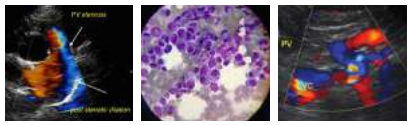
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

9/24/21

PATIENT

Maisy Quirk

SPECIES

Canine

BREED

Dachshund

SEX

Female Spayed

AGE

3/13/14

WEIGHT

28.3 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Northwind Animal Hospital

REFERRING VET

Dr. Cross

INVOICE

11896kk

PRESENTING CLINICAL SIGNS

History: Patient was seen 9/17/2021 for voracious appetite. Patient is pu/pd w/pot belly appearance. PE otherwise unremarkable.

Current Medications: No current medications.

Lab Results: alt 387, alp 573, ggt 56.

Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Sedation not required for 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 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 (6.02 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 (6.03 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 normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.70 cm at cranial pole) (0.80 cm at caudal pole) (1.87 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 mildly enlarged (0.70 cm at cranial pole) (0.76 cm at caudal pole) (2.71 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 (1.41 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 rounded peripheral contours. The parenchyma is isoechoic relative to the spleen. A 1.44 x 1.22 cm hyperechoic nodule is observed in the deep mid-liver. The remaining

parenchyma is homogeneous. Hepatic vasculature and intrahepatic 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 moderate amount of aggregated, echogenic, partially dependent 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 hyperechoic relative to surrounding omental fat and 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 free fluid. 1.42 cm mesenteric lymph node is visualized.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The bilateral adrenomegaly could be consistent with pituitary-dependent hyperadrenocorticism.
- 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.
- Gall bladder debris, non-mucocele.

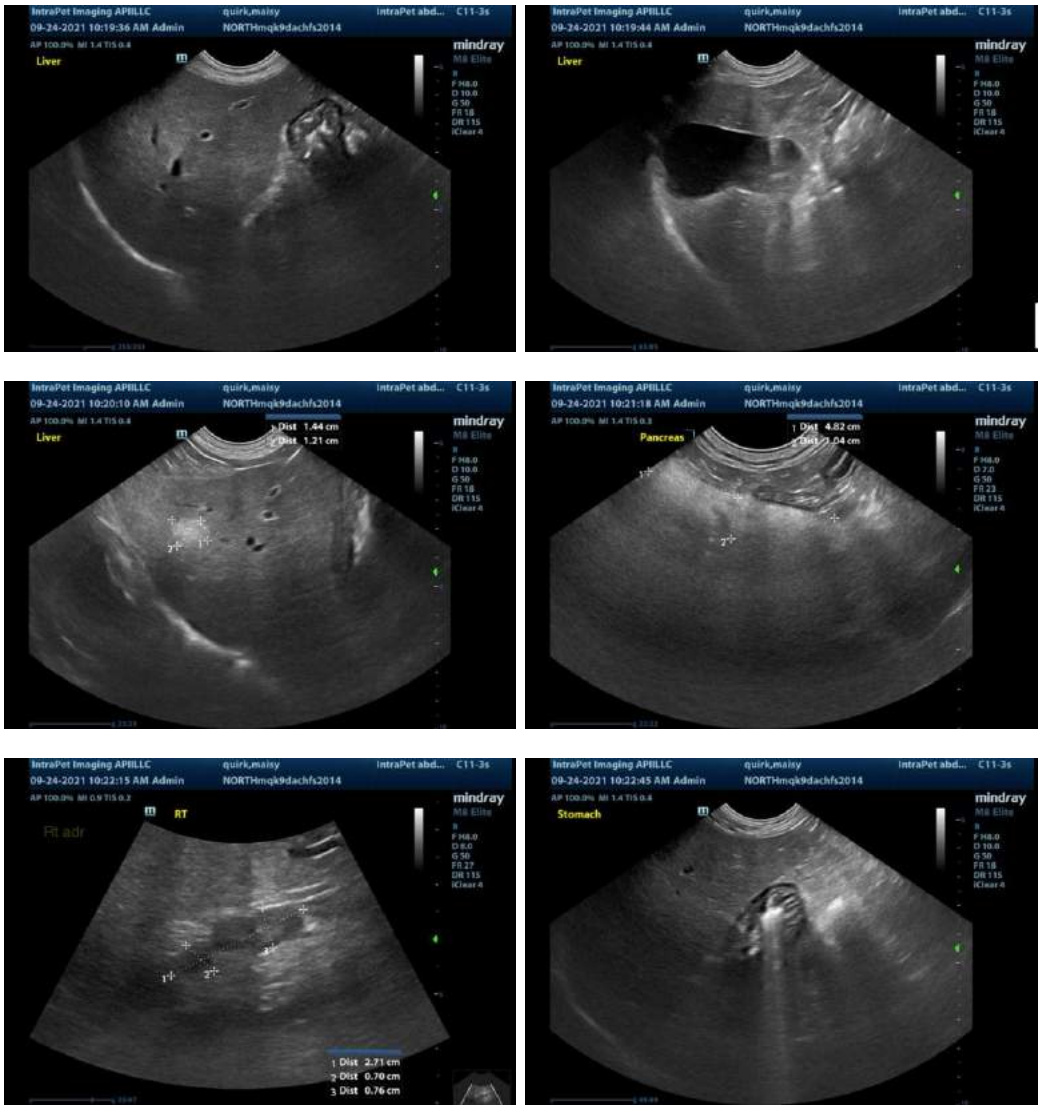
Secondary Findings:

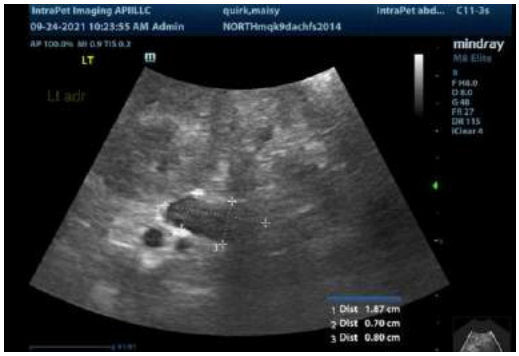
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Bilateral, age-related renal pathology.
- The prominent mesenteric lymph node is likely reactive.

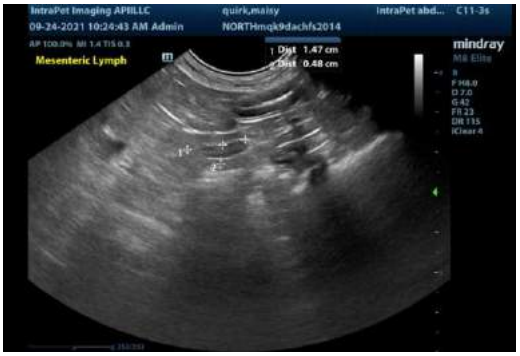
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Although the clinical history is consistent with hyperadrenocorticism, given that the ALT is more elevated than expected for Cushing's disease alone, a concurrent hepatopathy may be present. Therefore, consider the following:
    a. Pre- and post-prandial serum bile acids to assess hepatic function
    b. Fine needle aspirate of the liver (if clotting status is appropriate). A 25-guage needle should be used.

2. If significant liver disease is not identified, consider further testing for Cushing's disease (i.e., a low-dose Dexamethasone suppression test or ACTH stimulation test). If Cushing's disease is confirmed, a baseline blood pressure measurement and UPC (if proteinuria is present) are recommended along with three-view thoracic radiographs to assess cardiopulmonary status.







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*)
Andrea.nicastro@sonopath.com