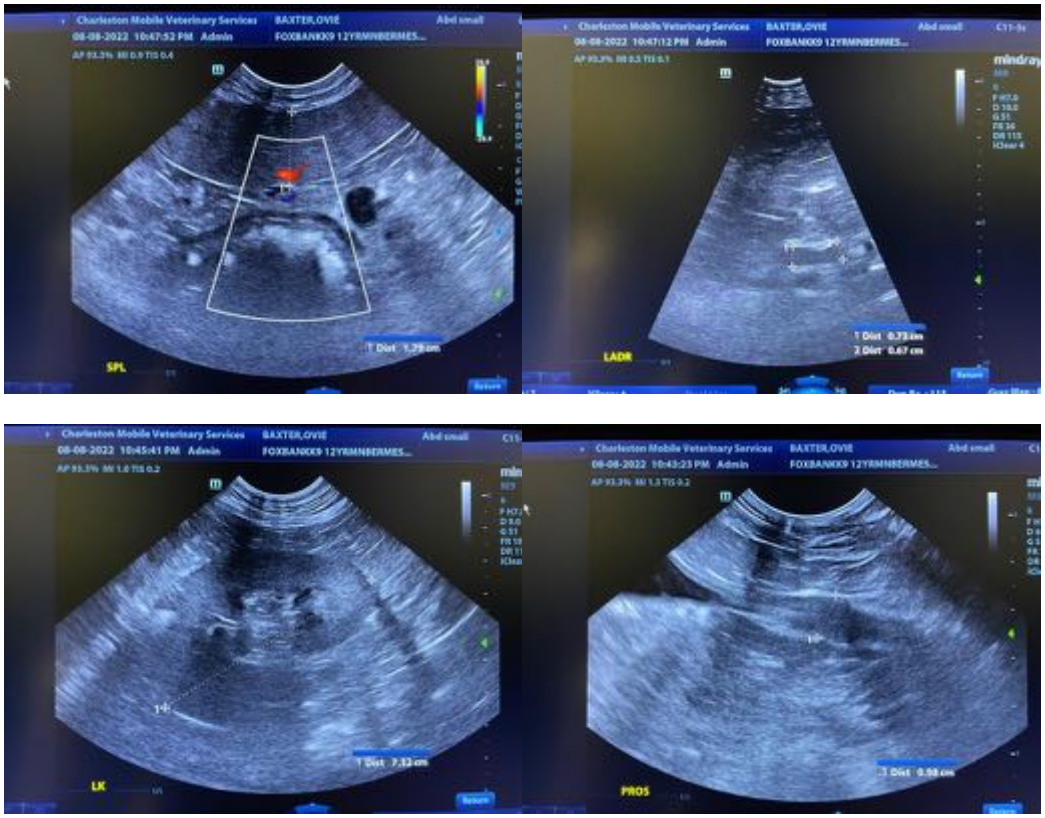

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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