

IMAGING PERFORMED BY

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Clinical Sonography & Telectology

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

DATE

3/17/23

PATIENT

Zoey Woish

SPECIES

Canine

BREED

Labrador

SEX

Spayed Female

AGE

8/12/09

WEIGHT

55 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Homeward Bound Vet

REFERRING VET

Dr. Vance

INVOICE

46028

PRESENTING CLINICAL SIGNS

Had AUS about 2 m ago for elevated LE. Was diagnosed as cushings. Started on Vetoryl. Presented Monday as addisonian. Started on low dose Pred (5mg daily) and given single injection of Dex SP. Diarrhea. LE are triple from Monday.

Current Medications: Vetoryl & Pred.

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: 1/20/23. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson RDMS, BS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and trigone 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 dilated to 7.0 mm in width.

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. Similar to prior sonogram. The left kidney measured 6.67 cm with slight pyelectasia.

Adrenal Glands

The **left adrenal gland** was persistently enlarged and mildly increased in size, measuring 3.3 cm x 1.03 cm at the cranial pole and 0.88 cm at the caudal pole.

The **right adrenal gland** revealed enhanced pericapsular fat, suggestive for inflammation. Slight irregular contour noted to the right adrenal in the region of the phrenic vein. Phrenic vein thrombosis cannot be completely ruled out. Minor potential for emerging neoplasia. The right adrenal gland measured 1.94 cm x 1.08 cm at the cranial pole and 0.86 cm at the caudal pole.

Spleen

The **spleen** presented mild heterogeneous parenchymal changes with increased portal markings.

Liver

The **liver** is progressively swollen with multifocal nodular changes. Significant progression from the prior sonogram. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **stomach** revealed a newly developed mural nodule in the pyloric antrum, appears to be deriving from the muscularis. If accessible, ultrasound guided FNA of the nodule recommended along with hepatic FNA. The small intestine and colon were unremarkable.

Pancreas

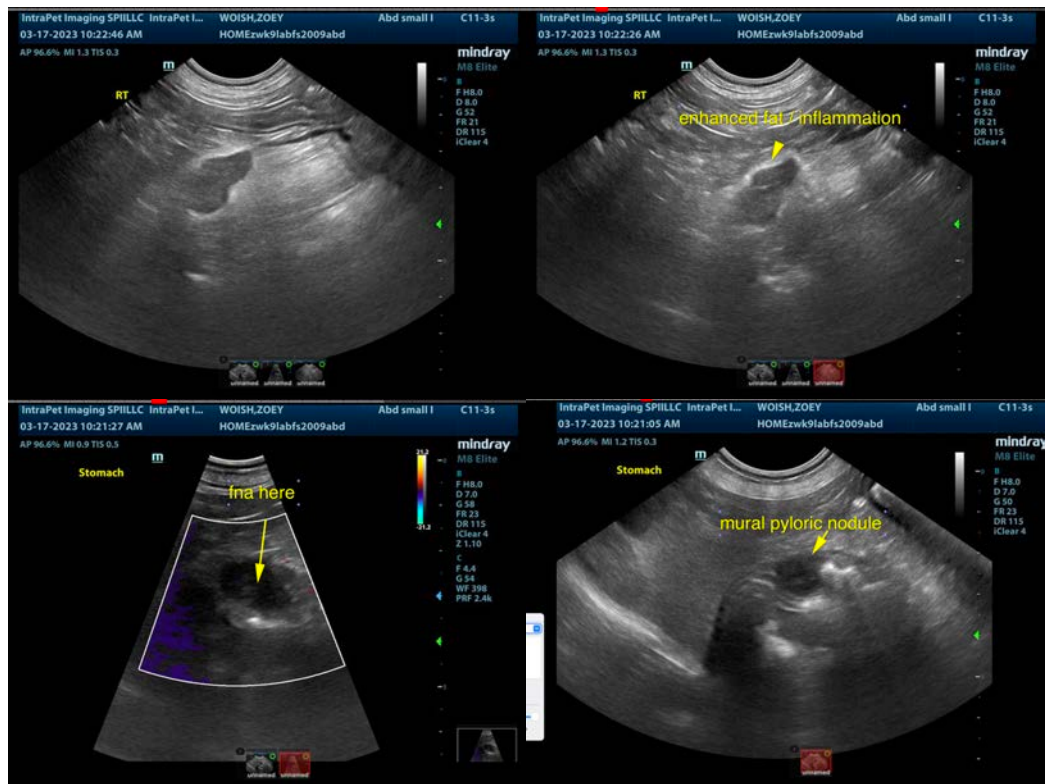
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

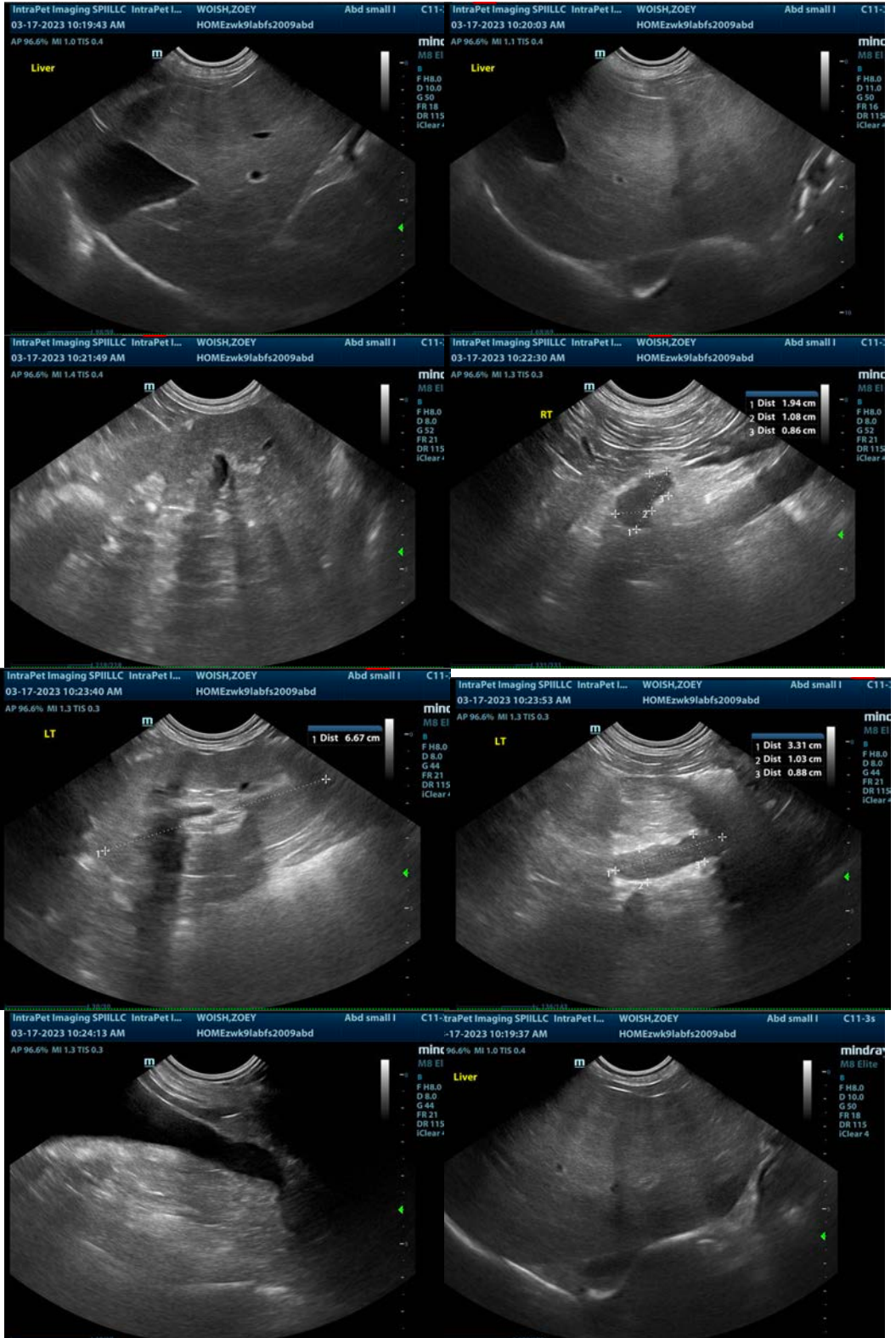
ULTRASONOGRAPHIC FINDINGS

- Progressively swollen liver – concern for emerging round cell neoplasia.
- Mild heterogeneous spleen
- Enlarged left adrenal, irregular right adrenal
- Gastric mural nodule
- Age related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Benign hepatopathy is still possible. However, emerging round cell neoplasia is a potential. Strongly recommend FNA of the gastric nodule and liver in this patient for further definition. Prognosis is guarded. Underlying adrenal adenitis may be playing a role in the current Addisonian state. Comorbidity outside of the Cushing's disease diagnosis may be playing a role also in the Addisonian state.





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.

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