

**DATE PRESENTING CLINICAL SIGNS**

7.20.2023 Elevated ALP on bloodwork. Historical paresis hind legs. Generalized epidermal collarettes and crusts ventral abdomen. Pododermatitis. Exam otherwise unremarkable.

PATIENT

Sadie Jones

Current Medications: Tramadol HCl 50mg 1 tab BID- years- weaning off, Cyclosporine eye drops once daily- years, Sustain eye drops 2-3 times a day, Carprofen 1/2 T BID of 100mg- years, Trazodone 100mg 1 SID years, Amantadine 100mg 1/2- 1 tab SID x 3 weeks, Gabapentin 100mg 1-2 caps BID x 3 weeks Movoflex 1 daily for 3 weeks, Welactin, Allertek.

SPECIES

Canine

Lab Results: ALP 374 (5-131) prev 324.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

English Bulldog

Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Female Spayed

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.

AGE

9/29/2011

Left kidney is normal in size (6.30 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.

WEIGHT

47.5 lbs

Right kidney is normal in size (6.15 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.

INTERPRETED BYBeth Johnson, DVM
DACVIM**Adrenal Glands**

Left adrenal gland is largely normal in size (0.67 cm at the cranial pole) (0.72 at the caudal pole), shape and contour. Some parenchymal heterogeneity is present without concerning capsular distortion. These changes are likely normal for this age but should be monitored if there is any suspicion of adrenal disease.

HOSPITAL NAME

Fullerton AH

Right adrenal gland is largely normal in size (0.73 cm at the cranial pole) (1.00 at the caudal pole), shape and contour. Some parenchymal heterogeneity is present without concerning capsular distortion. These changes are likely normal for this age but should be monitored if there is any suspicion of adrenal disease.

REFERRING VET

Dr. Unger

In the caudal pole of the right adrenal gland, there is a discreet, hypoechoic non-capsule-disrupting nodule that measures 0.60 x 0.80 cm in size.

INVOICE

13771

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 (swollen contour). Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses are observed. 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 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. 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. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. Sublumbar lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

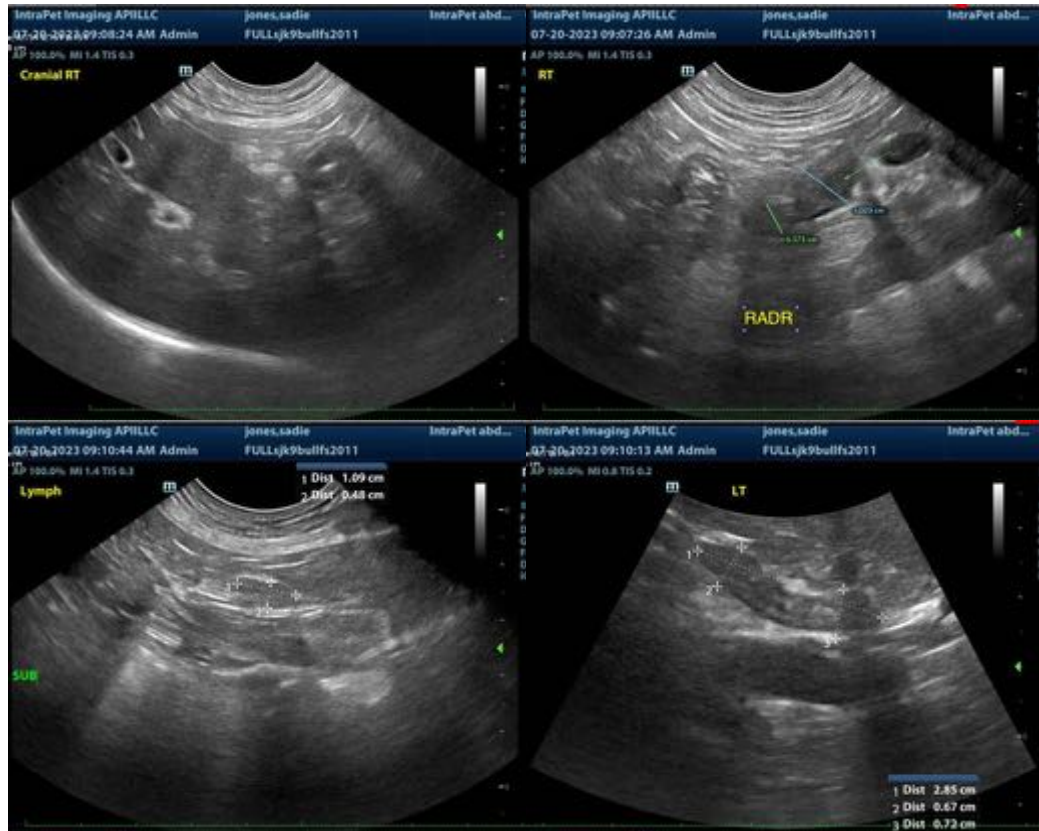
Primary Findings

- Hypoechoic hepatomegaly-This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered.
- An adrenal nodule in the right caudal pole of right adrenal gland may be an incidental finding or could represent an emerging adenoma, or even adenocarcinoma, pheochromocytoma, etc. There are no criteria of malignancy noted at this time. This finding should be interpreted in combination with clinical signs of hyperadrenocorticism and/or other adrenal disease.
- Reactive sublumbar lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the sublumbar lymphadenopathy, if not recently evaluated, a thorough rectal and perianal exam is recommended, followed by (if not recently evaluated), a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.
- A fine-needle aspirate of the liver can be considered (if coagulation status of the patient is appropriate).
- The adrenal nodule should be interpreted in combination with supporting clinical signs or lack thereof, of adrenal disease. If clinical signs of hyperadrenocorticism are present, further testing could be considered, beginning with a low-dose dexamethasone suppression test. However, if clinical signs are not present, further hormone testing may not be indicated, and monitoring of the

nodule could be appropriate. Regardless however, blood pressure should be considered if not recently evaluated.





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.

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