

**DATE PRESENTING CLINICAL SIGNS**

9/8/21

History: weight gain, panting, limping, significantly increased alp, acth negative, urinating inappropriately.

PATIENT

Pippa Lapetina

Current Medications: Carpaquin 100mg BID.

Lab Results: Current ALKP 1607, ALT 225, USG 1.036 with proteinuria, inactive sediment. (ALKP increased from 891 in April while ALT was normal)

Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Butorphanol and Acepromazine administered prior to scan.

SPECIES

Canine

Stat Report: STAT report not requested by the veterinarian.

BREED

Labrador retriever

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.

SEX

Female, spayed

AGE

4/25/2012

The left kidney is normal size (7.74 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.

WEIGHT

116.9 lbs.

The right kidney is normal size (7.95 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.

INTERPRETED BYAndrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)**Adrenal Glands**

The left adrenal gland is mildly enlarged (0.54 cm at cranial pole) (0.99 cm at caudal pole) (3.00 cm in length) with a slightly irregular shape. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Frederick Road VH

The right adrenal gland is normal size (0.69 cm at cranial pole) (0.82 cm at caudal pole) (3.83 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.

REFERRING VET

Dr. Zakai

Spleen

The spleen is normal in size (2.47 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.

INVOICE

12046

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely mottled in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is distended. The wall is normal in thickness. A large amount of aggregated echogenic suspended sludge in a partially stellate pattern 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 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

Primary Findings:

- The gallbladder changes are consistent with an emerging mucocele.
- 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.

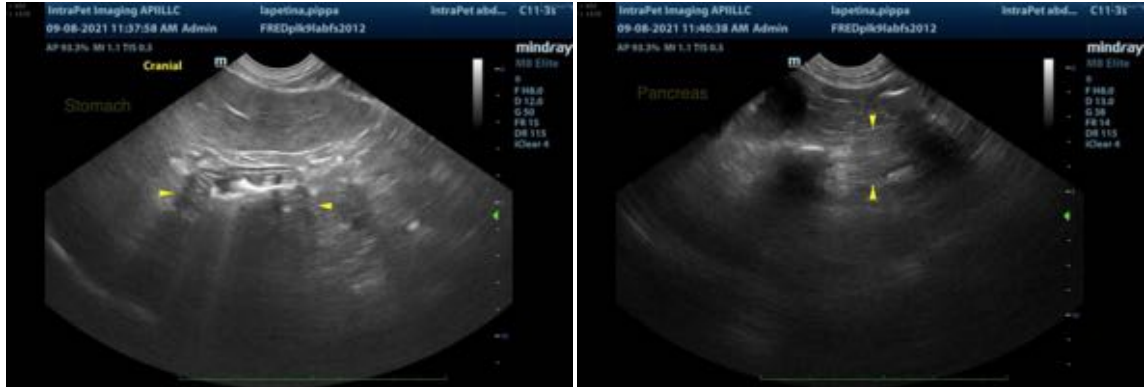
Secondary Findings:

- Mild left adrenomegaly. Hyperplasia is considered likely with a lower possibility of an emerging neoplastic process.
- Bilateral age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the gall bladder changes, Ursodeoxycholic acid (Ursodiol) at 10-15 mg/kg once a day is recommended. Serial sonographic monitoring (e.g., every 6-8 weeks) of the gall bladder is recommended to assess for progression to a fully-formed mucocele.
- Serial monitoring (every 3-4 months) of the patient's liver values is recommended. If values continue to increase, repeat abdominal ultrasound +/- serum bile acids, +/- hepatic tissue sampling may be warranted.
- Regarding the inappropriate urinations, a urine culture and sensitivity and UPC are recommended.
- Regarding the weight gain, consider the following:
 1. Total T4/free T4 by equilibrium dialysis
 2. Evaluation of the patient's daily caloric intake
- Given the panting, three-view thoracic radiographs are recommended 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.

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