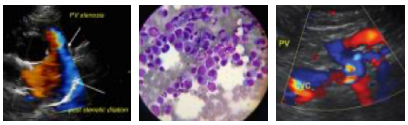
IMAGING PERFORMED BY

IntraPet.com



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DATE

9/20/2021

PATIENT

Elsa Townsend

SPECIES

Canine

BREED

Mixed breed

SEX

Female, spayed

AGE

9/2/2012

WEIGHT

55 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Jacksonville Veterinary Clinic

REFERRING VET

Dr. Burk

INVOICE

12216

PRESENTING CLINICAL SIGNS

History: PU/PD, panting, good appetite. Diarrhea and urinating in the house.

Current Medications: i/d, Panacur.
Lab Results: ALP 1122, ALT 194, PHOS 6.1, K 5.9, Platelet 626k, Urine SG 1.006, Protein Negative, Sediment NSF. LDDST PRE 1.4, 4hour 3.0, 8-hour 2.5.
Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: IV torb
Stat Report: not requested

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 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 left kidney is normal size (5.83 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.

The right kidney is normal size (5.42 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.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.77 cm at cranial pole) (0.80 cm at caudal pole) (2.74 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 (1.22 cm at cranial pole) (0.73 cm at caudal pole) (2.92 cm in length) with a normal shape. A 0.90 x 0.80 cm ill-defined hyperechoic area is observed at the cranial aspect. The glandular echogenicity and detail at the caudal aspect are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (2.10 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is mottled in appearance. 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 exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature 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. Luminal contents are mostly anechoic. 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 pyloric antral lumen is mildly fluid 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 hyperechoic 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 peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bilateral adrenomegaly, most consistent with hyperplasia.
- 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.

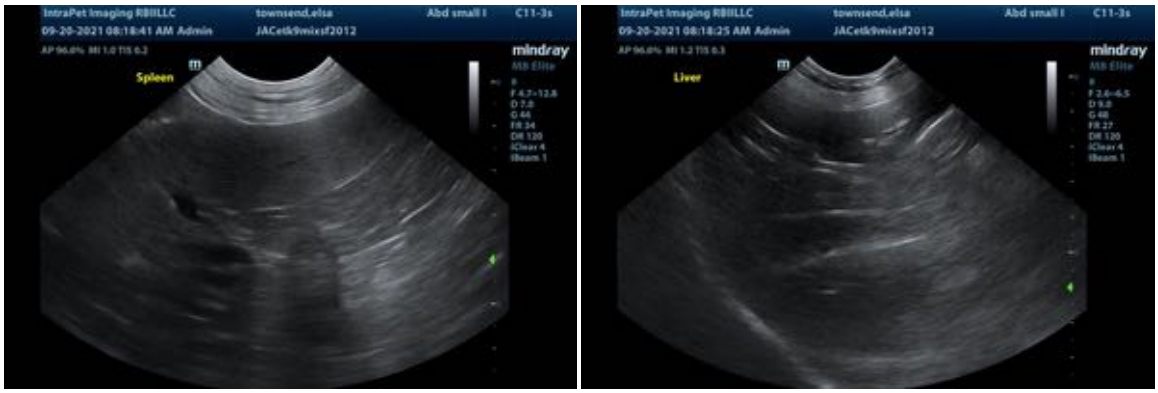
Secondary Findings:

- Minor bilateral age-related renal changes.
- 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 clinical history, medical therapy for pituitary dependent Cushing's disease (e.g., Trilostane) can be considered. If further confirmation of the diagnosis is desired before pursuing treatment, an ACTH stimulation test is recommended.
- A baseline blood pressure measurement is also recommended.
- Regarding the diarrhea, consider the following diagnostics/therapeutics:
    1. A fecal evaluation for ova/Giardia
    2. Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.

3. A 6-week limited antigen diet trial to assess for food allergies
4. Serum cobalamin, folate, PLI and TLI
5. +/- endoscopic or surgical gastrointestinal biopsies



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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