



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Bobie Magee
SPECIES Canine
BREED Dachshund
SEX Male, neutered
AGE 7/15/2010
WEIGHT 24.2 lbs.

-polyphagic and gaining weight
 -pot belly
 -SARDS-Dr. Cook – diagnosed in the spring of 2022 – Cushing’s signs started at that time; signs have recently started to improve
 -increased Alk phos 245, ALT 119, and increased Ca, T4-2.3, FT4 32
 -Dental disease
 -chronic otitis

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 mildly 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 prostate is normal in size (0.95 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 (5.07 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.90 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 mildly enlarged (0.66 cm at cranial pole) (0.65 cm at caudal pole) (1.95 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 (0.96 cm at cranial pole) (0.79 cm at caudal pole) (2.06 cm in length) with a normal shape and smooth peripheral contours. A 0.67 x 0.58 cm ill-defined hyperechoic nodule/area is observed at the cranial pole. The glandular echogenicity and detail at the caudal pole are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.90 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 slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein: caudal vena cava ratio is approximately 1:1. The gall bladder lumen is moderately

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HOSPITAL NAME

Trinity Island VC

REFERRING VET

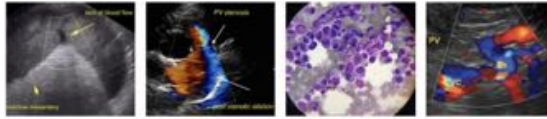
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distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

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 wall of the descending colon is diffusely thickened (Up to 0.42 cm) with retention of the normal layering pattern. 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 slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated (0.21 cm in diameter). There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. 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 mild bilateral adrenomegaly could be consistent with hyperplastic change or may be a normal variant for this patient. The right adrenal nodule trends toward the benign (i.e., benign nodular hyperplasia) with a lower possibility of an emerging tumor.
- 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.
- The colonic wall changes are most consistent with an inflammatory process with a lower possibility of malignancy.

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.
- Minor bilateral degenerative renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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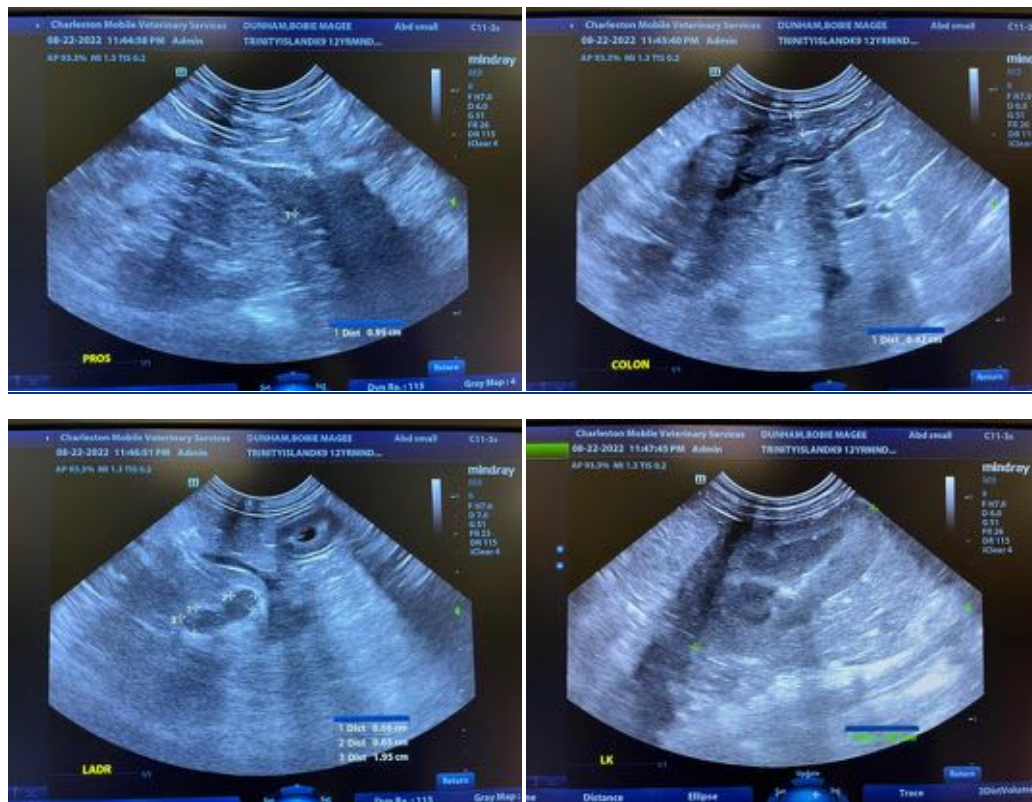
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- If the patient's clinical signs of Cushing's disease persist at least 6 months beyond the diagnosis of SARDS, consider further testing for Cushing's disease (i.e., low-dose dexamethasone suppression test).
- Regarding the proteinuria, a UPC can be considered.
- Regarding the hypercalcemia, additional diagnostics could include the following:
 1. Three-view thoracic radiographs to assess for occult neoplasia in the chest.
 2. Ionized calcium +/- PTH/PTHrP.
- Regarding the diarrhea, continued Metronidazole therapy is warranted as long as the patient's clinical signs improve while on it. Also consider a probiotic. Further workup could include fecal evaluation for ova and Giardia, GI panel (Texas A&M), +/- biopsies, if warranted.





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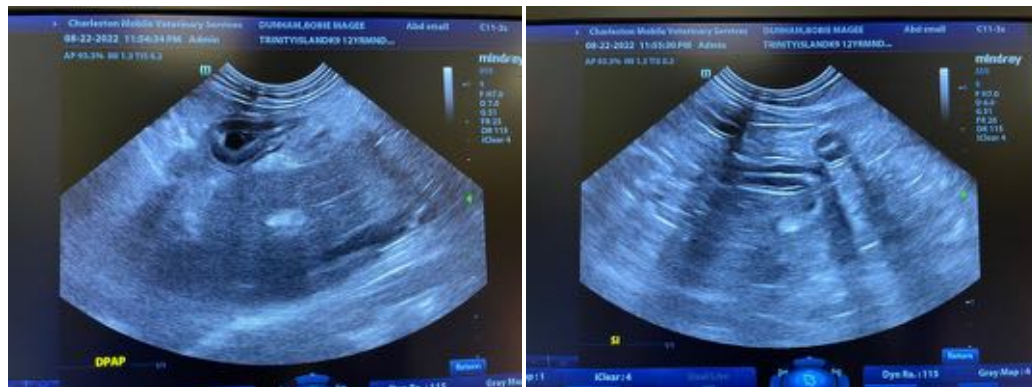
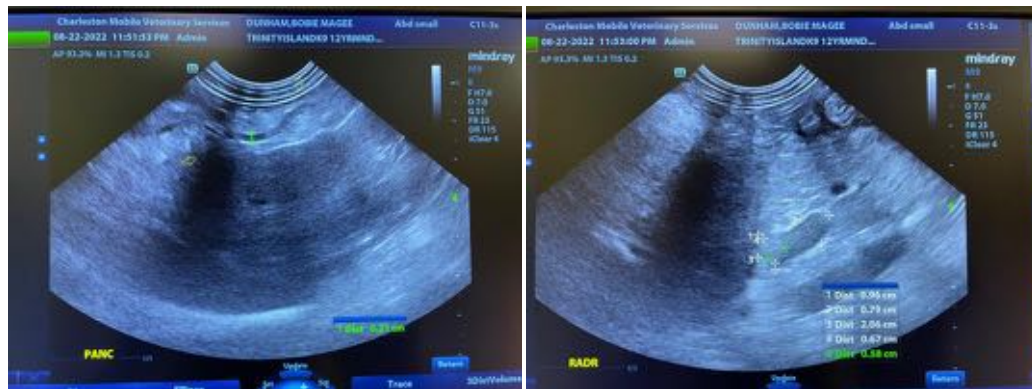
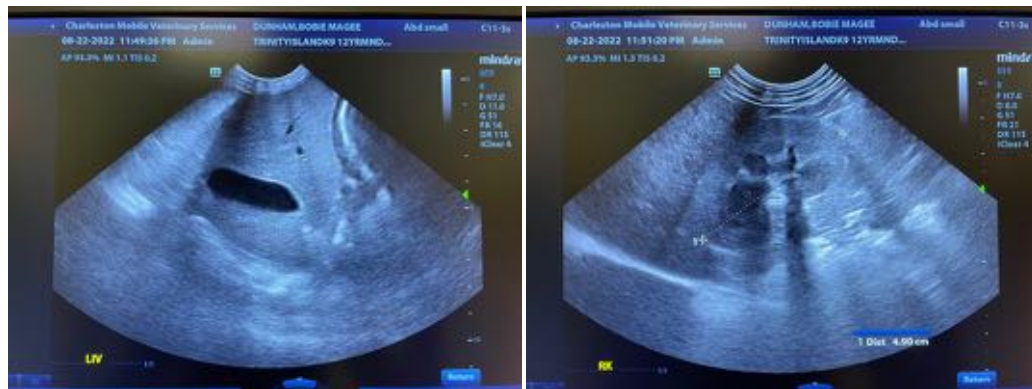
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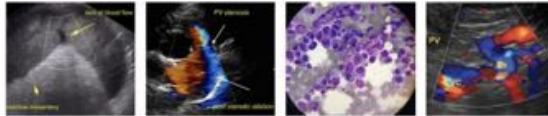
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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