


PATIENT

Lexie Stogios

SPECIES

Canine

BREED

 Cavalier King Charles
 spaniel

SEX

Female, spayed

AGE

8 Yrs.

WEIGHT

6.9 kg.

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Simcoe AH

REFERRING VET

Dr. Kennedy

INVOICE

12673

DATE

12/7/21

PRESENTING CLINICAL SIGNS

History: Previous scan Nov 2021. Inappetent, dull, very elevated liver enzymes and elevated renal parameters. Zeniquin, Ursodiol, Vetoryl.

Abnormal PE/Chem/CBC/UA Results: Elevated Urea and Creatinine, Phosphorous, ALT, Cholesterol, ALKP too high to read at dilution. Elevated MCV, MCH, Low Lymph, Eosinophils, High MPV, PCT.

This patient has Cushing's disease and is on Vetoryl

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. A small amount of echogenic to mineralized debris is observed within the lumen. 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 left kidney is normal size (4.89 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic to heterogeneous in appearance. There is mild loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.87 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic to heterogeneous in appearance. There is mild loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (0.97 cm at cranial pole) (0.82 cm at caudal pole) (2.43 cm in length) with a slightly irregular shape. The parenchyma is mildly heterogeneous with loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is enlarged (1.18 cm at cranial pole) (1.06 cm at caudal pole) (2.20 cm in length) with an irregular shape. A 1.09 x 1.07 cm hyperechoic nodule is observed at the cranial pole. The remaining parenchyma is hypoechoic to slightly heterogeneous in appearance with loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is not definitively visualized in the available images.

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen with a finely heterogeneous pattern. Tiny intrahepatic biliary stones are observed throughout the organ. Hepatic vasculature is of normal volume with no evidence of congestion. The gall bladder lumen is distended. The wall is normal in thickness. An excessive



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amount of suspended echogenic to mineralized sludge in a reticulated pattern is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

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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.

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Pancreas

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The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

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Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Non-specific diffuse hepatopathy. Differentials include inflammatory/immune mediated disease, hepatotoxicosis (i.e., copper), infiltrative neoplasia (less likely) +/- concurrent age-related changes. Intrahepatic biliary stones- incidental.
- The gallbladder changes are suggestive of a developing mucocele. Changes are similar to the previous sonogram.

Secondary Findings:

- Age-related renal changes with dystrophic mineralization.
- Mineralized urinary bladder debris.
- Bilateral adrenomegaly, consistent with a previous diagnosis of pituitary-dependent hyperadrenocorticism.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Cytologic evaluation of the liver should be considered in this patient if clotting status is



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appropriate. A fine needle aspirate using a 25-gauge needle is recommended. If cytologic evaluation is inconclusive, consider a surgical liver biopsy with aerobic and anaerobic bile cultures and acquisition of additional hepatic tissue samples for copper quantitation. If surgery is pursued, the gallbladder should be evaluated for a mucocele and removed, if indicated.

- Three-view thoracic radiographs are recommended to assess cardiopulmonary status, particularly if the patient is to undergo anesthesia.

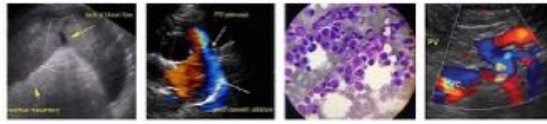


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

Andrea.nicastro@sonopath.com