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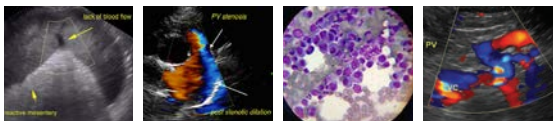

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Cricket Rabidoux

SPECIES

Canine

BREED

Terrier X

SEX

Spayed Female

AGE

13 Years

WEIGHT

11 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Whole Pet Vet Care

REFERRING VET

Dr. DeMarco

INVOICE

41184

DATE

9/8/22

PRESENTING CLINICAL SIGNS

inappetant for several days; lymphocytosis rule out Current Medications Famotadine - once daily 2x a week - gave 2-3 days in a row - not today Thyro-Tab 0.1mg - 1 tablet twice a day - got this am PROIN 25mg - 1/4 tablet twice a day - got this am Vetoryl 5mg - 1 capsule twice daily along with 10mg vetoryl (7 am and 7 pm) Vetoryl 10mg - 1 capsule twice a day with the 5mg dose at night (7 am and 7 pm) Benazpril HCL 5mg - Give 1/2 tablet by mouth twice daily for high blood pressure Tramadol 50mg - Give 1/4 tab by mouth 2x/day - giving daily to help with joint pain/walking - Giving 1/2 tab at BID Gen Teal drops - 1 drop in both eyes 2-3x/ day Tacrolimus 0.03% Opthalmic Solution (compounded) - 1 drop in the right eye 2 a week EDTA 1% drops - 1 drop into the left eye 2 x a day - per SM Baytril ear drops - DEX SP added. Triz Ultra Keto base Use provided solution to flush right ear ONCE daily until recheck in one week. Supplements given: Hemp chew: gave 1 today Benadryl - 1/2 tab twice daily Oravet chews - 1 chew per day Welactin – daily

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. A 0.70 cm x 0.40 echogenic, non-shadowing density is noted near the trigone alone the dorsal wall. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are overall normal in size 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 cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia or infarcts observed. The left kidney measured 4.34 cm. The right kidney measured 4.24 cm. Non-obstructive areas of mineralization/nephroliths are noted in both kidneys.

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 measured 2.46 cm long x 1.0 cm at the cranial pole and 1.0 cm at the caudal pole. The right adrenal gland measured 3.08 cm long x 1.6 cm at the cranial pole and 1.1 cm at the 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. Multifocal mineral foci are noted. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is mottled by multifocal discrete hypoechoic nodules of varying sizes “moth-eaten”. 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.

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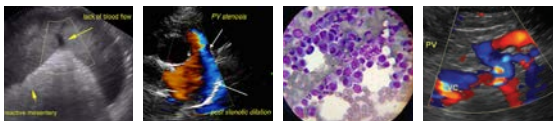

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Gastrointestinal

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

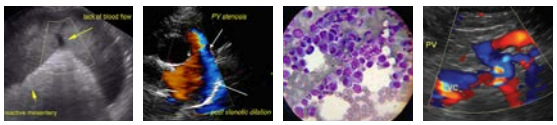
- **Nodular Liver -** This finding is concerning for infiltrative disease such as round cell neoplasia or metastatic neoplasia. Benign disease (nodular hyperplasia) cannot be ruled out without tissue sampling.
- **Bilateral adrenomegaly –** Consistent with the reported diagnosis of hyperadrenocorticism and administration of Trilostane.
- **Non-shadowing urinary bladder density –** Rule outs include mucus or debris accumulation versus a soft tissue polyp or mass.

SECONDARY FINDINGS

- Age related kidney change with bilateral non-obstructive nephrolithiasis
- **Spleen mineralization –** This is a benign change but can be associated with endocrinopathies, especially hyperadrenocorticism.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's lymphocytosis combined with the ultrasound changes described above, diagnostic recommendations include a fine needle aspirate of the liver if patient's coagulation status is appropriate, as well as potentially immunophenotyping of the lymphocytes and comprehensive infectious disease testing if a fine needle aspirate of the liver does not reveal infiltrative round cell neoplasia.



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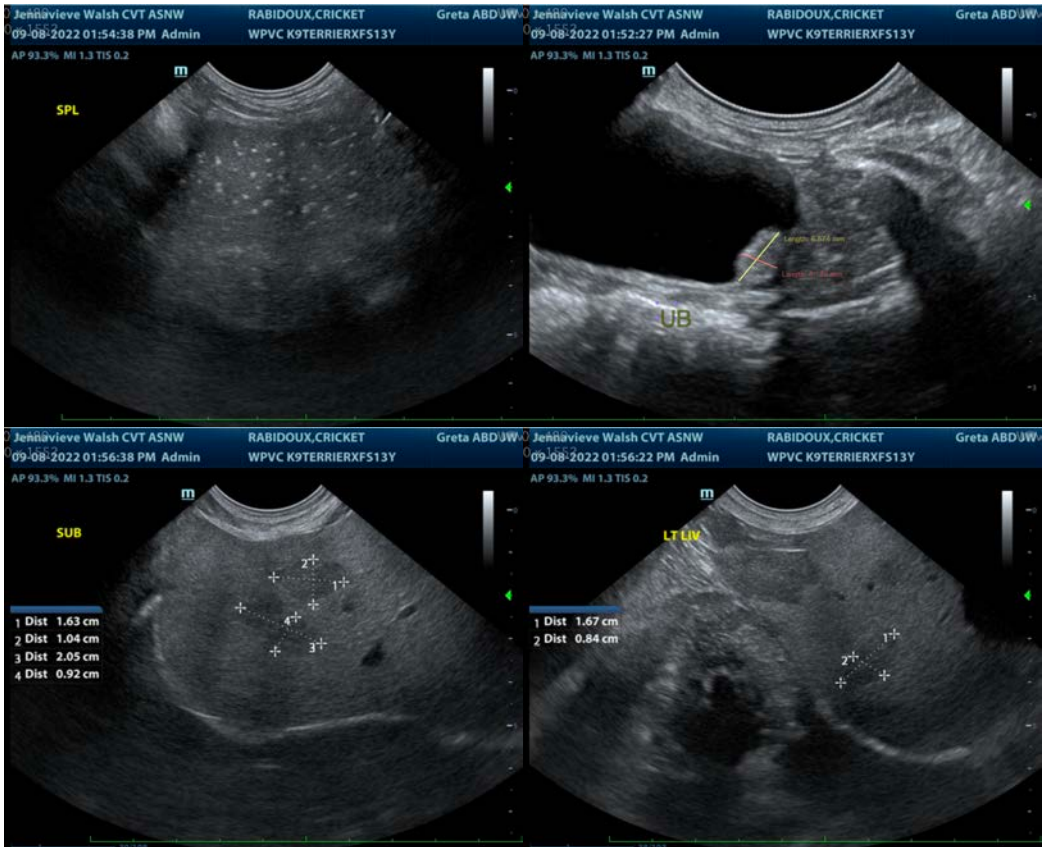
In the meantime, given the concurrent azotemia, mild anemia, etc., discontinuation of Trilostane is recommended, at least until the patient's appetite returns to normal, and potentially even until clinical signs of hyperadrenocorticism return, at which time Trilostane could be restarted at a lower dose. If clinical signs of hyperadrenocorticism do not return and the patient is doing well appetite wise, Trilostane may not need to be restarted at all.

Given the urinary bladder density, if not recently evaluated, Urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended. Further recommendations regarding the density include either monitoring for progression with a recheck ultrasound in 4-6 weeks versus a more immediate recheck with agitation and power doppler, etc. to try to determine debris versus tissue, and/or submission of urine to look for a BRAF gene mutation, which is associated with urinary bladder cancer, could be considered to rule out urinary bladder cancer more definitively.



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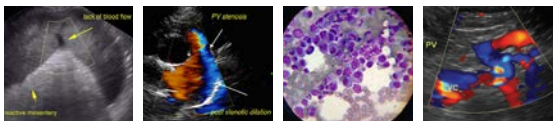

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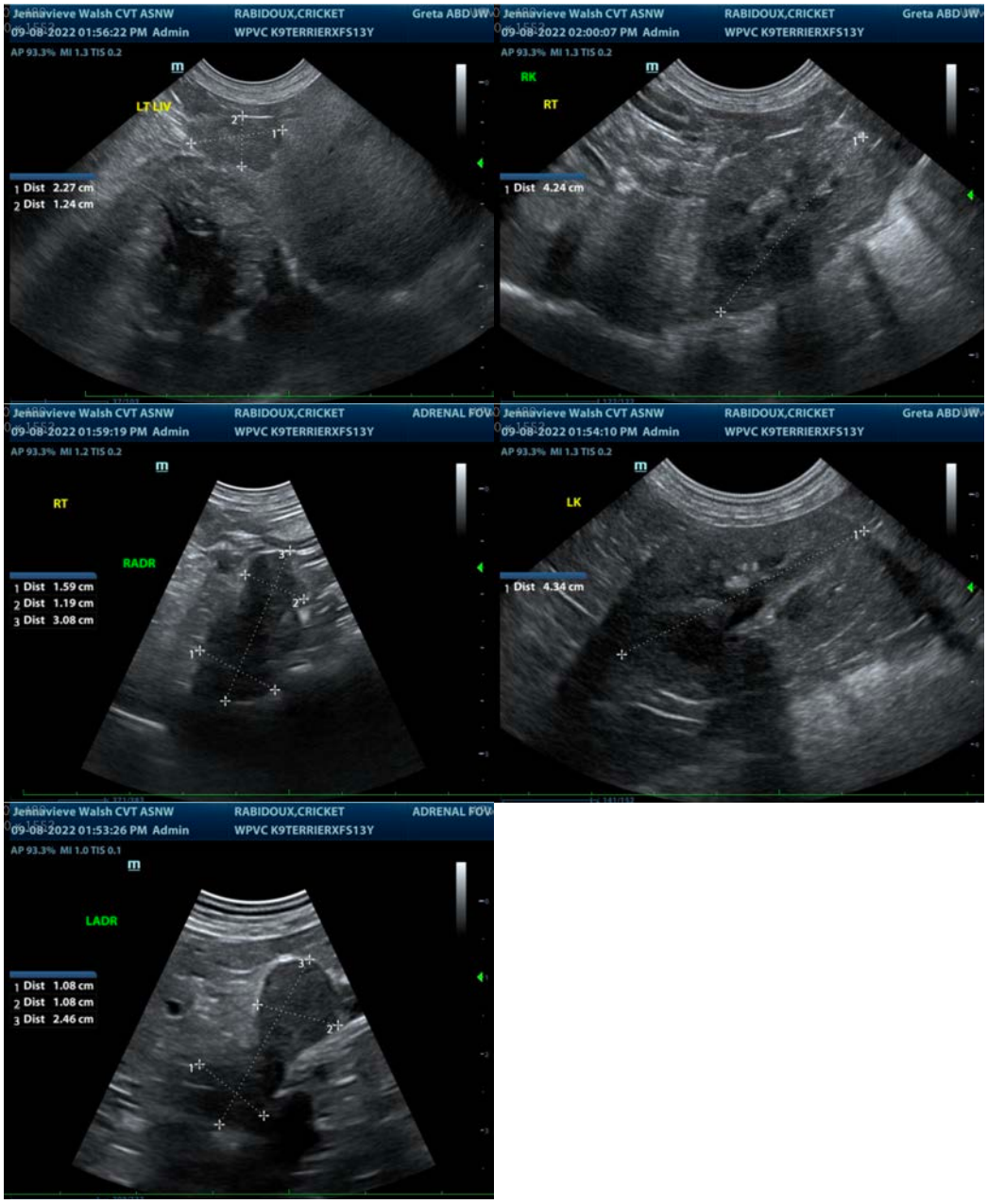

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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