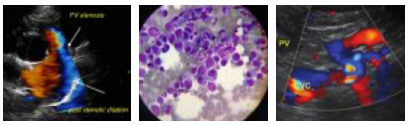
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

9/19/22

PATIENT

Maisey Gavigan

SPECIES

Canine

BREED

Mixed breed

SEX

Female, spayed

AGE

1/7/2007

WEIGHT

42 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Belvedere VC

REFERRING VET

Dr. Molinelli

INVOICE

13974

PRESENTING CLINICAL SIGNS

Severe skin lesions. Previous blood work low thyroid and low albumen; felt albumin could be from severe dermatitis other liver tests normal; repeat blood work for thyroid level on thyrotabs and after treatment with ketoconazole, Apoquel and clindycin. Now albumin worse platelet count over 1 million; dog clinically is doing much better most of skin lesions are gone and she is bar, she has had a lemon size pendulous mass on lower abdomen for years.
Albumin 1.4, globulin 1.4.
Current Medications: was done all oral meds except apoquel, but owner notified to stop on 9/16.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

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 1-2 cm, are normal.

The left kidney is normal in size (5.84 cm in length) with a slightly irregular shape. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Moderate pyelectasia is present (0.77 cm in the transverse plane). There is no evidence of hydroureter.

The right kidney is normal in size (5.11 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Mild pyelectasia is present (0.31 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is enlarged (3.62 x 2.08 cm) and irregular with a mass effect. The parenchyma is heterogeneous with a 0.68 cm irregular hypoechoic nodule within the gland. There is no obvious evidence of vascular invasion.

The right adrenal gland is enlarged (1.89 cm cranial)(0.54 c cm caudal) with an irregular shape. A 2.25 x 1.89 cm echogenic nodule/mass is observed at the cranial pole. Glandular echogenicity and detail at the caudal pole appear normal. There is no obvious evidence of vascular invasion.

Spleen

The spleen is normal in size (1.51 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 contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic to mineralized gravity-dependent debris is observed within the lumen, most of which is gravity dependent and some of which is suspended. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with retention of the normal layering pattern. There is evidence of mucosal speckling in some segments. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The base and right limb of the pancreas are 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. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The mesentery throughout the abdomen is mildly hyperechoic. No free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The small intestinal mucosal speckling is suggestive of an inflammatory process. Given the panhypoproteinemia, a protein-losing enteropathy is a top consideration. Differentials include inflammatory bowel disease, infectious/parasitic disease, emerging lymphoma, lymphangiectasia, other.
- Bilateral adrenal masses. Differentials include bilateral tumors, bilateral benign nodular hyperplasia, unilateral tumor with contralateral nodular hyperplasia.

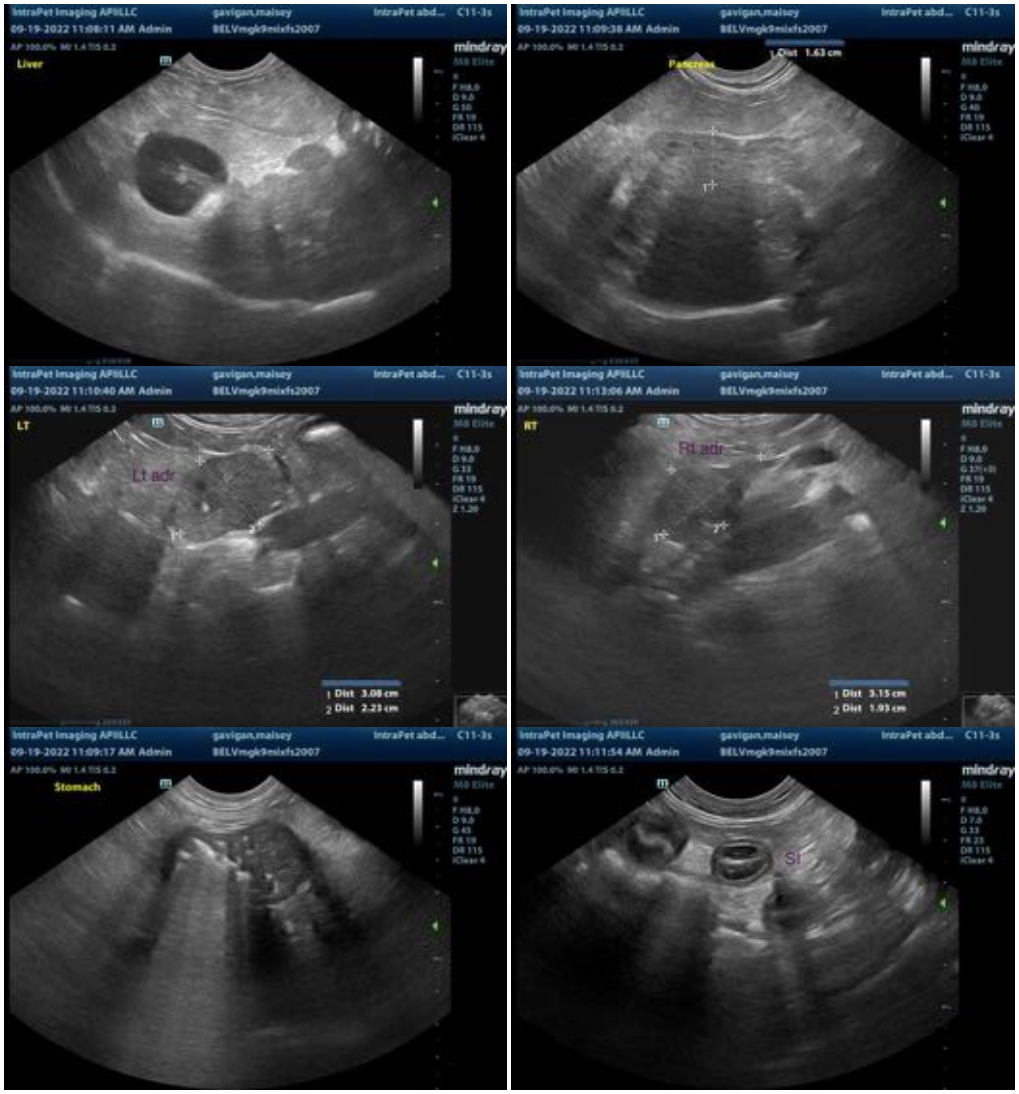
Secondary Findings:

- Bilateral degenerative renal changes with dystrophic mineralization. The pyelectasia may be secondary to age-related remodeling, pyelonephritis or some combination thereof.
- The hyperechoic mesentery throughout the abdomen is likely a reactive change, possibly secondary to underlying bowel inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the adrenal masses, consider the following:
    1. Thoracic radiographs to assess for pulmonary metastatic disease.
    2. Baseline blood pressure to evaluate for systemic hypertension.
    3. Further testing for functional adrenal tumors (i.e., low-dose dexamethasone suppression test, urine/blood catecholamine levels).
    4. An abdominal CT scan can be considered to further assess for vascular invasion.

- Regarding the panhypoproteinemia, consider the following:
    1. Malabsorption panel including serum cobalamin, folate, TLI and PLI.
    2. Fecal evaluation for ova and Giardia.
    3. Low-fat, hydrolyzed protein or limited antigen diet trial.
    4. +/- GI biopsies (i.e., endoscopic or surgical).
- To evaluate for other causes of hypoalbuminemia, consider a UPC and pre and post prandial serum bile acids.
- Regarding the pyelectasia, a urinalysis +/- urine culture and sensitivity is 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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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