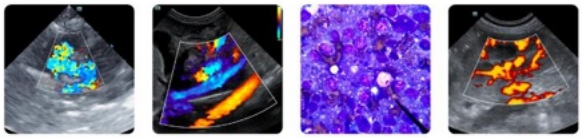

PATIENT

Bella Britton

SPECIES

Canine

BREED

Terrier mix

SEX

Female, spayed

AGE

9/10/2008

WEIGHT

10.9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

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PRESENTING CLINICAL SIGNS

Weight loss - can see and palpate dorsal spinous processes, diffuse muscle atrophy
Chronic, intermittent vomiting - especially after drinks too much too fast. Abdomen soft, non-painful.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2.5 cm, are normal.

The left kidney is normal in size (3.81 cm in length) with slightly irregular shape. The cortex is variably thickened with moderate loss of corticomedullary distinction. Moderate pyelectasia is present (0.55 cm in the longitudinal plane). There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.78 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. A 1.65 x 1.26 cm irregular cystic structure is observed within the parenchyma. A scant amount of echogenic debris is observed within the cystic structure. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present (0.18 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size at the cranial pole and enlarged at the caudal pole (0.50 cm at cranial pole) (0.79 cm at caudal pole). The glandular echogenicity and detail are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is borderline enlarged (0.87 cm at cranial pole) (0.52 cm at caudal pole) with a normal shape and 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 (0.96 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.

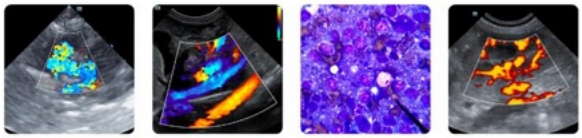
Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic 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 portal vein to caudal vena cava ratio is approximately 1:1.

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is distended with ingesta consistent with a post-prandial presentation. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is



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patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

A portion of the pancreas is observed by the gastric distention. In the visualized portion of the right limb, the pancreas is normal to prominent in size with smooth peripheral contours. The parenchyma is slightly hyperechoic relative to surrounding omental fat and subtly heterogeneous in appearance. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Minor geriatric hepatic parenchymal changes
- Bilateral age-related renal changes with pyelectasia. The pyelectasia may be secondary to parenchymal remodeling, pyelonephritis, PU/PD (if applicable) or some combination thereof. There is evidence of dystrophic mineralization in the right kidney as well as an irregular slightly complex cyst.

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.
- Mild bilateral adrenomegaly

*An obvious cause for the patient's weight loss is not definitively identified in this study. Considerations include sarcopenia, orthopedic or neurologic disease, maldigestion/malabsorption, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the weight loss, consider the following:
  1. Orthopedic and neurologic examinations
  2. Three-view thoracic radiographs to assess for occult pathology in the chest.
  3. GI panel including serum cobalamin, folate, TLI and PLI as well as a fecal evaluation for ova and Giardia
  4. Depending on the results of the above diagnostics, further workup may be indicated.

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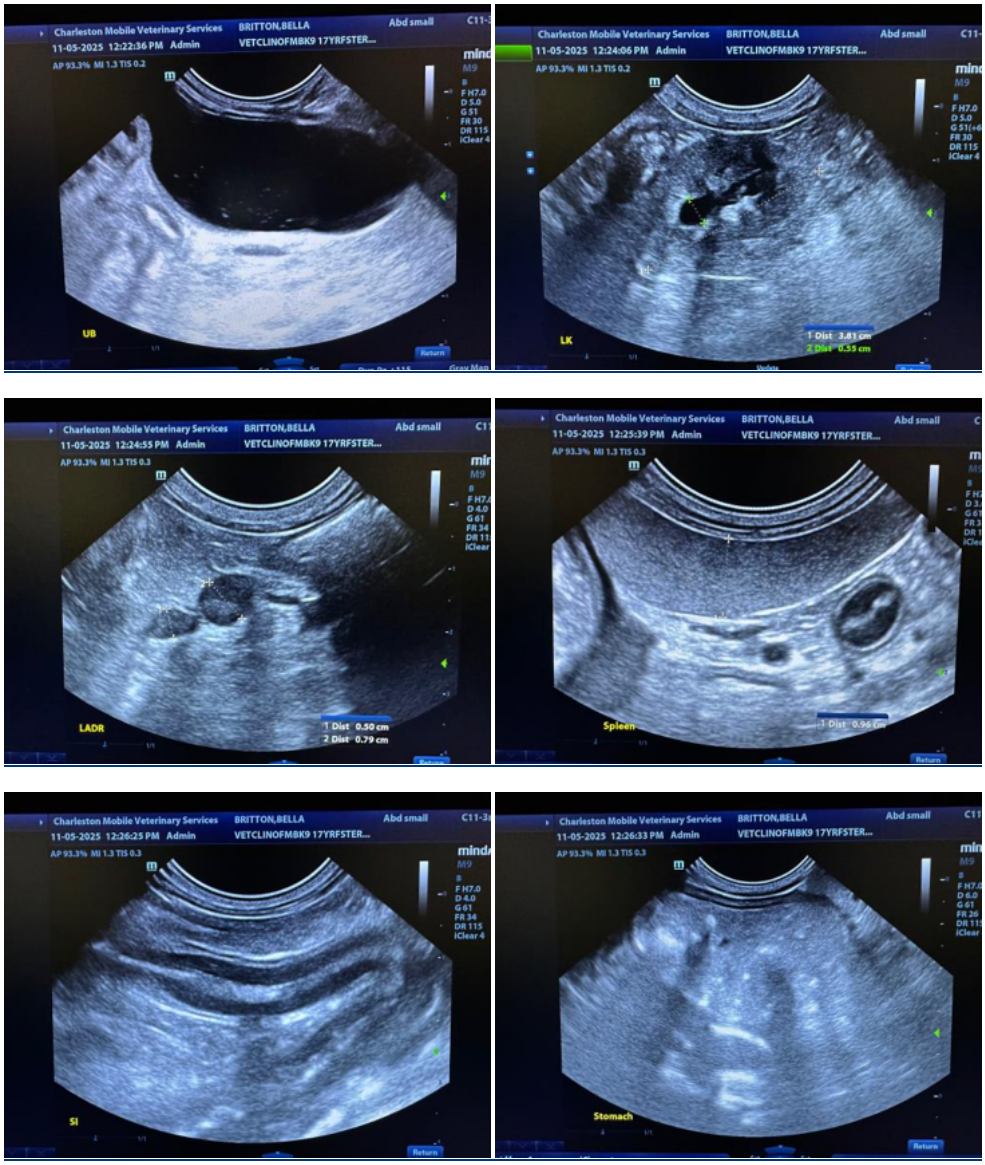
- Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If liver values continue to increase, a repeat abdominal ultrasound +/- hepatic tissue sampling may be warranted.
- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop in the future.



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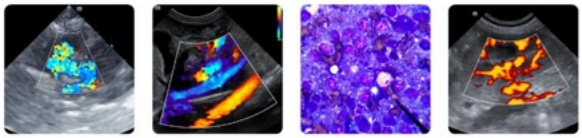

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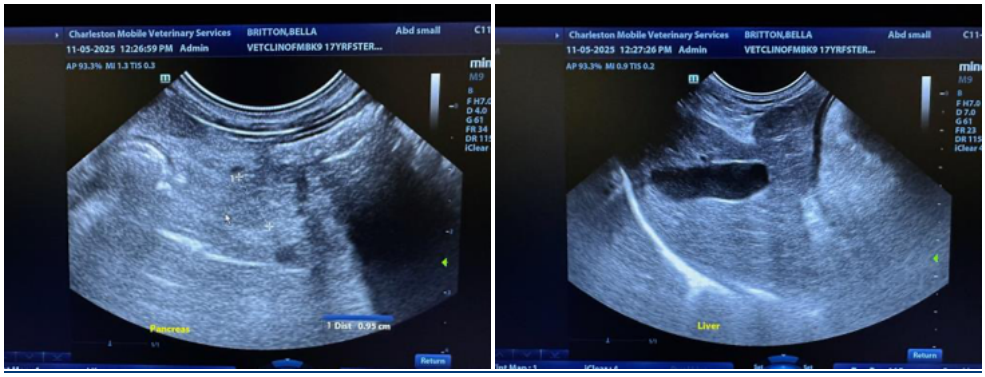

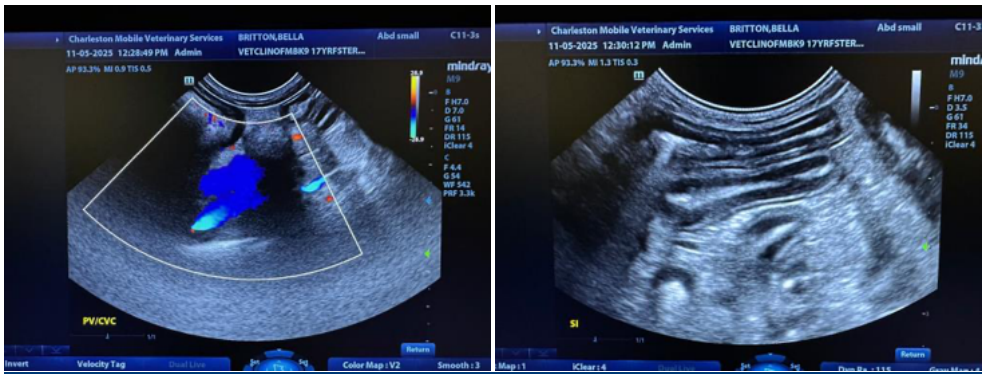

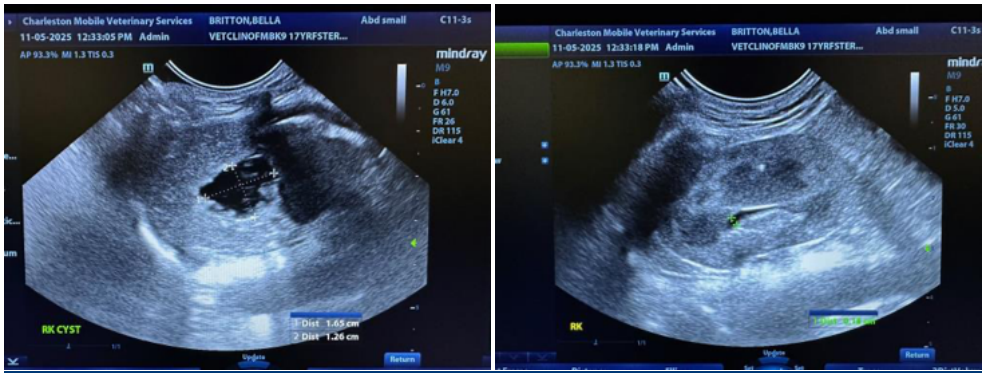

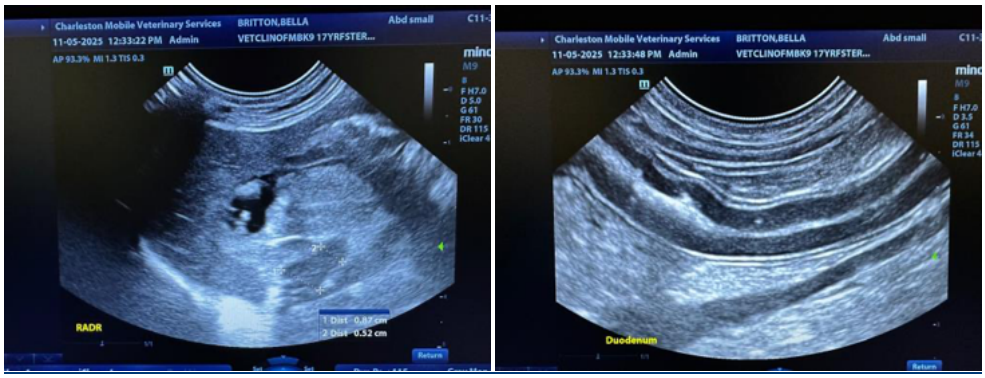

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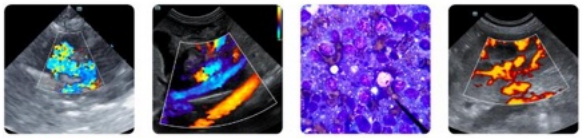

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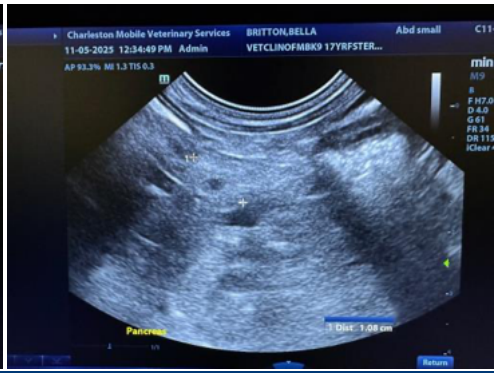

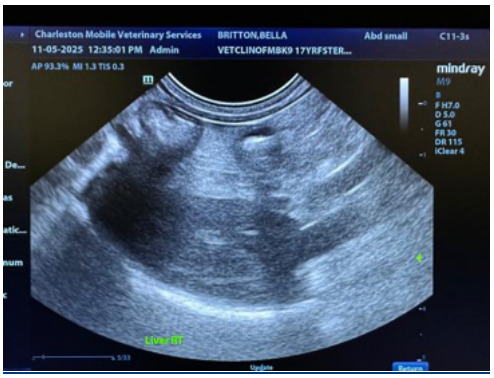

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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