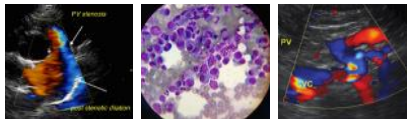
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

2/20/23

PATIENT

Lola Layne

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed Female

AGE

8/27/13

WEIGHT

28.3 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Parkville AH

REFERRING VET

Dr. Suter

INVOICE

21214

PRESENTING CLINICAL SIGNS

History: Continued incontinence even on Incurin. Hyposthenuria - R/O Cushing's

Current Medications: Incurin 1 mg SID
Lab Results: 1/19/23 - CBC/Chem 11 - ALKP-883 - increasing; BNP-262 - normal; Dilute urine with an elevated ALKP. Suspicious for Cushing's causing PU/PD and worsening incontinence. 1/26/23 - ACTH TEST RESULTS: Pre-7.4, Post-16.2 - high normal. 2/13 - LDDT RESULTS: LDDS test - Normal. Called owner. Recommend abdominal ultrasound as next step.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Declined.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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 (5.35 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 (5.75 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. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The left adrenal gland measures 2.44 cm long x 0.74 cm at cranial pole and 0.75 cm at caudal pole. The right adrenal gland measures 2.13 cm long x 0.93 cm at cranial pole and 0.8 cm at caudal pole.

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 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 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. 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. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. 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

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.

- 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.

Secondary Findings

- Pancreatic age-related remodeling – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.

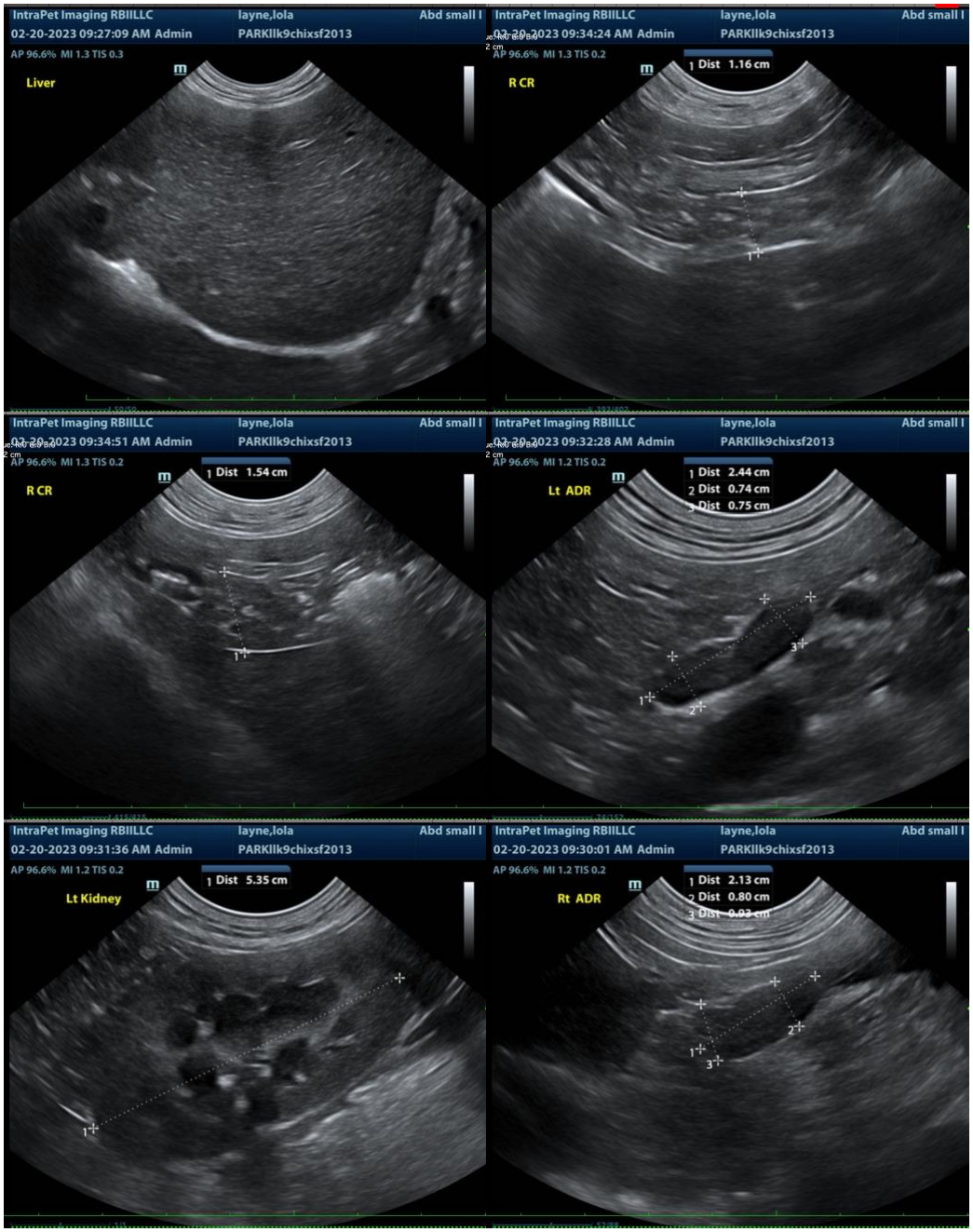
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patients reported PU/PD, and normal adrenal cortical testing at this point, a urine culture could be considered to rule out urinary tract infection.

Additionally, a blood pressure is recommended if not recently evaluated.

A fine needle aspirate of the liver could be considered if patients coagulation status is appropriate, as could testing for leptospirosis.

Then, if another underlying cause for the PU/PD is not discovered, hyperadrenocorticism, potentially an atypical version, is still a top differential and further testing is recommended in the form of a full adrenal panel, to look for evidence of precursor hormone or sex hormone increases, potentially contributing to clinical signs (submitted to University of Tennessee).


IntraPet Imaging RBIILLC
layne,lola
Abd small l
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Liver
IntraPet Imaging RBIILLC
layne,lola
Abd small l
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R CR
1 Dist 1.16 cm
IntraPet Imaging RBIILLC
layne,lola
Abd small l
02-20-2023 09:34:51 AM Admin
PARKIlk9chixsf2013
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R CR
1 Dist 1.54 cm
IntraPet Imaging RBIILLC
layne,lola
Abd small l
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Lt ADR
1 Dist 2.44 cm
2 Dist 0.74 cm
3 Dist 0.75 cm
IntraPet Imaging RBIILLC
layne,lola
Abd small l
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Lt Kidney
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IntraPet Imaging RBIILLC
layne,lola
Abd small l
02-20-2023 09:30:01 AM Admin
PARKIlk9chixsf2013
AP 96.6% MI 1.2 TIS 0.2
Rt ADR
1 Dist 2.13 cm
2 Dist 0.80 cm

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