

IMAGING PERFORMED BY

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DATE PRESENTING CLINICAL SIGNS

2/24/22

Rapid weight gain/distension of abdomen in short period. 2/15/22- 9.6lbs, 1/28/22- 8.8lbs. History: Owner took over care of Godfrey/siblings in August of 2021. Updated vaccines/labwork, etc. Began having seizures about 1-1.5 months after gaining ownership (unknown if this was occurring prior). Started on Phenobarbital and seizures have been controlled. Presurgical labwork for dental- LE elevated, followed up with Bile Acids- slight elevation but proceeded with dental due to severity of dental disease. Currently Godfrey has been doing well systemically and has a great appetite/energy level.

PATIENT

Godfrey Altenburg

SPECIES

Canine

BREED

Yorkshire Terrier

Current Medications: Phenobarbital 16.2mg ½ BID. Will be on Gabapentin and Trazodone for scan. Lab Results: 1/12/22- Bile Acids- mild pre elevation. 1/4/22- LE elevated- ALT 314, ALP 947. Date of Previous IntraPet Ultrasound: No previous. Sedation: Not required to complete full diagnostic ultrasound. Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Neutered Male

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.

AGE

8/9/10

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

WEIGHT

9.6 Pounds

The right kidney is normal in size (3.9 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. Numerous multifocal cortical cysts of varying sizes noted.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The left kidney is normal in size (4.16 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. Numerous multifocal cortical cysts of varying sizes noted.

IMAGING PERFORMED BY

Rachel Brilhart RDMS

Adrenal Glands

The left adrenal gland is enlarged in size (1.68 cm long x 0.57 cm at the cranial pole and 0.62 cm at the caudal pole). Normal shape and contour are maintained. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Noah's Ark Vet

The right adrenal gland is enlarged in size (1.7 cm long x 0.59 cm at the cranial pole and 0.65 cm at the caudal pole). Normal shape and contour are maintained. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

REFERRING VET

Dr. Martinez-
Hernandez

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). A 2.4 cm x 1.4 cm homogeneous hypoechoic nodule resulting in a capsular bulge is present near the head of the spleen. Splenic vasculature appears normal.

INVOICE

35889

Liver

Liver is subjectively enlarged with rounded margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. A 1.0 cm incidental cyst is noted in the right liver. Visible vasculature appears normal.

The 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 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 pancreas is prominent in size and mildly irregular in shape with a diffusely coarse echotexture and heterogeneous to hyperechoic echogenicity.

Free Abdomen

There is no evidence of peritoneal effusion. There is a small 0.6 cm round, hypoechoic nodule in the cranial abdomen, most likely hepatic or pancreaticoduodenal lymph nodes. No pericardial effusion present in these images.

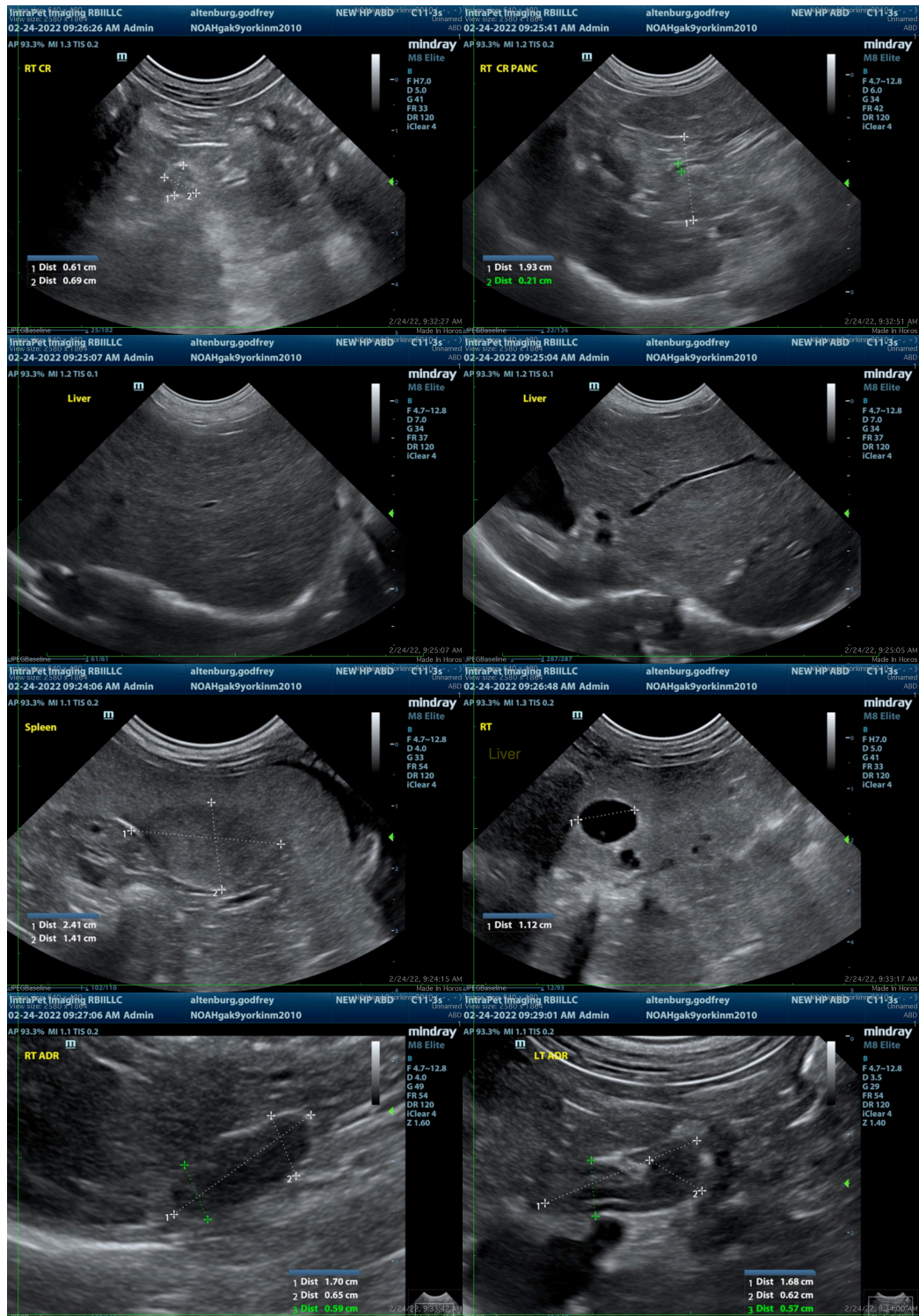
ULTRASONOGRAPHIC FINDINGS

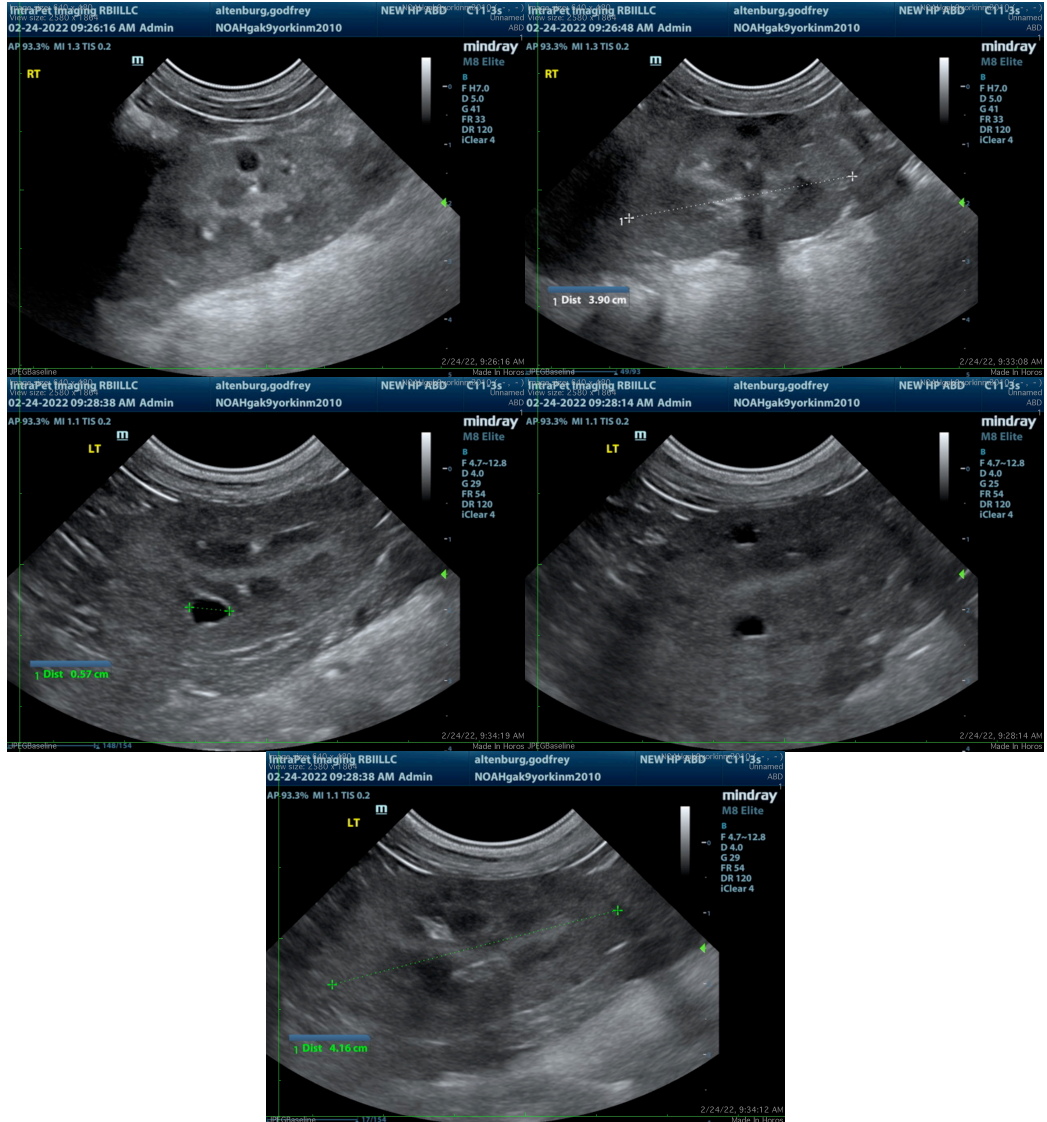
- Homogeneous, hypoechoic splenic nodule – Differentials include benign nodular hyperplasia or extramedullary hematopoiesis, or infiltrative neoplasia such as round cell neoplasia, which can mimic benign lesions and cannot be ruled out.
- Heterogenous liver with incidental benign hepatic cyst – Differentials for hepatic changes include both benign steroid (vacuolar) hepatopathy or extramedullary hematopoiesis as well as infiltrative round cell or metastatic neoplasia.
- Chronic pancreatitis
- Age related kidney change with multifocal renal cortical cysts bilaterally – This finding is expected/consistent with age-related mild degenerative disease and should be interpreted clinically in combination with laboratory changes.
- Small hepatic lymph node, most likely reactive – Infiltrative neoplasia cannot be ruled out, but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include a fine needle aspirate of the spleen and liver if patient's coagulation status is appropriate. Given the increased liver enzymes and the plump adrenal glands, if clinical signs of hyperadrenocorticism are present in the form of polyuria, polyphagia, panting, etc., testing for hyperadrenocorticism with a low-dose Dexamethasone suppression test could be considered. However, clinical signs of hyperadrenocorticism and the laboratory changes associated with hyperadrenocorticism can be mimicked by Phenobarb administration. Therefore, recommendations are to transition from Phenobarb to

Keppra and then pursue hyperadrenocorticism workup if clinical signs are present and liver enzymes remain increased.





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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