IMAGING PERFORMED BY

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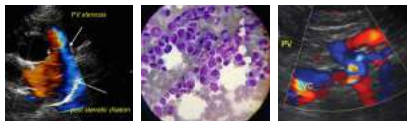

SonoPath
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DATE
9/17/21

PATIENT
Astro Mullens

SPECIES
Canine

BREED
Mix

SEX
Neutered male

AGE
10/30/11

WEIGHT
53 lbs

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

HOSPITAL NAME
Timonium AH

REFERRING VET
Dr. Stephens

INVOICE
11852kk

PRESENTING CLINICAL SIGNS

History: Polyphagia and weight gain, grumpier than normal, bilateral flank alopecia. Chronic, sporadic cough.

Current Medications: Not provided by the veterinarian.

Lab Results: No significant abnormalities on chemistry, cbc, T4 or ACTH stim. Attached separately.

Radiographs: Attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Dexdomitor administered prior to the scan.

Stat Report: STAT report not requested by the veterinarian.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

The prostate is normal in size (0.92 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 (5.80 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The right kidney is normal size (5.59 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

Adrenal Glands

The left adrenal gland is normal size (0.50 cm at cranial pole) (0.66 cm at caudal pole) (1.63 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 normal size (0.94 cm at cranial pole) (0.61 cm at caudal pole) (2.27 cm in length) with a normal shape. A 0.65 x 0.62 cm hyperechoic nodule is observed at the cranial aspect. Glandular echogenicity and detail at the caudal aspect are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.67 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 slightly swollen peripheral contours. The parenchyma is isoechoic

relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. 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. 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.

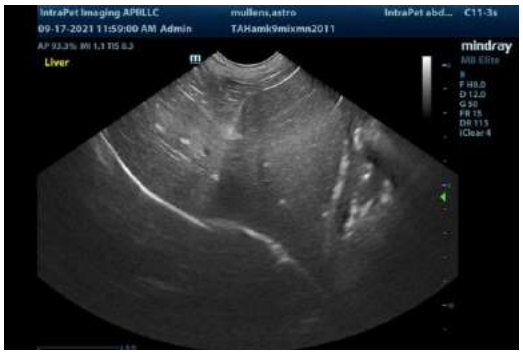
ULTRASONOGRAPHIC FINDINGS

- The right adrenal nodule trends towards the benign (i.e., hyperplastic nodule) with a lower possibility of emerging neoplasia.
- Minor age-related renal changes with dystrophic mineralization.
- The hepatic parenchymal changes are non-specific and could be consistent with vacuolar hepatopathy, age-related remodeling, normal variation, and other.

**An obvious cause for the patient's clinical signs is not identified in this study. Atypical Cushing's disease is a consideration.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Consider submission of an adrenal panel to the University of Tennessee. This test is performed like an ACTH stimulation test.
2. Also consider measuring the patient's caloric intake and restricting calories, if excessive.
3. A malabsorption panel can also be considered to assess for underlying gastrointestinal and pancreatic disease.
4. Three-view thoracic radiographs can be considered to assess for occult disease in the chest.
5. Given the skin changes, consultation with a board-certified veterinary dermatologist is also recommended.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Liver
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IntraPet Imaging APIILLC
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Stomach
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LT
Lt adr
1 Dist 1.63 cm
2 Dist 0.50 cm
3 Dist 0.66 cm
mindray


IntraPet Imaging APIILLC
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TAHamk9mixmn2011
RT
Rt adr
nodule
1 Dist 0.65 cm
2 Dist 0.62 cm
mindray


IntraPet Imaging APIILLC
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Liver
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Prostate
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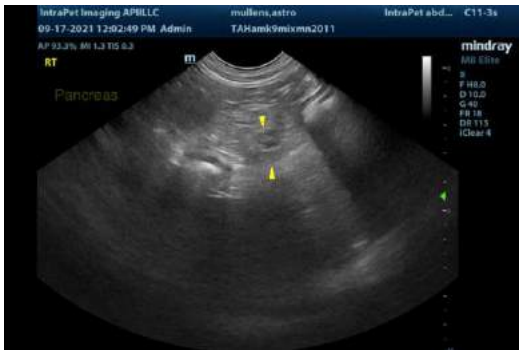

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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