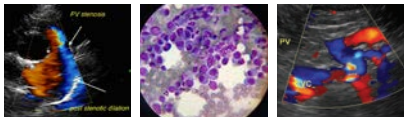
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

12/20/22

PATIENT

Chaz Moore

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered Male

AGE

7/27/09

WEIGHT

23.7 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Stephanie Warga
RDCS, RVT

HOSPITAL NAME

Honeygo AH

REFERRING VET

Dr. Wright

INVOICE

43569

PRESENTING CLINICAL SIGNS

Weight loss, muscle wasting. good appetite- intermittent diarrhea but well-controlled with Metronidazole

Current Medications: long term: vetoryl 30 mg am and 10mg pm/ metronidazole 250 mg SID/ vetprofen up to BID/ PRN. 12/13 cipro 250 mg 1/2 BID x 14 days
Lab Results: BUN 54 (7-25) CREA 1.5 (0.3-1.4) urine S.G 1.012
ACTH stim no longer in optimal level- added pm (low) dose of vetoryl
Date of Previous IntraPet Ultrasound: 7/19/22. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The 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.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

The right kidney is normal in size (5.97 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. Pyelectasia noted measuring 0.43 cm in the transverse view. There is no evidence of mineral or infarcts observed.

The left kidney is normal in size (6.27 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 mild pyelectasia measuring 0.25 cm in the transverse view. There is no evidence of mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is enlarged (4.13 cm x 3.05 cm) with mild heterogenous parenchymal changes. Swollen capsular expansion is noted without evident capsular escape or vascular invasion.

The left adrenal gland is normal in size (2.23 cm long x 0.61 cm at the cranial pole and 0.55 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The 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 enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as moderate suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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.

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

Pancreas

The area of the pancreas contains irregular hyperechoic pancreatic remodeling.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

- **Heterogenous Liver –** These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.

- **Right adrenal mass –** consistent with adenoma or possibly hyperplasia. Early pheochromocytoma or adenocarcinoma cannot be ruled out. Interpret in combination with clinical signs of hyperadrenocorticism or other adrenal disease. This is slightly increased in size from the previous ultrasound.

- **Hyperechoic pancreas –** This finding is suggestive of pancreatic fibrosis, possibly secondary to chronic pancreatitis. A TLI is recommended to rule out exocrine pancreatic insufficiency (EPI), especially if clinical signs (weight loss, diarrhea, etc.) are present.

- **Moderate gallbladder debris -** 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. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

SECONDARY FINDINGS

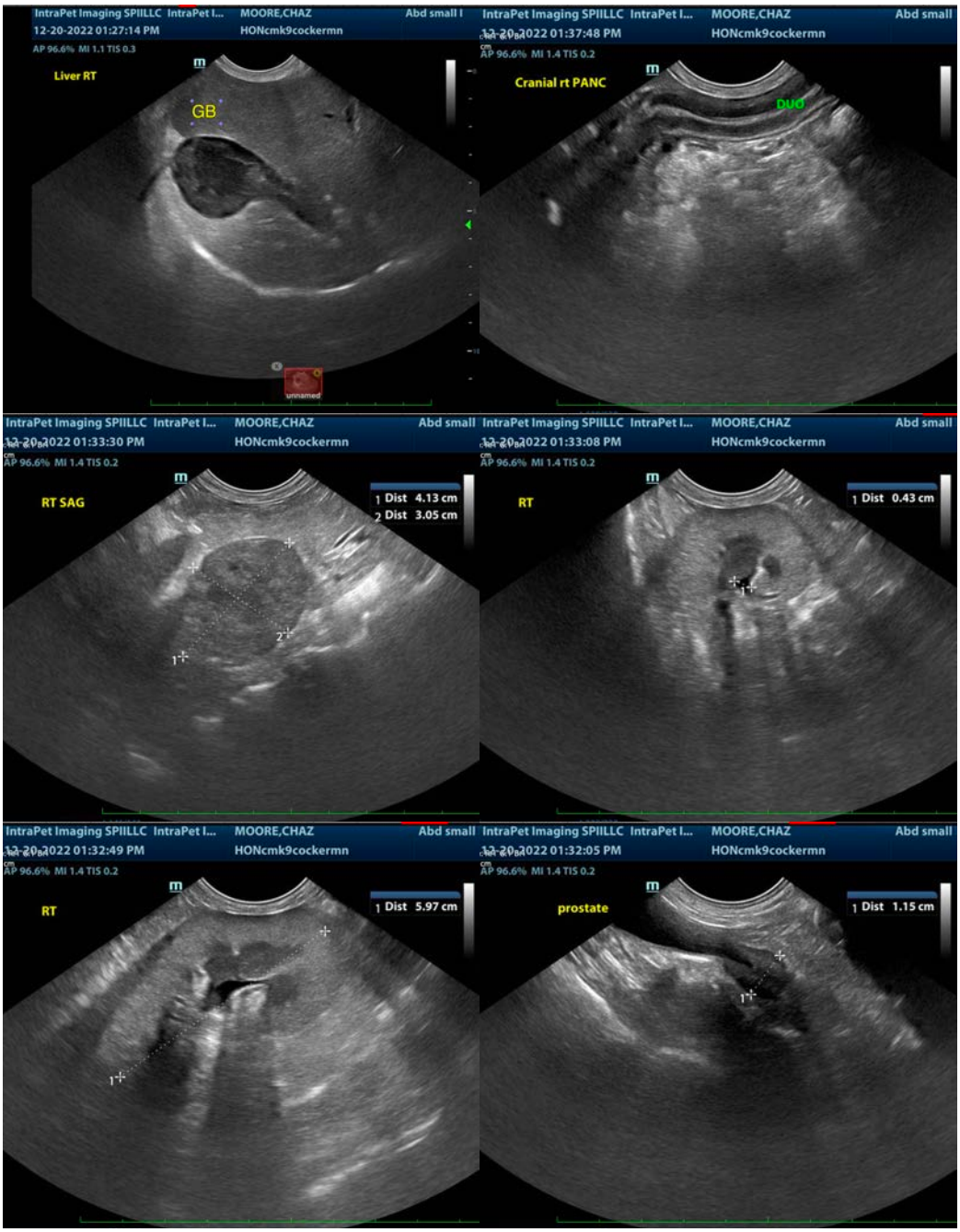
- **Mild pyelectasia in both kidneys** – Likely secondary to PU/PD brought on by hyperadrenocorticism.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of this patient's previously reported adrenal mass is slightly progressive in size. Recommendations (if current treatment is not appropriately managing clinical signs) include either transition to Lysodren or potentially a right adrenalectomy.

If surgery is elected for adrenalectomy, thoracic radiographs for further evaluation of metastatic disease as well as potentially a pre-surgical planning abdominal CT scan could be considered.

Given this patient's reported weight loss and diarrhea, however, recommendations are similar to the previous report in terms of further evaluating pancreatic function and gastrointestinal function, beginning with a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory if not recently evaluated.



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.

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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