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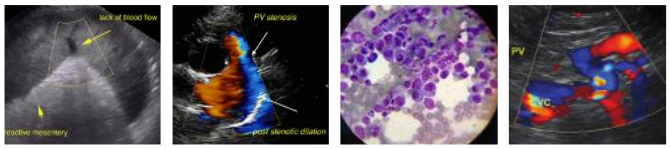
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Dexter Connolly

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

12 Years

WEIGHT

Not Given

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Shohola

REFERRING VET

Dr. DeMeo

INVOICE

13206

DATE

12/28/21

PRESENTING CLINICAL SIGNS

History: Significant weight loss, Spec CPL 1206, T4 below 0.4. Current meds: Levothyroxine 0.8mg bid, Tramadol 75mg bid, Gabapentin 300mg bid, Ondansetron 4mg bid.

Abnormal PE/Chem/CBC/UA Results: ALKP 317, USG 1.018, 3+ protein

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized, and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 3.0 cm beyond 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 moderate 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 and no evidence of pelvic dilation was present. The left kidney measured 7.75 cm. The right kidney measured 7.23 cm.

Adrenal Glands

The **right adrenal gland** was enlarged, heterogenous and irregular, measuring 3.12 cm x 1.51 cm at the cranial pole and 1 cm at the caudal pole.

The **left adrenal gland** was enlarged, nodular and irregular, measuring 3.88 cm x 1.33 cm at the cranial pole and 1.42 cm at the caudal pole.

Spleen

The **spleen** was mildly heterogenous, uniform. Minor hypoechoic heterogeneous nodular changes noted, nondisruptive. The spleen was folded upon itself.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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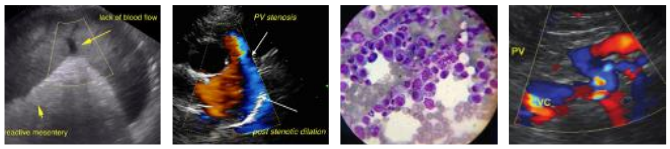

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Pancreas

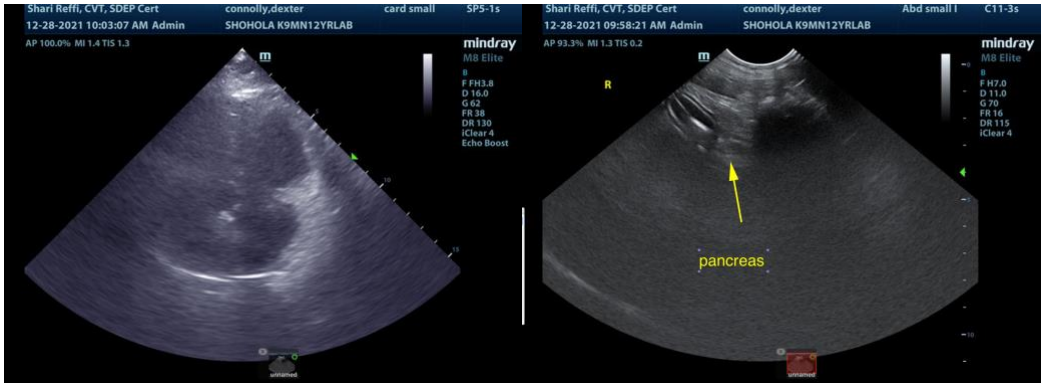
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation, then low-grade smoldering chronic pancreatitis should be suspected. No evidence of specific lesions.

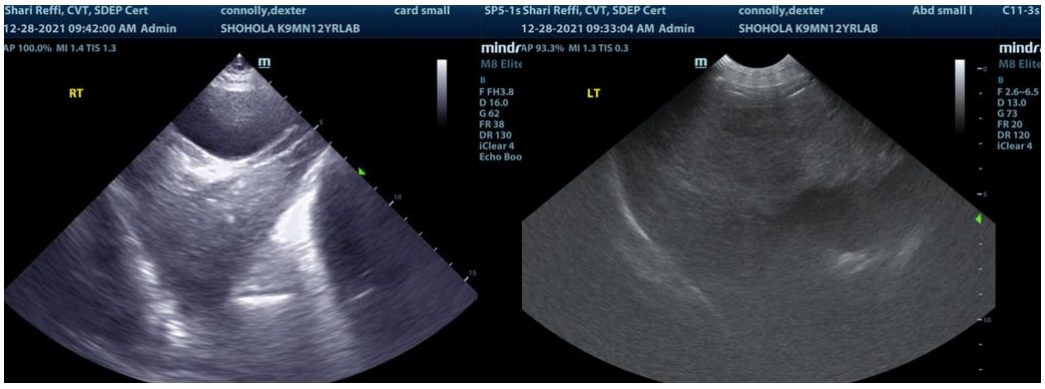
ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenal hypertrophy. Carcinoma versus pheochromocytoma or hyperplasia.
- Age-related renal, hepatic and pancreatic changes
- Heterogenous spleen with minor hypoechoic heterogeneous nodular changes (nondisruptive)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Work up for Cushing's/PDH indicated. If weight loss is an issue, FNA of the spleen warranted. However, the heterogeneous changes are most consistent with hyperplasia. The exact cause of weight loss is unclear in this patient. Given the bilateral adrenal hypertrophy, underlying expansive pituitary tumor could be an issue. Maldigestion, chest or other CNS pathology all possible. No overt evidence of neoplasia other than the bilateral adrenal enlargement which could represent neoplasia; however, the pattern is most consistent with hyperplasia.





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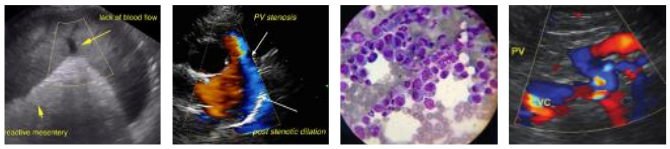

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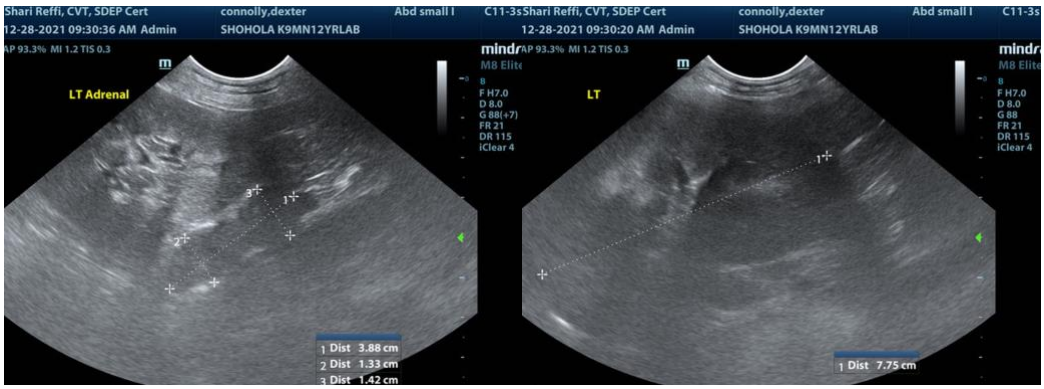

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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