



PATIENT

Sam Gleason

SPECIES

Canine

BREED

Pitbull

SEX

Spayed Female

AGE

12 Years

WEIGHT

77.4 Pounds

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons),
DACVECC

IMAGING PERFORMED BY

Aaron Lucas, DVM,
PhD

HOSPITAL NAME

Taylorsville VC

REFERRING VET

Megan Bray, DVM

INVOICE

22378

DATE

5/8/23

PRESENTING CLINICAL SIGNS

History: P presented in February for PU/PD and urinary accidents in the house. She was also showing signs of Sr. Cognitive Dysfunction/confusion and mobility/lameness (trouble getting around/stiffness). Labs were run then and there was concern for possible HAC.

Abnormal PE/Chem/CBC/UA Results: P has grade 2 dental disease, stiff gait and slow to get up from a sitting position. Decreased ROM of bilateral coxofemoral and stifle joints. P was put on CBD product (ElleVet) and is doing much better with mobility but is still having accidents in the house and owner has decided to pursue more diagnostics. See Lab Results from Feb.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys have a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. The right kidney measured 5.55 cm. The left kidney measured 6.12 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized. Left adrenal gland was enlarged and hypoechoic with a prominent caudal pole. No specific masses or nodules were visualized. Right adrenal gland was comparatively normal in size and echogenicity. The phrenic vasculature, glandular echogenicity and detail were unremarkable. The left adrenal gland measured 3.0 cm in length and 0.96 cm at the cranial pole and 0.83 cm at the caudal pole. The right adrenal gland measured 3.3 cm in length x 0.58 at the cranial pole and 0.59 cm at the caudal pole.

Spleen

The spleen was normal in size with a slightly mottled parenchyma and smooth capsule. Normal splenic vasculature with no signs of congestion or thrombosis.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach contains ingesta. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall



PATIENT	layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.
Sam Gleason	Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.
SPECIES	Pancreas
Canine	The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.
BREED	Lymph Nodes
Pitbull	No clinically significant lymphadenopathy or abnormalities noted.
SEX	Free Abdomen
Spayed Female	No masses or free fluid.
AGE	ULTRASONOGRAPHIC FINDINGS
12 Years	<ul style="list-style-type: none"> • Left adrenomegaly
WEIGHT	<ul style="list-style-type: none"> • Normal liver
77.4 Pounds	<ul style="list-style-type: none"> • Splenic parenchymal changes with smooth capsule
INTERPRETED BY	<ul style="list-style-type: none"> • Mild Degenerative renal changes
Dr Brittany Sinclair, BVSc(hons), DACVECC	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
IMAGING PERFORMED BY	Left adrenomegaly is mild, but given corresponding clinical signs, could be secondary to hormonal stimulation as is seen with hyperadrenocorticism. It may also represent a variation of normal or response to stressful illness, though bilateral enlargement is more likely in that case. While no distinct adrenal mass was visualized, the more normal size of the right adrenal gland is suggestive of adrenal dependent hyperadrenocorticism. Ultimately adrenal function testing is required for more definitive diagnosis. A urine cortisol creatinine ratio could be used as a screening test, and subsequent testing for hyperadrenocorticism should be considered (ACTH stimulation test vs LDDST).
Aaron Lucas, DVM, PhD	The liver parenchyma and gall bladder appears normal and there is no ultrasonographic explanation for the elevated liver enzymes in this patient. There is no significant disruption of architecture noted to suggest significant pathology. Low grade inflammatory hepatopathy/reactive hepatopathy or endocrine stimulation of ALKP production is a likely cause of LE elevations. Fine needle aspirate is recommended to further characterize parenchymal changes and bile acid profile to assess liver function. Ultimately liver biopsy is often required for more definitive diagnosis. Empiric treatments (SAM-E, milk thistle, Vitamin E, ursodiol) could be tried and liver enzymes re-evaluated, especially if liver FNA does not show significant pathology before more invasive liver sampling is pursued.
HOSPITAL NAME	
Taylorsville VC	
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Megan Bray, DVM	
INVOICE	Splenic changes are a common benign age related change, or may represent reaction to immune stimulation, but infiltrative disease (lymphoma, MCT, other) cannot be definitively ruled out. No significant disruption of architecture noted to suggest significant pathology. Fine needle aspirate could be considered to further characterize parenchymal changes if clinically indicated, especially if any weight loss is noted or for baseline cytological assessment.
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Renal changes are likely age related degeneration. Correlate clinical significance with semi-annual blood work/urinalysis findings and clinical signs.

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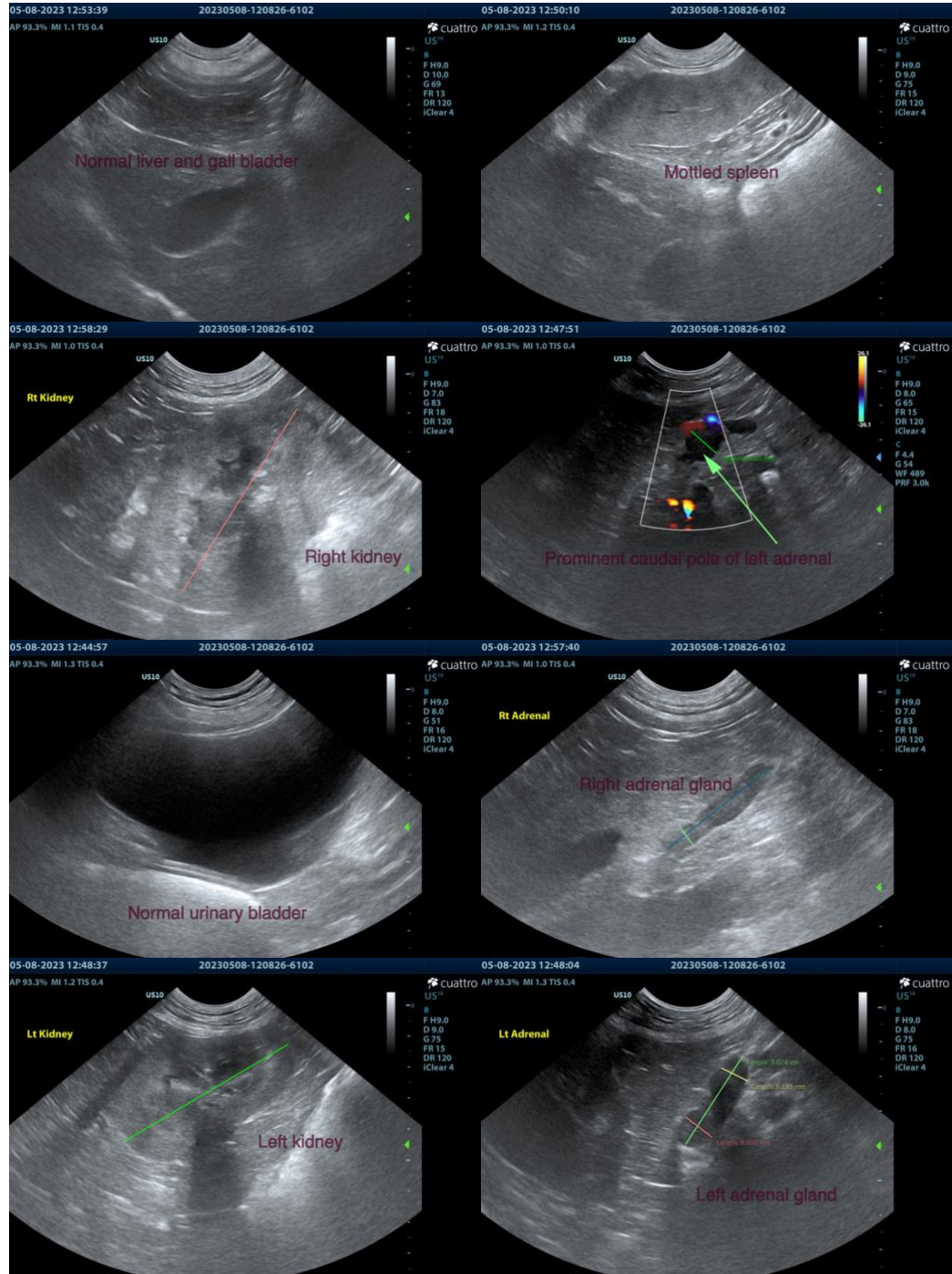
Aaron Lucas, DVM,
PhD

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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.

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

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