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Clinical Sonography & Telecytology
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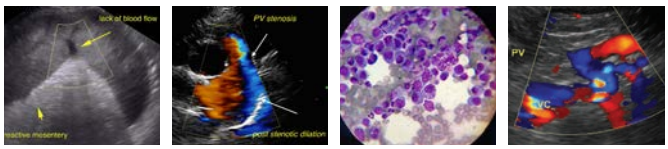

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Gigi Ladjias

SPECIES
Canine

BREED
Terrier X

SEX
Spayed Female

AGE
14.5 Years

WEIGHT
22 Pounds

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. John Ammeraal

HOSPITAL NAME
Sova Animal Hospital

REFERRING VET
Dr. John Ammeraal

INVOICE
33523

DATE
12/17/21

PRESENTING CLINICAL SIGNS

Patient with hx of Cushings disease. Treated w 20 mg Trilostane once daily. Was fine yesterday, playful in AM, Vomited undigested full meal last night and Early AM , Not interested in food today and lethargic Abnormal PE/Chem/CBC/UA Results: Lethargic ,abdomen flaccid on palpation. Temp 101.5, PE: parameters normal, Amylase 2182 U/L. Lipase: 5833 U/L, K+ 6.6 mEq/L Cl 107mmol/L. Sodium 148 mmol/L , Crea 1.4 mg/dL, BUN 27 mg/dL HCT: 27.6%, RBC 4.15 M/uL Neutrophil Band suspected,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a polyp in the trigone, measuring 2.0 cm x 2.0 cm as well as apical dorsal wall thickening measuring 1.0 cm x 0.6 cm. Anechoic urine present. The pelvic urethra was free of evident pathology as was the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. Occasional cortical cysts noted in both kidneys and degenerative changes considered moderate. The left kidney measured 6.0 cm. The right kidney measured 6.6 cm with pyelectasia.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 2.65 cm x 1.25 cm at the cranial pole and 1.13 cm at the caudal pole. The right kidney measured 2.13 cm x 0.9 cm at the cranial pole and 0.89 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

Gastrointestinal

The **stomach** was filled with ingesta. Variable small intestinal thickening noted. Regional inflammation noted throughout the cranial abdomen and around the upper gastrointestinal tract.

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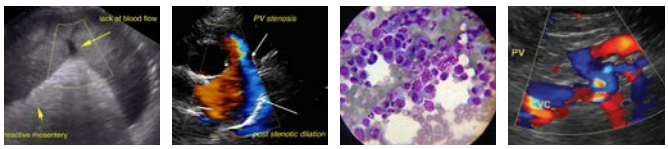

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Pancreas

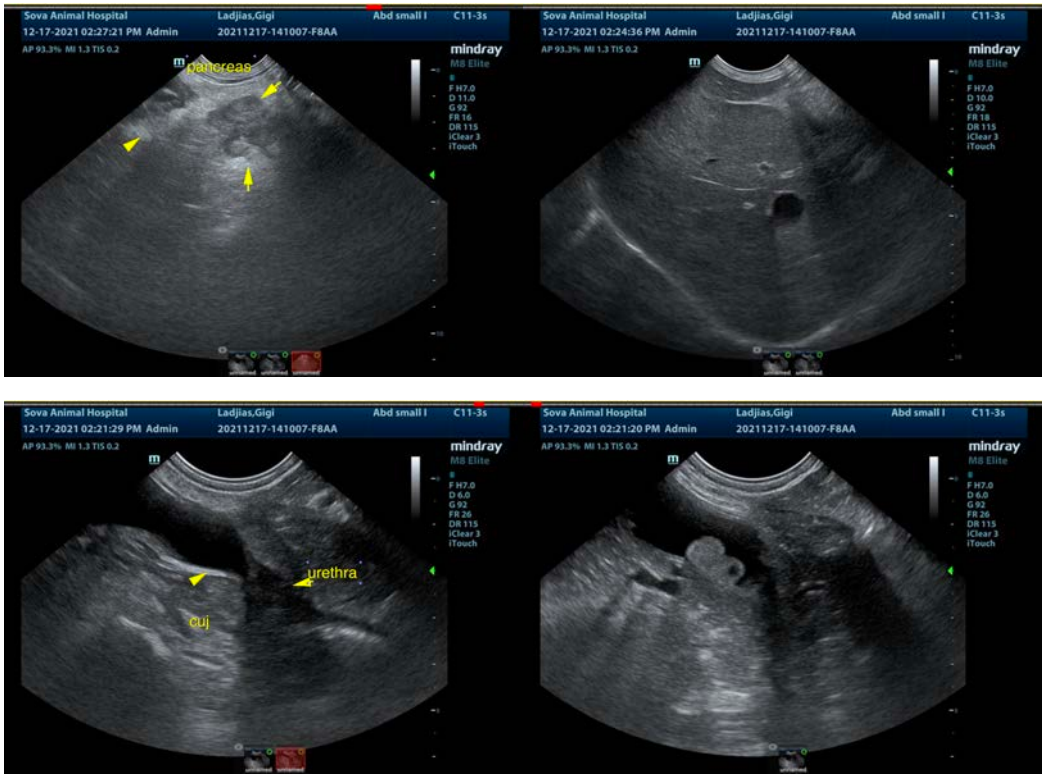
The **pancreas** presented mixed hypoechoic irregular parenchyma with enhanced surrounding mesentery, measuring 3.0 cm x 2.5 cm, consistent with pancreatitis.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis/gastroenteritis pattern
- Bilateral adrenal hypertrophy – consistent with PDH
- Moderate degenerative renal changes with mild pyelectasia
- Trigonal bladder polyp with apical polypoid changes – pronounced polypoid cystitis versus carcinoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cystoscopy would be ideal in this patient regarding the bladder changes. However, the more immediate issue is the extensive pancreatitis. 24 hours NPO, IV fluid support, plasma expanders, broad-spectrum antibiotics, and pain management all warranted. Recheck sonogram in 3 days. Slurry feeding after 24 hour NPO would be recommended. GI protectants indicated. Prognosis is guarded. FNA of the hypoechoic portion of the pancreas would be ideal to assess for possibility of pancreatic carcinoma, although this is less likely. Blood pressure measurements indicated.



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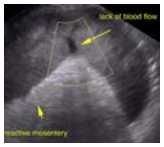
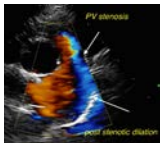
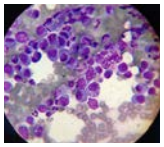
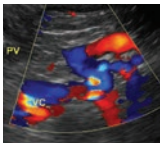

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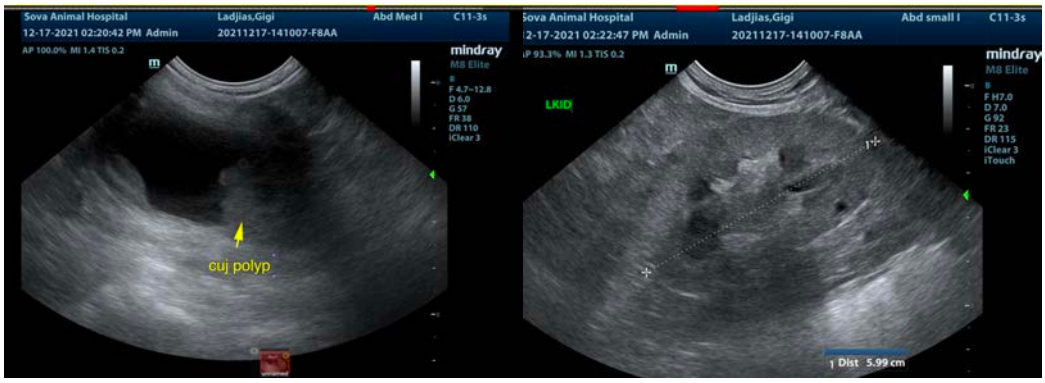

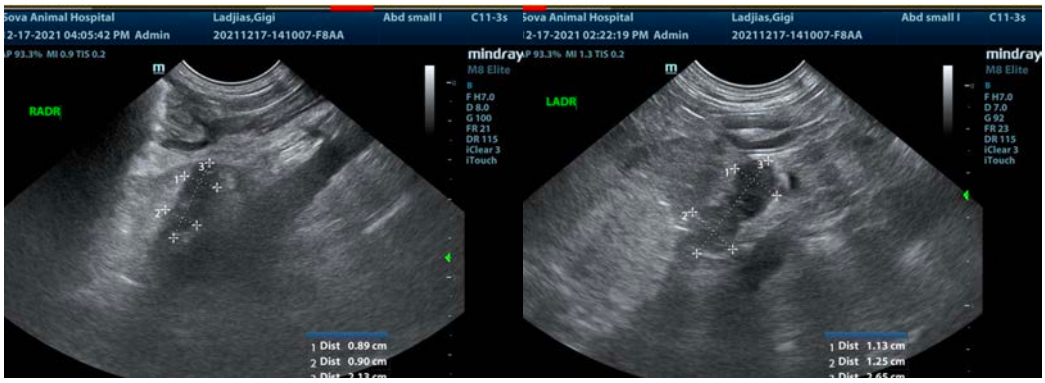

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com