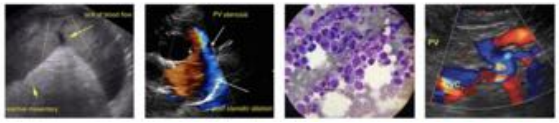


PATIENT

Daisy Hightower

SPECIES

Canine

BREED

Labrador

SEX

Spayed Female

AGE

12.24.2010

WEIGHT

72.6 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

Andi Winney

INVOICE

11650

DATE

9.16.2022

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Pt is apparently healthy on PE but has been losing weight. Has an AUS last year, will send results

Abnormal lab-work values: Mild chronic anemia (hct 37.2) hypothyroidism (0.4) elevated alk phos (670) low USG with 2+ proteinuria
Current Medications: none

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is moderately distended. The wall is normal in thickness. The mucosal surface in the region of the apex is slightly irregular. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2-3 cm, are normal.

The **left kidney** is normal size (6.84 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 (7.07 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.

Adrenal Glands

The **left adrenal gland** is enlarged (1.36 cm at cranial pole) (0.87 cm at caudal pole) (2.74 cm in length); with an irregular shape. A 0.96 x 0.87 hyperechoic nodule is observed at the caudal pole. The cranial pole is mildly hypoechoic with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is enlarged (1.44 cm at cranial pole) (1.58 cm at caudal pole); with an irregular shape. The parenchyma is heterogenous, with loss of glandular detail. Surrounding vasculature appears normal.

Spleen

The **spleen** is normal in size (2.35 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.

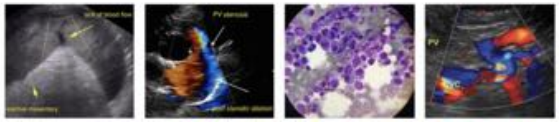
Liver

The **liver** is subjectively enlarged with normal swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely and severely mottled in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The **gall bladder** is distended. The wall is normal in thickness and slightly irregular. It is hyperechoic to mineralized. A moderate to large amount of aggregated, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **gastric lumen** is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. The small intestinal lumen is segmentally, mildly distended with soft, shadowing material, without overt dilation. The small intestinal



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wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material. There is no obvious evidence of an obstructive pattern.

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.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hepatic parenchymal changes are nonspecific and may be secondary to a benign process (i.e., regenerative nodular hyperplasia and/or vacuolar hepatopathy). Alternatively, infiltrative neoplasia (i.e., lymphoma) cannot be completely excluded.
- The gall bladder wall mineralization (aka “porcelain” gall bladder) is most consistent with cholecystitis. However, in rare instances, this finding can be associated with biliary carcinoma.
- The bilateral adrenomegaly is most consistent with hyperplastic change. However, bilateral emerging tumors cannot be completely excluded.

Secondary Findings

- Minor age-related, chronic renal changes
- The shadowing material within the small intestinal lumen is suggestive of foreign material (i.e., grass), but appears nonobstructive at this time.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the vague clinical signs and hepatic parenchymal changes, a fine-needle aspirate of the liver can be considered if clotting status is appropriate. This will help to further assess for round cell neoplasia.

Other diagnostic considerations could include the following:

1. Three-view thoracic radiographs to assess for occult disease in the chest
2. UPC (given the proteinuria)
3. Further testing for Cushing’s Disease (i.e., low-dose dexamethasone suppression test) if the patient is exhibiting clinical signs.

If the above diagnostics are inconclusive, a malabsorption panel including serum cobalamin and folate, TLI and PLI, can be considered to assess for maldigestion/malabsorption and low-grade pancreatitic disease as a cause for the patient’s weight loss.

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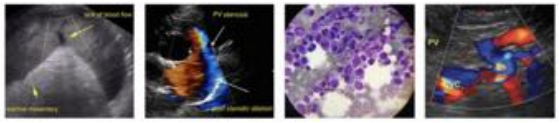

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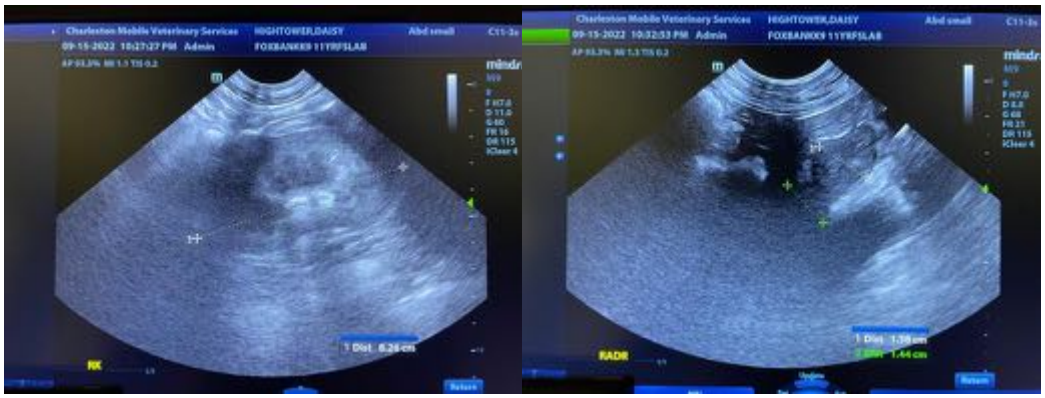

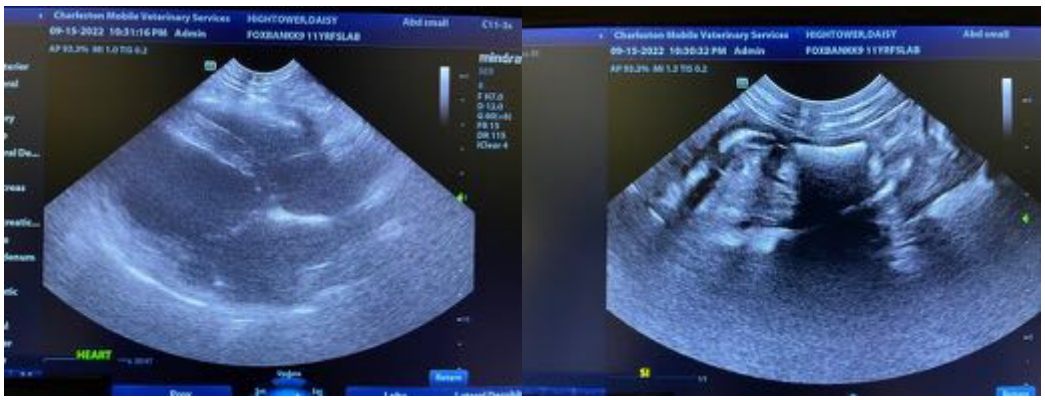

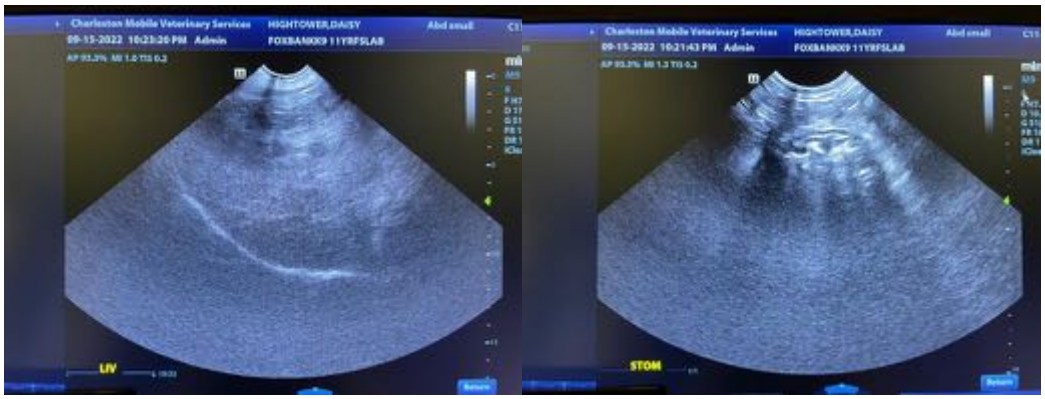

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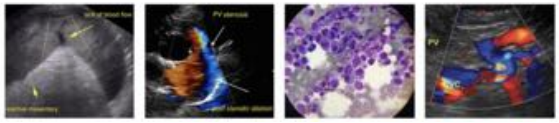

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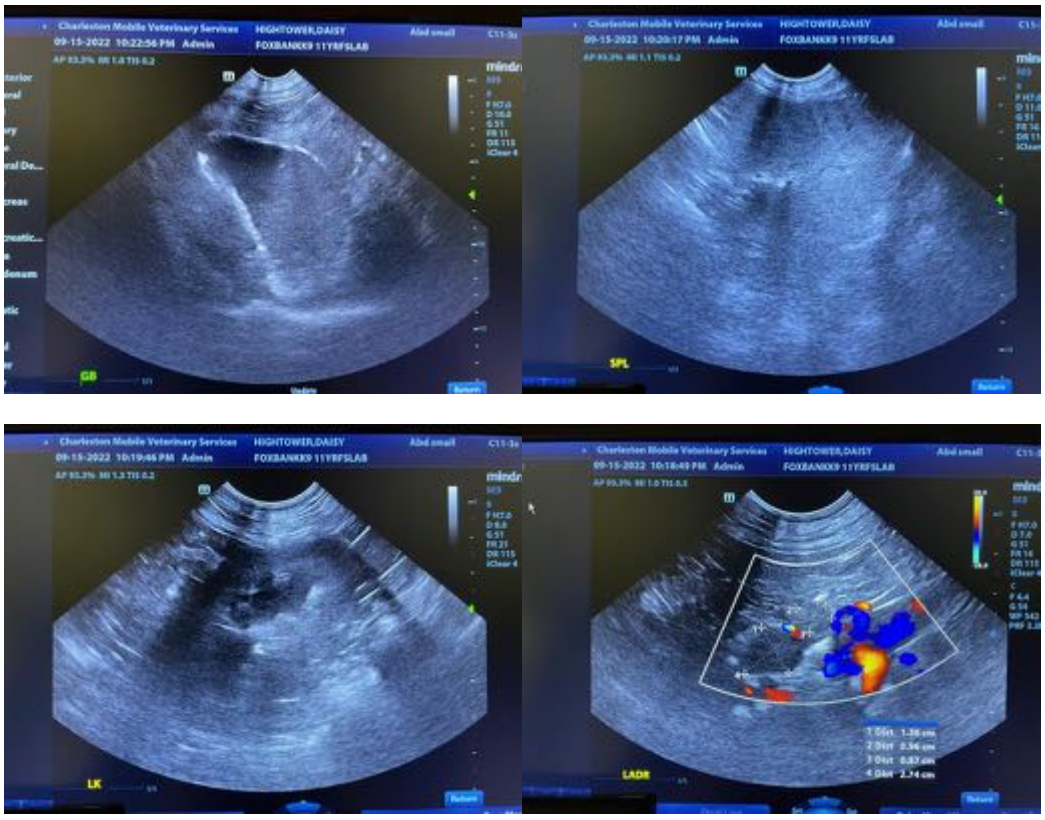

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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