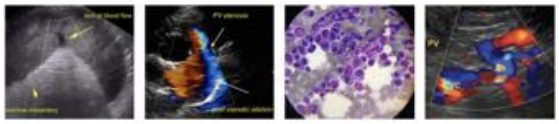


PATIENT

Stretch Piccione

SPECIES

Canine

BREED

Maltese

SEX

Male, neutered

AGE

13 Yrs.

WEIGHT

9.2 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

West Ashley VC

REFERRING VET

Dr. Hudgons

INVOICE

14815

DATE

4/18/23

PRESENTING CLINICAL SIGNS

The dog was previously diagnosed with Cushing's disease and is on Vetoryl 10 mg BID. ALP in 300s, BUN 43, USG 1.043, 2+ proteinuria. Has remained PU/PD. Most recent ACTH stimulation test shows lack of regulation of Cushing's disease. The post cortisol level is in the 9s.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone is normal.

The prostate is normal in size (1.07 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (4.07 cm in length). The cortex is isoechoic relative to the spleen with moderate loss of corticomedullary distinction. Pinpoint hyperechoic foci are observed within the cortex. There a normal 1:3 cortex to medullar ratio. Trace pyelectasia is present. A few small, non-obstructive nephroliths are visualized. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.88 cm in length). The cortex is isoechoic relative to the spleen with moderate loss of corticomedullary distinction. Pinpoint hyperechoic foci are observed within the cortex. There a normal 1:3 cortex to medullar ratio. Trace pyelectasia is present. A few small, non-obstructive nephroliths are visualized. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (1.21 cm at cranial pole) (1.16 cm at caudal pole) with a slightly irregular shape. The parenchyma is hypoechoic with some loss of glandular detail. No distinct focal lesions are observed. The phrenicoabdominal vein and surrounding vasculature are normal.

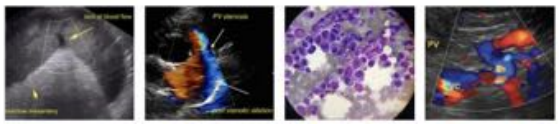
The right adrenal gland is enlarged (1.14 cm at cranial pole) (0.90 cm at caudal pole) with a slightly irregular shape. The parenchyma is hypoechoic with some loss of glandular detail. No distinct focal lesions are observed. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.11 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 prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen. A 0.49 cm cyst is observed on the left side. The remaining parenchyma is relatively homogeneous. Intrahepatic biliary stones are seen. Vascular is of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1. The gall bladder lumen is moderately distended. The wall is normal in thickness. A large amount of suspended echogenic to mineralized sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

The gastric lumen is mildly distended with ingesta. An irregular hard shadowing foreign body is also observed within the gastric lumen. 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.

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.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The bilateral adrenal changes are most consistent with pituitary-dependent hyperadrenocorticism.
- The gallbladder changes are consistent with a developing mucocele with mineralized sand.
- The hepatic parenchymal changes are most consistent with vacuolar hepatopathy (i.e., endocrine) with a lower possibility of inflammatory disease, infiltrative neoplasia or other hepatopathies. The intrahepatic biliary stones are likely a benign incidental finding. The small left hepatic cyst is likely benign with a low possibility of an emerging vascular tumor.

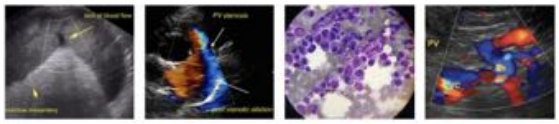
Secondary Findings:

- Bilateral, chronic renal changes with non-obstructive nephrocalcinosis and trace pyelectasia.
- Gastric foreign body, likely incidental.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the lack of Cushing's regulation, consider increasing the Vetoryl dose. Other considerations include the following:

1. Urine culture and sensitivity
2. UPC if proteinuria is present in the absence of infection



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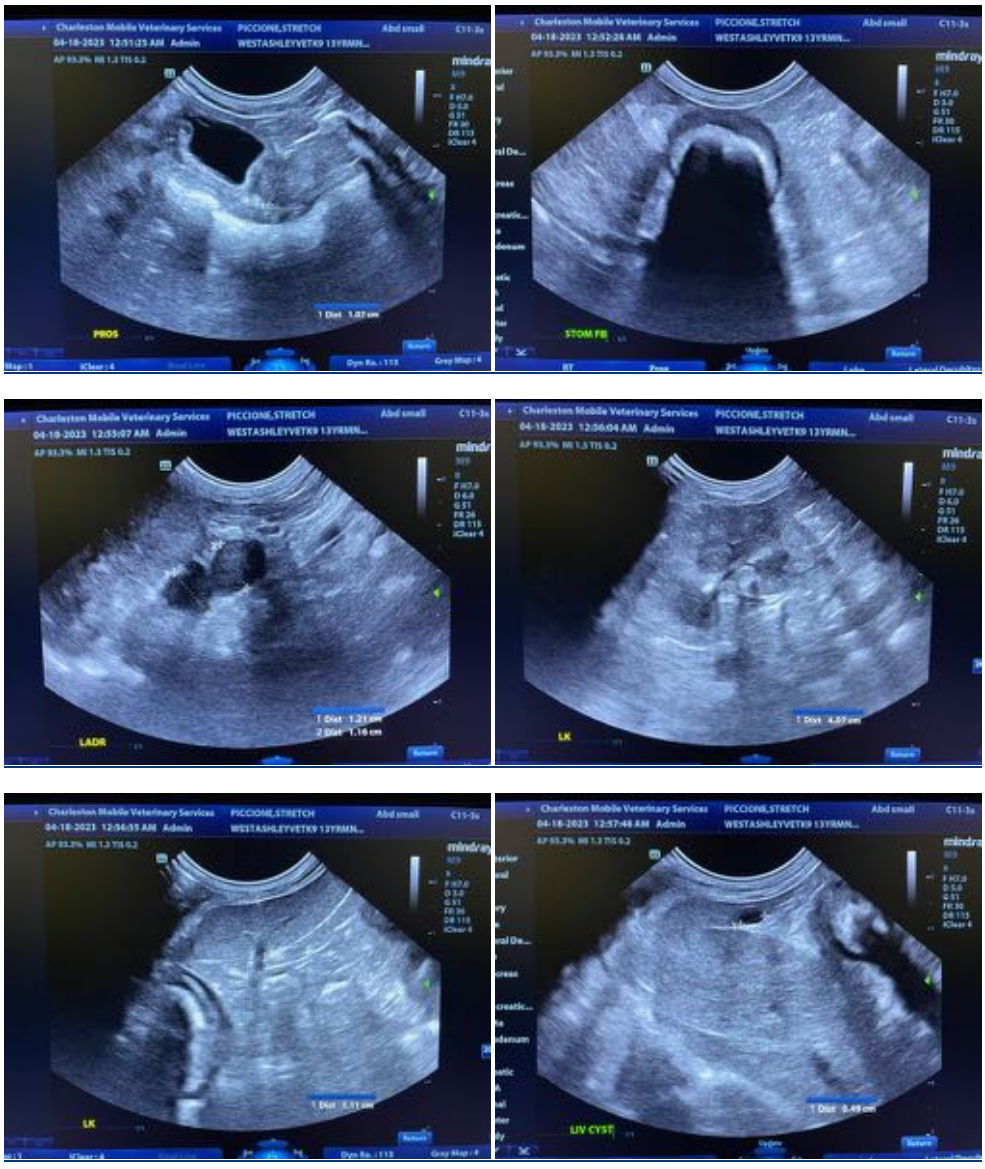
3. Initiation of Ursodiol therapy with serial sonographic monitoring (i.e., every 6-8 weeks) to assess to progression to a fully formed mucocele.
4. Pre- and post-prandial serum bile acids to assess hepatic function.
5. Baseline blood pressure measurement can also be considered given the presence of Cushing's disease.
6. Given the concern for early renal disease, also consider transitioning to a prescription renal diet.



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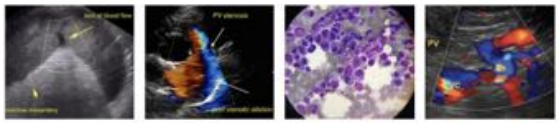

Charleston Mobile Veterinary Services
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CharlestonMobile.Net 800.403.5408

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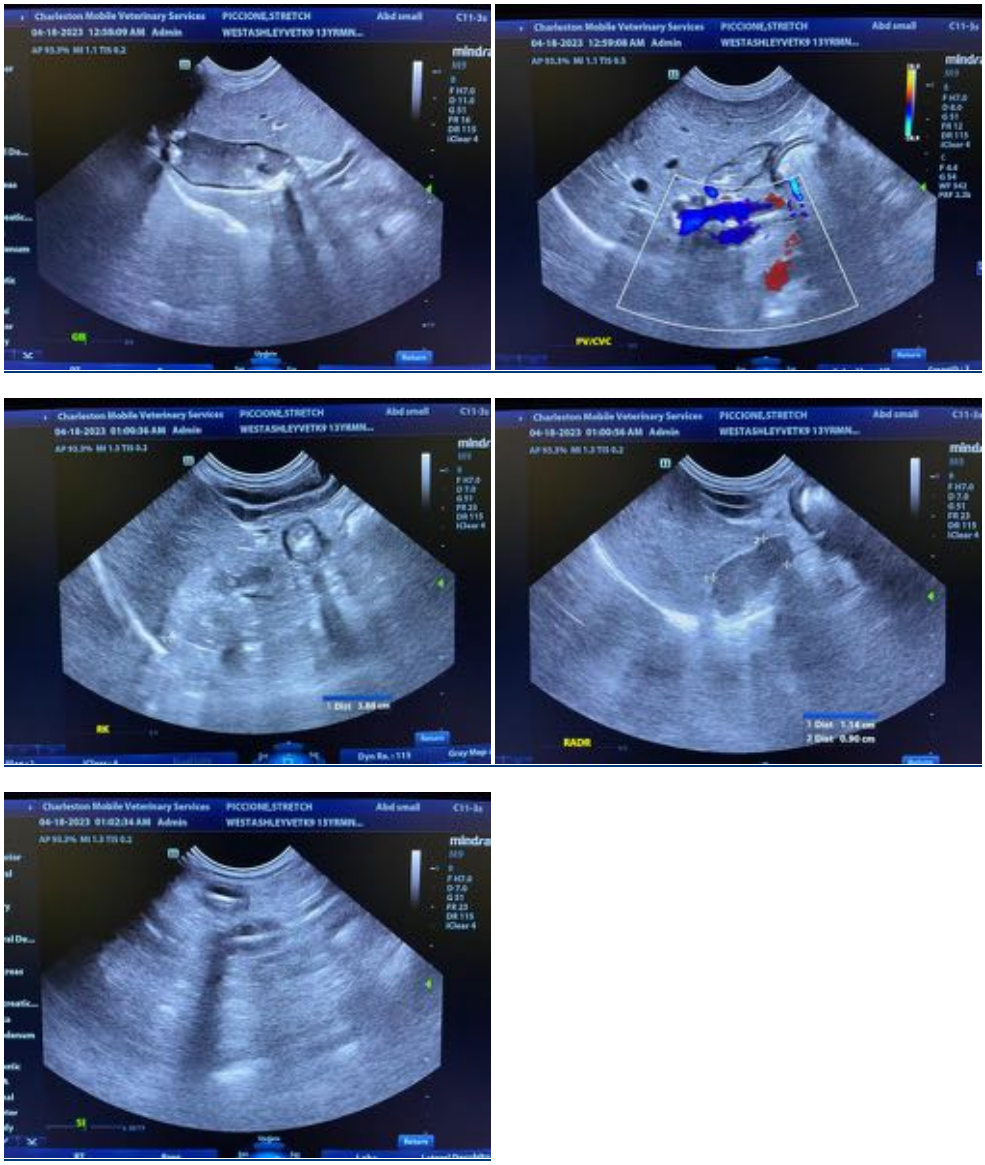

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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