

**DATE PRESENTING CLINICAL SIGNS**

2/15/23

Hospitalized for pancreatitis in Dec 2020. Have been monitoring serial specCPLs for the past few years. Recent diarrhea episode in Jan. O transitioned to strict i/d low fat diet and specCPL has increased despite transition to strict i/d low fat diet (specCPL 920 on 2/3/23). Hx of neurologic episode on 10/5/22 with CP deficits in all four limbs/generalized shaking, dx open, resolved quickly. Gr 2/6 left apical systolic HM noted in Jan, proBNP WNL. Clinically doing well at this time.

PATIENT

Lucy McArthur

SPECIES

Canine

BREED

Lakeland Terrier

SEX

Spayed Female

AGE

4/1/07

WEIGHT

12.2 Pounds

INTERPRETED BYBeth Johnson, DVM
DACVIM**HOSPITAL NAME**

Airpark AH

REFERRING VET

Dr. Mazzochette

INVOICE

45159

Current Medications: Sentinel spectrum monthly, proviable forte kit 1/9/23 for 2 wks, Metronidazole 75mg PO BID x 10d on 1/9/23

Lab Results: 2/3: SpecCPL 920, SDMA 16, BUN 40.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Torbugesic/Alfaxan IV.

Stat Report: Not requested.

Imaging Performed By: Stephanie Wagra RDCS, RVT.

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.

The right kidney is normal in size (3.34 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.

The left kidney is normal in size (3.97 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

Adrenal glands are plump/swollen in size. Normal shape and contour are maintained without evidence of capsular invasion. Some parenchymal heterogeneity is present without concerning capsular distortion, most prominent in the cranial pole of the right adrenal gland. Visible surrounding vasculature appears normal. The left adrenal gland measured 1.58 cm long x 0.46 cm at the cranial pole and 0.68 cm at the caudal pole. The right adrenal gland measured 2.15 cm long x 0.93 cm at the cranial pole and 0.57 cm at the caudal pole.

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

The 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. An approximately 1.0 cm in diameter cyst is noted in the deep liver. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as mild 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 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.

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

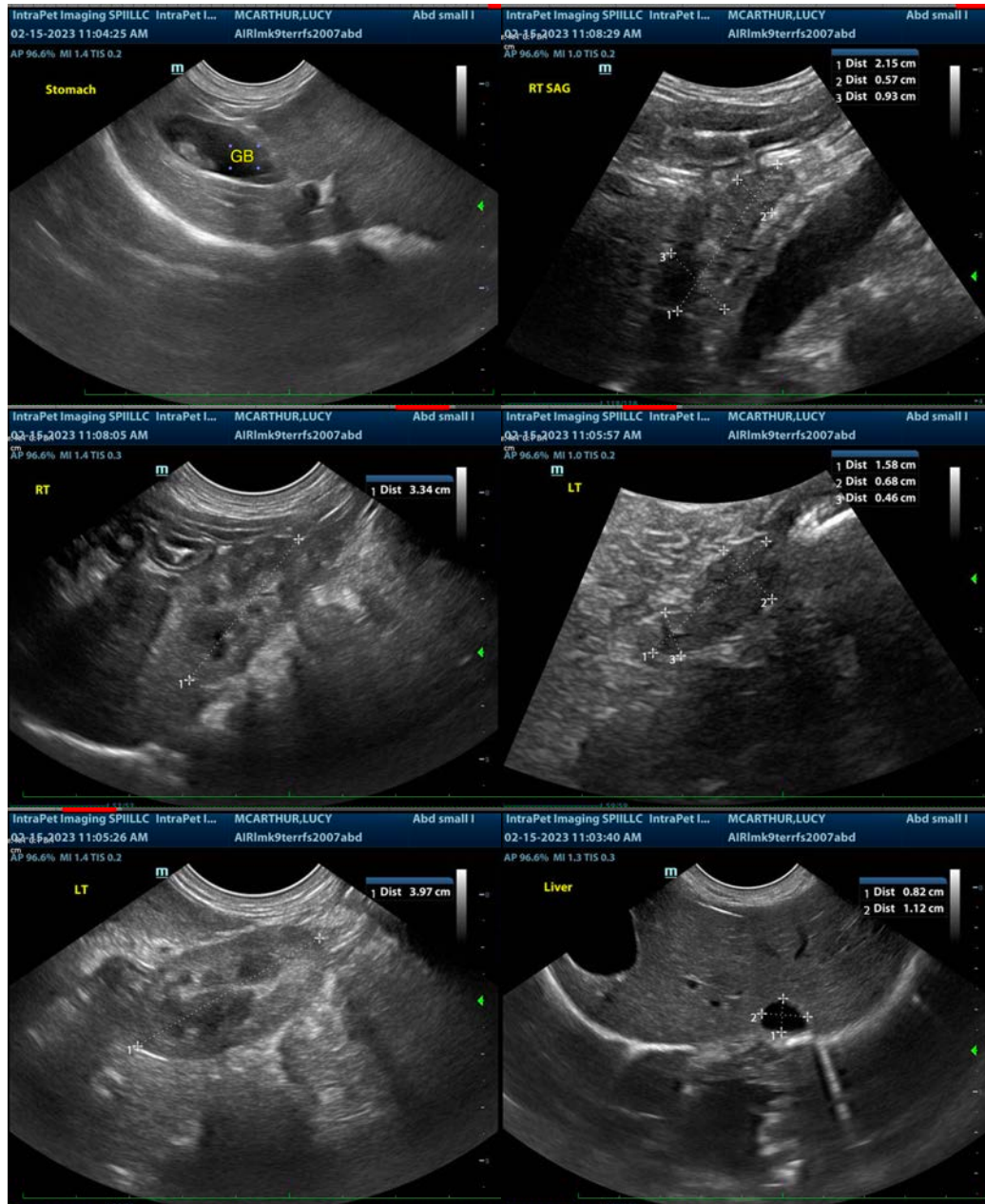
- **Bilateral adrenomegaly** – consistent with adrenal hyperplasia secondary to pituitary dependent hyperadrenocorticism vs stress or normal variant. Interpret in combination with clinical signs of hyperadrenocorticism.

SECONDARY FINDINGS

- Liver cyst
- **Mild 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no ultrasonographic visible explanation for this patient's chronically increased cPL. Given the already reportedly in place low-fat diet and lack of clinical signs at this time, no additional follow up is necessary. If clinical signs return, recheck imaging could be considered at that time.



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
Beth.Johnson@sonopath.com