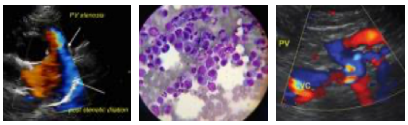
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

9/14/2021

PATIENT

Chloe Pulket

SPECIES

Canine

BREED

American Eskimo mix

SEX

Female, spayed

AGE

2009

WEIGHT

36.7 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Churchville VC

REFERRING VET

Dr. Kauffman

INVOICE

12087

PRESENTING CLINICAL SIGNS

Patient presented in June for gaining weight with potential PU/PD (O unsure) and increased appetite. Performed lab work - Cushing's disease suspected. Owner did not wish to perform any further diagnostics at that time (had discussed low-dose dexamethasone test, abdominal ultrasound). At recent vaccine appointment (issues static), owner decided would like to pursue abdominal ultrasound.
Patient has a grade IV/VI heart murmur.

Current Medications: Chlorpheniramine 4mg - 1 tab PO BID
Lab Results: 06/15/21: CBC: moderate monocytosis.
Chem: mild ALT elevation, moderate ALP elevation.
Urinalysis: SG 1.012, 1+ protein, no bacteria. T4: 1.4, Free T4: 1.2.
4Dx – negative. Fecal – negative.
Date of Previous IntraPet Ultrasound: No previous
Sedation: declined, not needed
Stat Report: not requested

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall is concentrically thickened (up to 0.43 cm) with a mostly smooth mucosal surface. A scant amount of echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (5.59 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.

The right kidney is normal in size (4.94 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is borderline enlarged (0.69 cm at cranial pole) (0.72 cm at caudal pole) (2.18 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 borderline enlarged (0.84 cm at cranial pole) (0.70 cm at caudal pole) (2.32 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 normal in size (1.04 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen with minor changes consistent with age-related remodeling. No distinct focal lesions are observed. 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 small amount of mostly gravity dependent echogenic debris 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 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. The mesentery effacing the serosal surface is hyperechoic.

Free Abdomen

Focal areas of mesentery in the mid-abdominal cavity are mildly hyperechoic. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- 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.
- Mild bilateral adrenomegaly.
- The urinary bladder wall changes could be consistent with cystitis or may be artifactual due to lack of luminal distention. Correlation with clinical findings is recommended.
- The significance of the hyperechoic mesentery within the mid-abdominal cavity is unclear but is suggestive of mild peritonitis, likely sterile.
- The pancreatic changes are suggestive of chronic active pancreatitis (mild).

Secondary Findings:

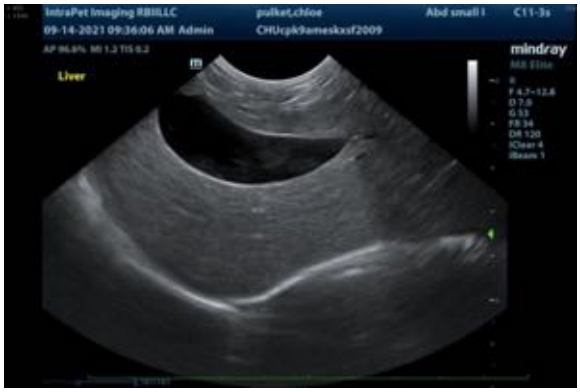
- Minor bilateral age-related renal changes with right dystrophic mineralization.
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell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

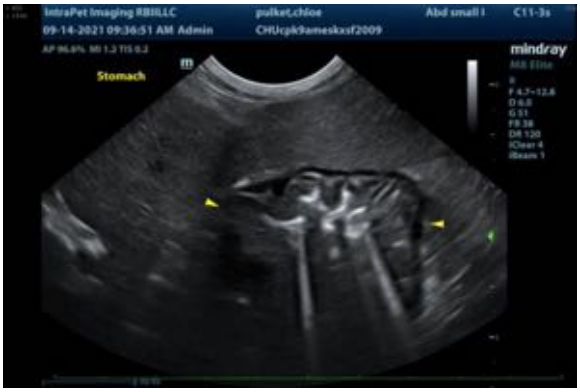
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

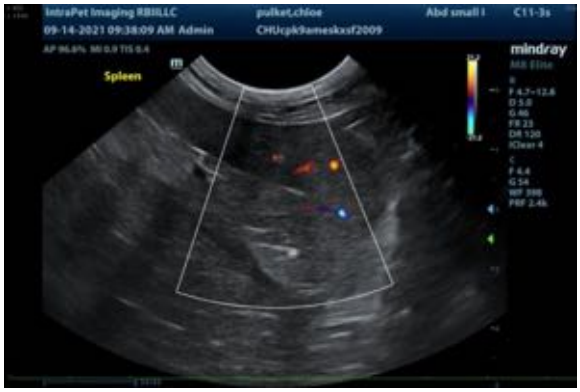
- Given the patient's clinical history and sonographic findings, further testing for Cushing's disease (i.e., a low dose Dexamethasone suppression test or ACTH stimulation test) is warranted. If the patient tests positive for Cushing's disease, a baseline blood pressure measurement should also be considered.

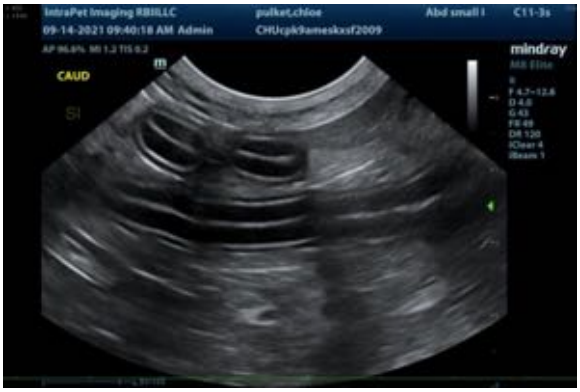
- Also consider a UPC as well as a urine culture and sensitivity.

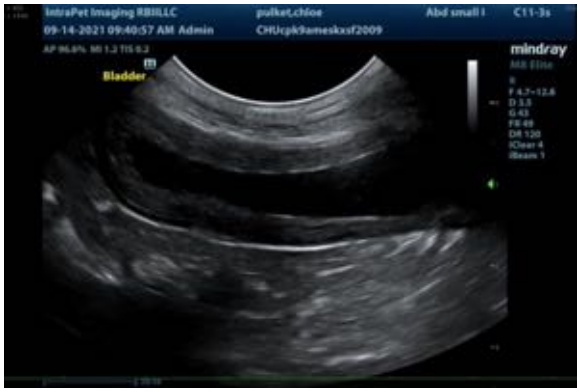
- Given the presence of a heart murmur, an echocardiogram, three-view thoracic radiographs and ECG should are recommended.

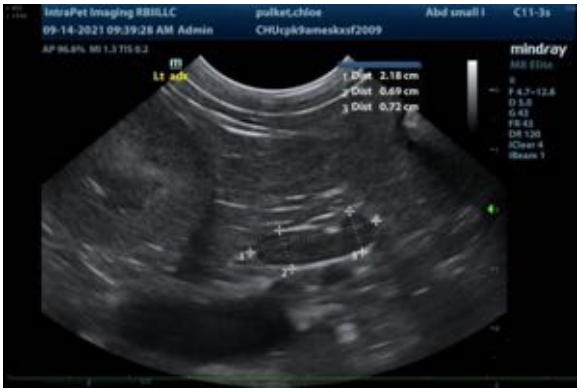


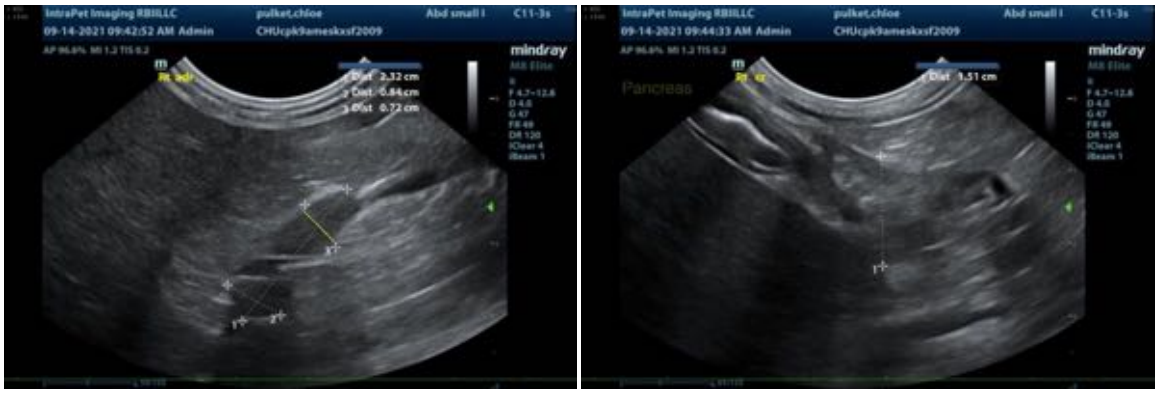












The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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