SonoPath
Clinical Sonography & Telecytology
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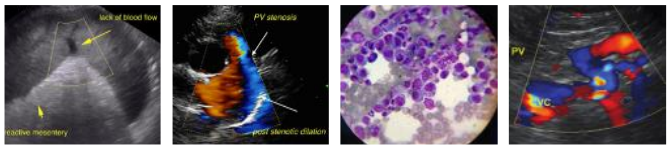


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Cheba Sampson

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

11 Years

WEIGHT

84 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Ridge Road AH

REFERRING VET

Dr. Pathak

INVOICE

20609

DATE

1/16/23

PRESENTING CLINICAL SIGNS

History: Patient with history of osteoarthritis, presents for elevated liver enzymes. Lumpectomies need to be performed under anesthesia and concerned about liver.

Abnormal PE/Chem/CBC/UA Results: ALT 131, ALP 602, GGT 22, cholesterol/lipase. U/A: protein 3+, USG 1.041.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Left kidney is normal is size (7.36 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal is size (6.16 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

Left adrenal gland is plump/swollen in size (3.02 cm long x 1.54 cm at cranial pole and 0.73 cm at caudal pole). Normal shape and contour are maintained without evidence of capsular invasion. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Right adrenal gland is small (flattened contour), (1.94 cm long x 0.39 cm at cranial pole and 0.38 cm at caudal pole). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

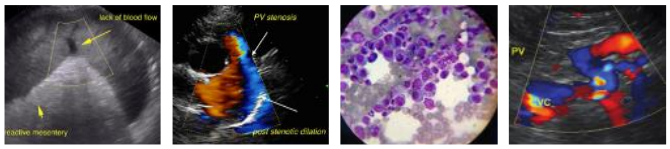
Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

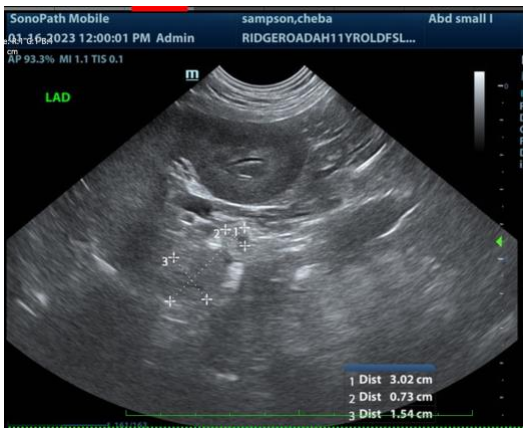
- Left adrenomegaly, consistent with possible adrenal hyperplasia, secondary to pituitary dependent hyperadrenocorticism vs stress or even normal patient variant, however, given the concurrently small/flat right adrenal gland, an adrenal adenoma is also possible. An early pheochromocytoma can't be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patients adrenal gland pathology described above, combined with the reported proteinuria, hyperadrenocorticism may be the cause of the reported liver enzyme increase. However, testing for hyperadrenocorticism is not necessarily recommended without supporting clinical signs, including polyuria/polydipsia, polyphagia, etc. If/when clinical signs develop, testing should be considered at that time.

In the meantime, however, regardless of clinical signs, blood pressure is recommended, as is a urine/protein/creatinine ratio to further quantify the proteinuria to help determine whether or not treatment of proteinuria separate from the suspected hyperadrenocorticism is warranted.

Additionally, while considered lower on the differential list, testing for Leptospirosis could also be considered.



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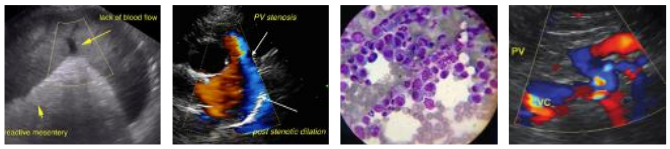

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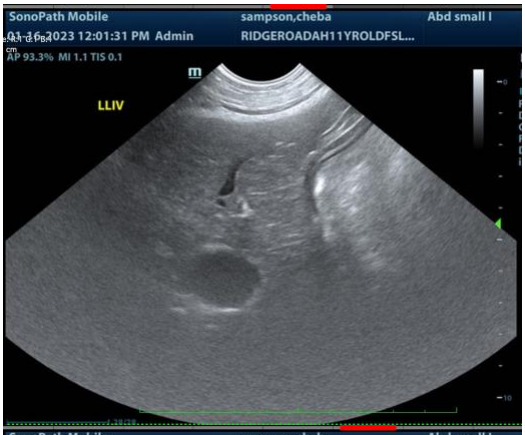

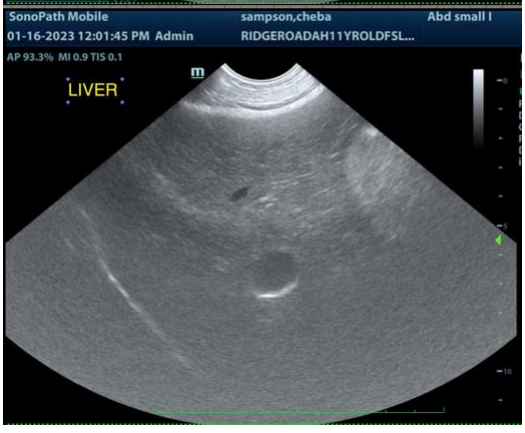

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com

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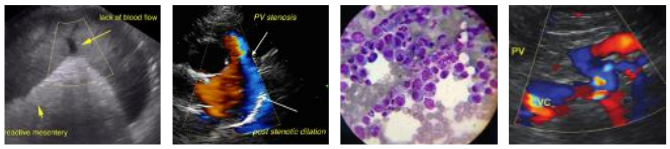

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