



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Patty Lupole Presented at our hospital for abdominal ultrasound. Previous Health Concerns: urinary incontinence, grade 3 MCT removed 12/3, azotemia noted 12/3 Current Medications: DES, proin, Cefpodoxime, Gabapentin Appetite/When did they eat last: this am

SPECIES Abnormal PE/Chem/CBC/UA Results: 12/3/21 Chemistry: BUN 31.3 H, Creat 1.4 N, otherwise unremarkable 12/3/21 CBC: unremarkable 12/3/21 EPOC: pH 7.488 H, Potassium 6.1 H, BUN 27 Hm Creat 1.63 H, HCT 31% 12/3/21: UA and culture: quiet urine, 1.013 USG, negative culture

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Springer Spaniel Urinary bladder is moderately 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.

SEX

The kidneys are bilaterally normal in size. The left kidney measures 6.21 cm. The right kidney measures 6.91 cm. The kidneys are irregular in shape and diffusely echogenic with decreased corticomedullary distinction and decreased visualization of internal architecture. Renal pelvis dilation/pyelectasia is present bilaterally, measuring 1.2 cm in the transverse view on the left kidney and 0.8 cm in the transverse view on the right kidney. No visible obstruction observed. No mineral is noted. However, obstruction cannot be definitively ruled out. Bilateral cortical cysts are also noted.

AGE

12 Years

Adrenal Glands

The left adrenal gland is enlarged in size (3.3 cm long x 1.3 cm at the cranial pole and 1.2 cm at the caudal pole). Normal shape and contour are maintained. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

WEIGHT

19.4 kg

The right adrenal gland is enlarged in size (3.0 cm long x 1.2 cm at the cranial pole and 0.8 cm at the caudal pole). Normal shape and contour are maintained. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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.

HOSPITAL NAME

Shores VEC

Liver

Liver is subjectively enlarged. Margins are smooth but round. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

REFERRING VET

Dr. Lupole

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.

INVOICE NUMBER

33478

DATE

12/16/21



PATIENT *Gastrointestinal*

Patty Lupole The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) 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.

SPECIES Pyloric outflow tract appears patent.

Canine The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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.

BREED

Springer Spaniel The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

SEX *Pancreas*

Spayed Female Pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

AGE *Free Abdomen*

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

ULTRASONOGRAPHIC FINDINGS

WEIGHT 19.4 kg

- Chronic kidney disease such as chronic glomerular or interstitial nephrosis, chronic pyelonephritis etc. with incidental cortical cysts and bilateral moderate pyelectasia – Differentials include pyelonephritis, marked polyuria/polydipsia or fluid therapy, or ureteral or lower urinary tract obstruction not visible in these images.

INTERPRETED BY Beth Johnson, DVM DACVIM

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

- Hyperechoic hepatomegaly – most consistent with benign steroid (endocrine) hepatopathy or reactive or idiopathic hepatopathy. Infiltrative neoplasia such as round cell neoplasia is also possible, but considered less likely.

HOSPITAL NAME

Shores VEC

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Lupole

Given this patient's history of urinary incontinence, bilateral pyelectasia and bilateral adrenomegaly, PU/PD is suspected, and if present, a low-dose Dexamethasone suppression test is recommended to rule in or out hyperadrenocorticism, which, if diagnosed, is pituitary dependent based on these images.

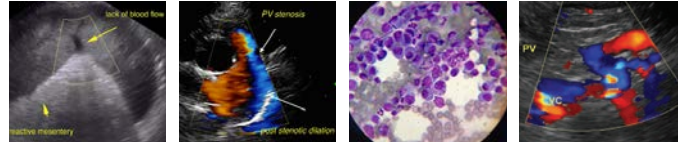
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Given the history of mast cell tumor, a fine needle aspirate of the liver is recommended (if patient's coagulation status is appropriate), although metastatic mast cell tumor infiltrating the liver is considered unlikely.

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PATIENT Patty Lupole
 No cause of obstruction is visible in these images. However, mild ureteral dilation/ureteral stones can be missed on ultrasound, and abdominal radiographs may be more sensitive to pick up mineral without marked ureteral dilation on ultrasound.

SPECIES Canine
 An empirical course of antibiotics is recommended given the bilateral pyelectasia and azotemia, as pyelonephritis is not always culture positive based on urine obtained from the urinary bladder.

BREED Springer Spaniel
SEX Spayed Female

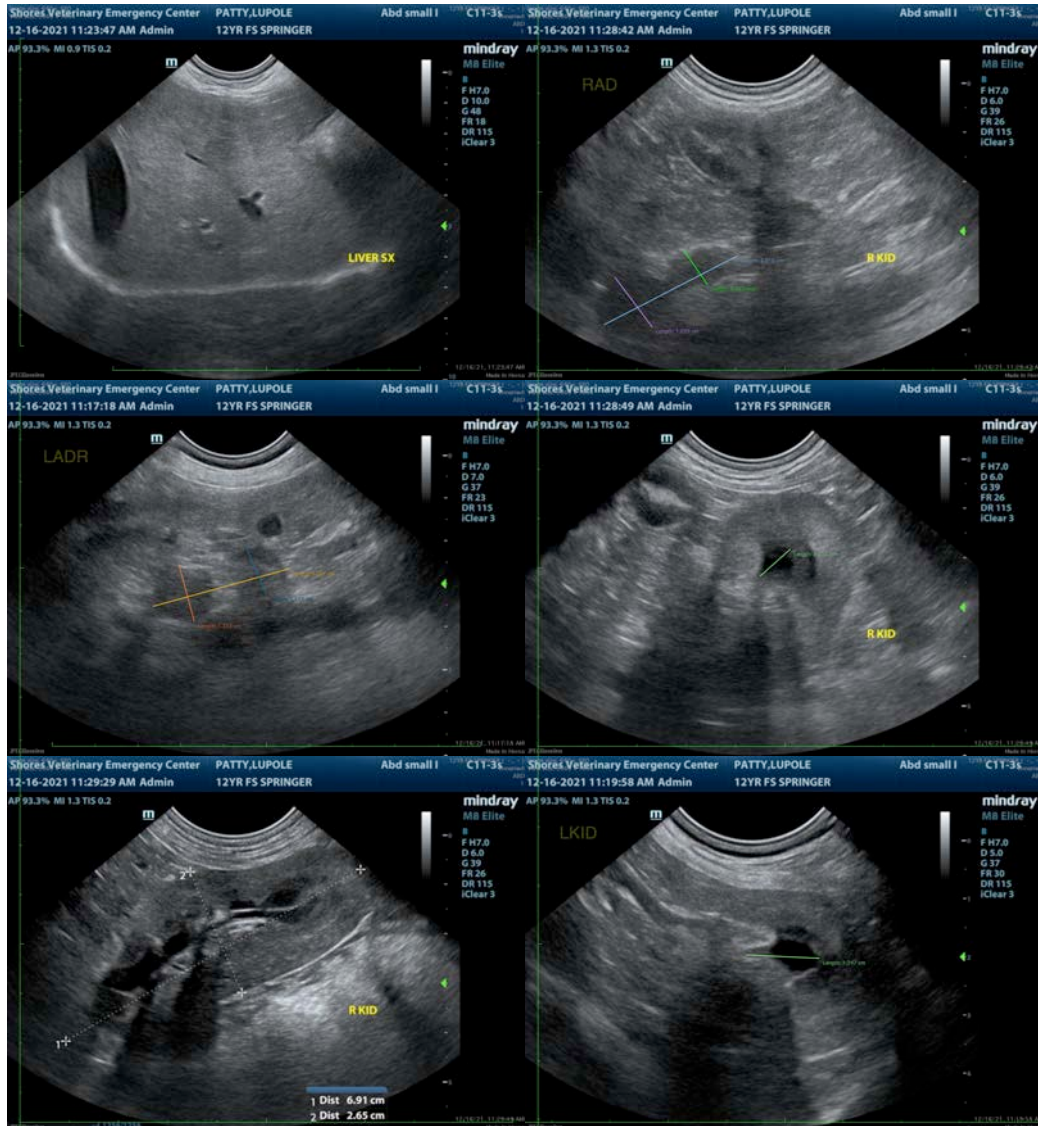
AGE 12 Years

WEIGHT 19.4 kg

INTERPRETED BY Beth Johnson, DVM
 DACVIM

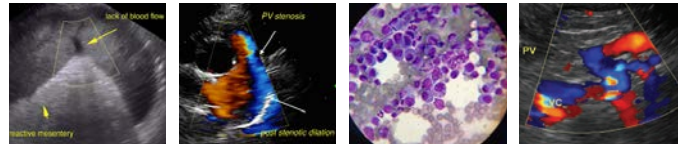
HOSPITAL NAME Shores VEC

REFERRING VET Dr. Lupole



INVOICE NUMBER 33478

DATE 12/16/21



PATIENT

Patty Lupole

SPECIES

Canine

BREED

Springer Spaniel

SEX

Spayed Female

AGE

12 Years

WEIGHT

19.4 kg



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
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INTERPRETED BY

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DACVIM

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Dr. Lupole

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