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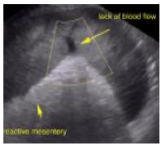
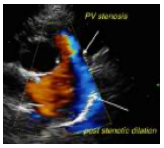
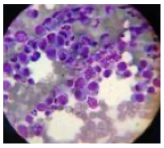
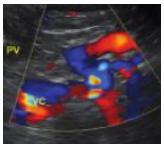
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Bailey Cook

SPECIES
Canine

BREED
Aussie Mix

SEX
Spayed Female

AGE
14 years

WEIGHT
31.5 lbs

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

IMAGING PERFORMED BY
Jenn

HOSPITAL NAME
Rockaway AH

REFERRING VET
Dr. Maniar

INVOICE
11596

DATE
9.8.22

PRESENTING CLINICAL SIGNS

History: patient started Vetoryl on Sunday started vomiting yesterday

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 distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The cystourethral junction and the visible portion of the proximal urethra are normal.

The **left kidney** is normal size (6.07 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Mild pyelectasia is present (0.44 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

The **right kidney** is normal size (5.36 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild 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 enlarged (0.93 cm at cranial pole) (0.86 cm at caudal pole) (1.95 cm in length); with a slightly irregular shape. The parenchyma is heterogenous with loss of glandular detail. Surrounding vasculature appears normal.

The **right adrenal gland** is enlarged (1.03 cm at cranial pole) (1.15 cm at caudal pole) (2.57 cm in length); with irregular peripheral margins. The parenchyma heterogenous with loss of glandular and detail. Surrounding vasculature are normal.

Spleen

The **spleen** is normal in size (1.32 cm in width at the level of the hilus) with irregular peripheral contours. Ill-defined hyperechoic areas/nodules are observed throughout the organ. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The **liver** is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and slightly mottled in appearance. No distinct focal lesions are observed. 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 scant amount of aggregated, echogenic, mostly gravity dependent debris/sludge 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. There is no evidence of an obstructive pattern.

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
Ill-defined hyperechoic areas are observed in the cranial abdomen, adjacent to the left lateral lobe of the liver. No free fluid is observed. The abdominal **lymph nodes** are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The bilateral adrenomegaly is consistent with the previous diagnosis of pituitary-dependent hyperadrenocorticism.

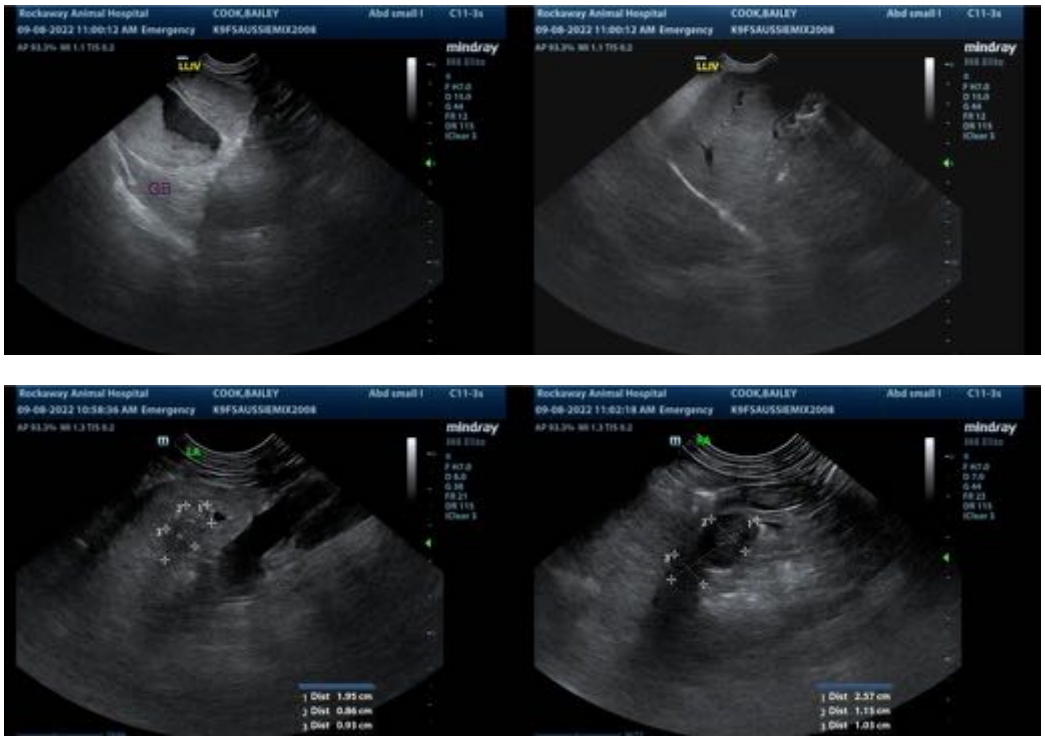
Secondary Findings

- Minor age-related degenerative renal changes
- 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. Correlation with the patient's liver values is recommended.
- Gall bladder sludge, non-mucocele
- The hyperechoic splenic nodules trend toward the benign (i.e., myelolipomas) with a lower possibility of emerging neoplasia.
- The significance of the multi-focal hyperechoic areas of reactive mesentery in the cranial abdomen is unclear. Peritonitis of uncertain origin is suspected.

  *An obvious cause for the patient's clinical signs is not identified in this study. Considerations include drug intolerance, dietary indiscretion, infectious/parasitic disease, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- An ACTH stimulation test can be considered to assess for iatrogenic hypoadrenocorticism. However, this is considered unlikely given the short duration of Vetoryl treatment.
- Other considerations include a fecal evaluation for ova and Giardia and supportive care for acute gastroenteritis. Vetoryl should be discontinued temporarily, while the patient recovers. If GI signs persist, a more advanced GI work-up may be warranted.



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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)
info@SonoPath.com