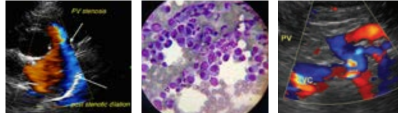
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
7/12/22

PATIENT
Juni Doty

SPECIES
Canine

BREED
Labrador X

SEX
Spayed Female

AGE
7/17/12

WEIGHT
38.8 Pounds

INTERPRETED BY
Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY
Rachel Brilhart RDMS

HOSPITAL NAME
Companion Animal
Care Center

REFERRING VET
Dr. Johnston

INVOICE
39409

PRESENTING CLINICAL SIGNS

Hx of abdominal discomfort in cranial abdomen- 9/21 and discomfort on palpation of epaxial muscle 6/22.

Current Medications: Gabapentin 300mg BID started 6/29/22, Meloxicam PRN since 6/29/22.
Lab Results: Increased ALKP, LDDST- not consistent with Cushing's.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Declined.
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.

The right kidney is normal in size (5.25 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 (5.94 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
The right adrenal gland is normal in size (2.83 cm long x 1.26 cm at the cranial pole and 0.87 cm at the caudal pole), shape and contour. A hyperechoic nodule is noted in the cranial pole. Nodule does not disrupt normal shape and/or architecture. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (2.46 cm long x 0.84 cm at the cranial pole and 0.92 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen
The spleen is subjectively large in size with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver
The 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.

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 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 (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 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.

The visible colon is normal in wall thickness (< 0.2 cm) 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 free peritoneal effusion noted in these images. No pericardial effusion noted.

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Right adrenal gland cranial pole hyperechoic nodule – Differentials include primary adrenal cortical adenoma or adrenal hyperplasia secondary to pituitary disease. An emerging adenocarcinoma, pheochromocytoma, etc. cannot be ruled out, but is considered less likely. Nodules without other evidence of abdominal disease and/or clinical signs of adrenal disease are often incidental and should be monitored.

- 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.

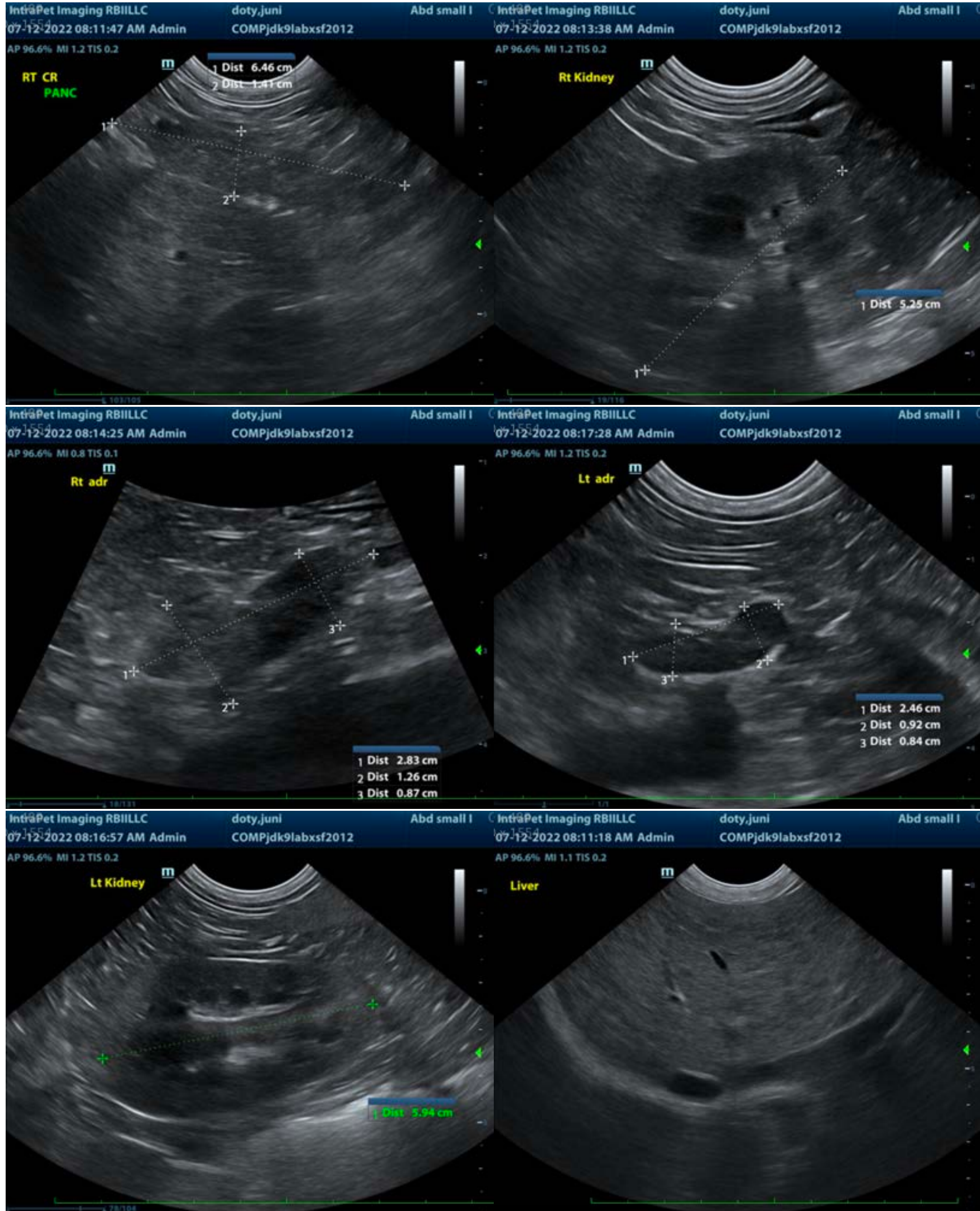
- Pancreatic age-related remodeling – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.

- Hypersplenism – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis (leave amyloidosis out if canine) as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- An obvious cause for the reported increased liver enzymes is not identified in these images. Microscopic disease such as Leptospirosis, bacterial cholangiohepatitis, chronic active hepatitis, copper-associated hepatotoxicity, other hepatotoxicity, infiltrative neoplasia (considered unlikely), etc. cannot be definitively ruled out. Therefore, both testing for Leptospirosis as well as fine needle aspirate of the liver are recommended if patient’s coagulation status is appropriate.

- Given the concurrent adrenal changes, if clinical signs of hyperadrenocorticism such as polyuria, polydipsia, polyphagia, etc. are present, then investigation of possible atypical hyperadrenocorticism with a full ACTH stimulation adrenal panel to the University of Tennessee could be considered, given the reported normal low dose Dexamethasone suppression test.



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doty,juni
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AP 96.6% MI 1.2 TIS 0.2
RT CR
PANC
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2 Dist 1.41 cm
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doty,juni
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Rt Kidney
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IntraPet Imaging RBIILLC
doty,juni
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Rt adr
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2 Dist 1.26 cm
3 Dist 0.87 cm
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3 Dist 0.84 cm
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IntraPet Imaging RBIILLC
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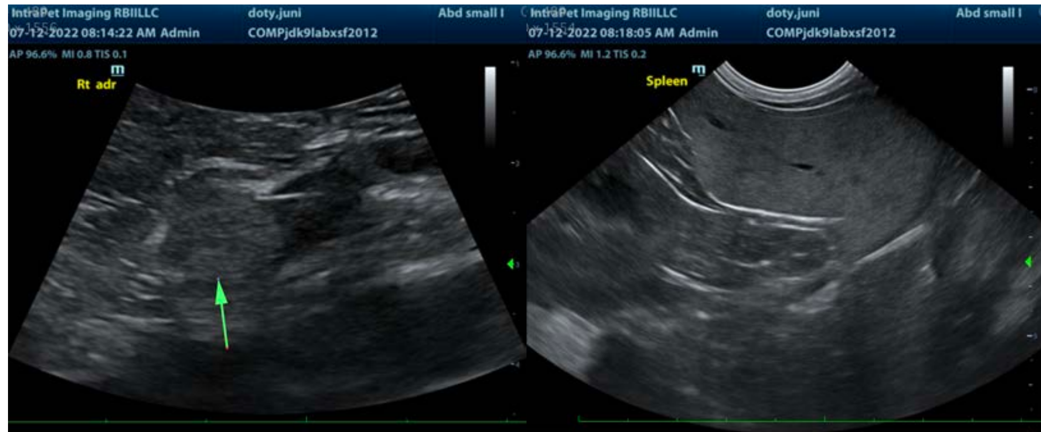
AP 96.6% MI 1.1 TIS 0.2
Liver



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.

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