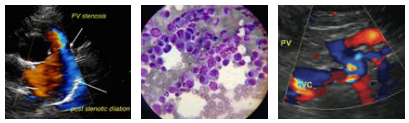
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE
1/24/2022

PATIENT
Barclay Zavakos

SPECIES
Canine

BREED
Scottish Terrier

SEX
Male, neutered

AGE
3/30/2011

WEIGHT
26.6 lbs.

INTERPRETED BY
Beth Johnson, DVM DACVIM

HOSPITAL NAME
Noah's Ark Veterinary and Boarding Resort

REFERRING VET
Dr. Martinez-Hernandez

INVOICE
95478

PRESENTING CLINICAL SIGNS

History: Barclay has a history of progressive alopecia has not been responsive to previous Welactin/melatonin trials. Lab work - NSF. r/o metabolic/ seborrhea Sicca.

Current Medications: topical Chlorohexidine shampoo.
Lab Results: NSFCBC/CHEM/T4, skin cytology - Cocci ++.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

Left kidney is normal in size (5.54 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (5.83 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Adrenal Glands

Left adrenal gland is at the upper limits of normal in size (2.86 cm long x 0.9 cm at cranial pole and 0.72 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is at the upper limits of normal in size (3.14 cm long x 0.97 at cranial pole and 1.0 cm at caudal pole), shape and contour. A hyperechoic nodule is noted in the caudal pole measuring 1.0 cm. . Nodule does not disrupt normal shape and/or architecture. Corticomedullary structure is unremarkable.

Spleen

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. GB contains a moderate amount of non-dependent, mildly aggregated/inspissated sludge. Hypo to anechoic cystic areas are noted between the gallbladder sludge and luminal wall. The wall is otherwise smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion.

Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

Colon is normal in wall thickness (< 0.2 cm) and layering.

Pancreas
The pancreas is prominent in size, mildly irregular in shape with a diffusely heterogenous, coarse echotexture with a slightly hyperechoic echogenicity.

Free Abdomen
Lymph nodes are normal with no observed enlargement.

ULTRASONOGRAPHIC FINDINGS
PRIMARY FINDINGS:

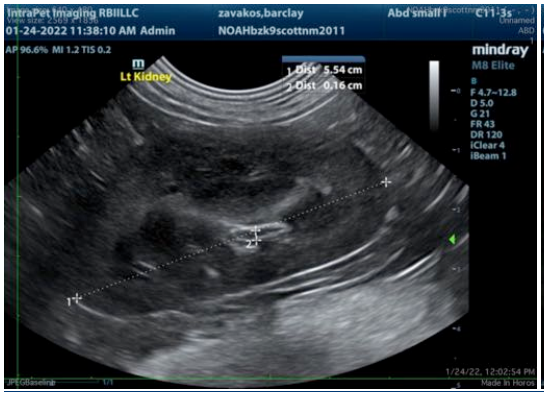
- Bilateral adrenomegaly – consistent with adrenal hyperplasia secondary to pituitary depending hyperadrenocorticism vs normal variant.

- Hyperechoic adrenal nodule – Differentials include primary adrenal cortical adenoma or adenocarcinoma, pheochromocytoma, myelolipoma, adrenal hyperplasia secondary to pituitary disease or metastatic disease. Ultrasound alone cannot differentiate between functional and non-functional nodules and/or between benign and malignant disease. Lesions greater than 2 cm are generally primary adrenal neoplasia (benign or malignant) vs hyperplasia with lesions greater than 4 cm being more predictive of malignant neoplasia. Small nodules without other evidence of abdominal disease (to suggest metastatic disease) and/or clinical signs (to suggest hyperadrenocorticism) are most often incidental and should be monitored.

- Canine early mucocele – Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. The non-dependent nature of this sludge combined with the cystic areas are suggestive, however, of possible emerging cystic mucosal hyperplasia or early gallbladder mucocele.

- Pancreatic changes consistent with normal aging/remodeling. However, chronic pancreatitis cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Recommendations for this patient include a low-dose Dexamethasone suppression test given the left reported alopecia especially if other clinical signs including polyuria, polydipsia, polyphagia, etc. are present. If the low-dose Dexamethasone suppression test is diagnostic for hyperadrenocorticism this ultrasound is consistent with pituitary dependent disease. Urinalysis followed by urine culture if indicated by urinalysis results is also recommended if not already performed and if hyperadrenocorticism is diagnosed a blood pressure measurement is recommended. Given the gallbladder changes an empirical course of Ursodiol could be considered with monitoring of ALP for improvement during the course of treatment. Otherwise, continued work-up/management of alopecia and suspected atopy, food allergy, parasitic disease, etc. is recommended.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zavakos,barclay
Abd small f
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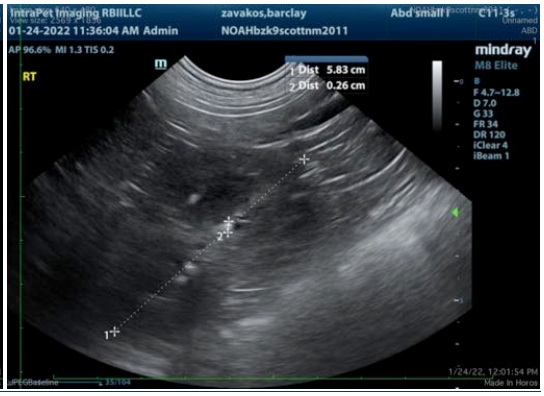
NOAHbzk9scottnm2011
Lt Kidney
1 Dist 5.54 cm
2 Dist 0.16 cm
mindray
M8 Elite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zavakos,barclay
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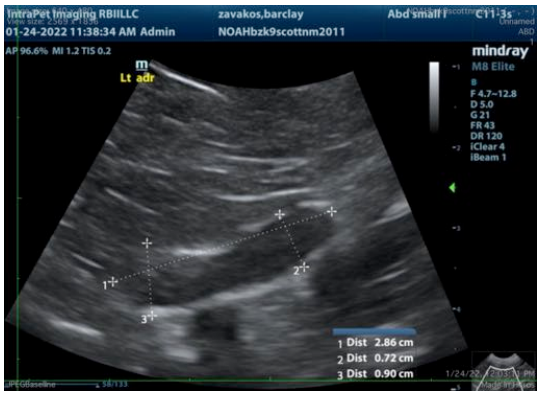
2 Dist 0.26 cm
mindray
M8 Elite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zavakos,barclay
Abd small f
01-24-2022 11:38:34 AM Admin
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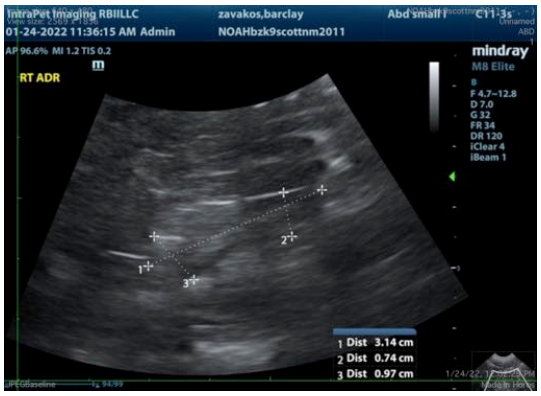
Lt adr
1 Dist 2.86 cm
2 Dist 0.72 cm
3 Dist 0.90 cm
mindray
M8 Elite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Abd small f
01-24-2022 11:36:15 AM Admin
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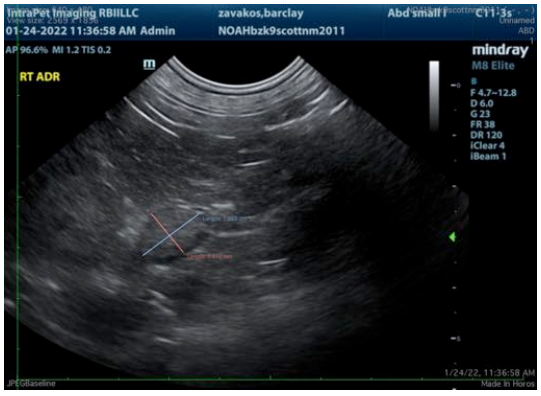
RT ADR
1 Dist 3.14 cm
2 Dist 0.74 cm
3 Dist 0.97 cm
mindray
M8 Elite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zavakos,barclay
Abd small f
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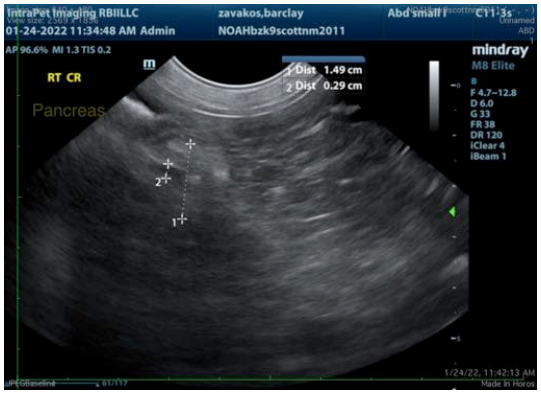
RT ADR
mindray
M8 Elite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Abd small f
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RT CR
Pancreas
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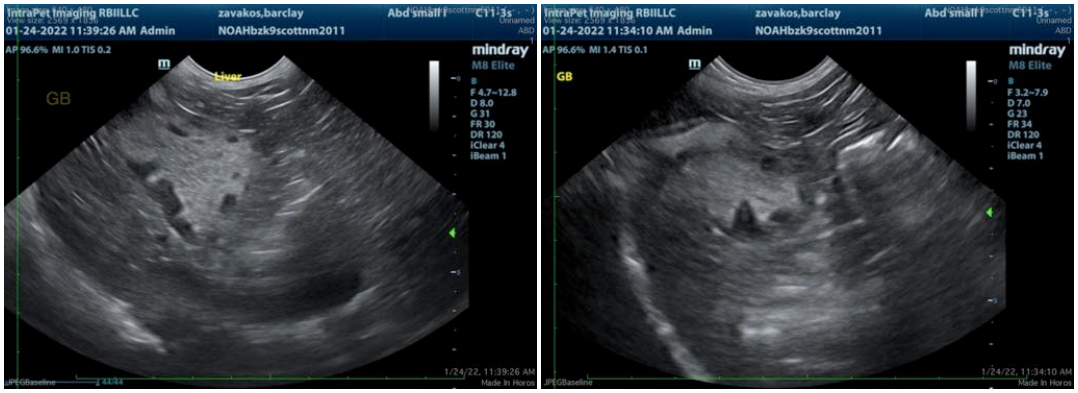
2 Dist 0.29 cm
mindray
M8 Elite



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