

**DATE PRESENTING CLINICAL SIGNS**

3/30/23

Elevated ALP and Cr in November 2022. ALP 616, Cr 1.9. P non-clinical for Cushing's, but presented for cough on 02/16/2023. Chest rads unremarkable, but apparent hepatomegaly on incidental cranial abdominal rads.

PATIENT

Desi Weatherstein

Current Medications: Started on 02/16/2023: 100mg Doxycycline BID

Cough Tabs q 8hrs, Tobramycin eye drops

Lab Results: Nov 2022: ALP 616, Cr 1.9.

SPECIES

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Canine

Stat Report: Not requested.

BREED

Imaging Performed By: Rachel Brillhart, RDMS.

Maltese Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX****Urinary System**

Neutered Male

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.

AGE

12/2/08

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 5.34 cm. The right kidney measured 5.44 cm.

WEIGHT

25 Pounds

Adrenal Glands**INTERPRETED BY**

The **right adrenal gland** measured the upper limits of normal, measuring 2.13 cm x 0.76 cm at the caudal pole and 0.86 cm at the cranial pole.

Eric Lindquist, DMV

DABVP, Cert. IVUSS

The **left adrenal gland** was uniformly enlarged, measuring 2.17 cm x 1.11 cm at the cranial pole and 0.91 cm at the caudal pole.

HOSPITAL NAME

Everhart VH

Spleen

The **spleen** revealed an expansive mixed hypo- to isoechoic mass, measuring 3.3 cm x 2.74 cm. No cavitation was noted. Blood flow was mild.

REFERRING VET

Dr. DelFavero

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. 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.

INVOICE

21859

The **gallbladder** was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted. Minor suspended calculi were noted.

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.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some moderate 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. The right limb measured 1.5 cm.

Other

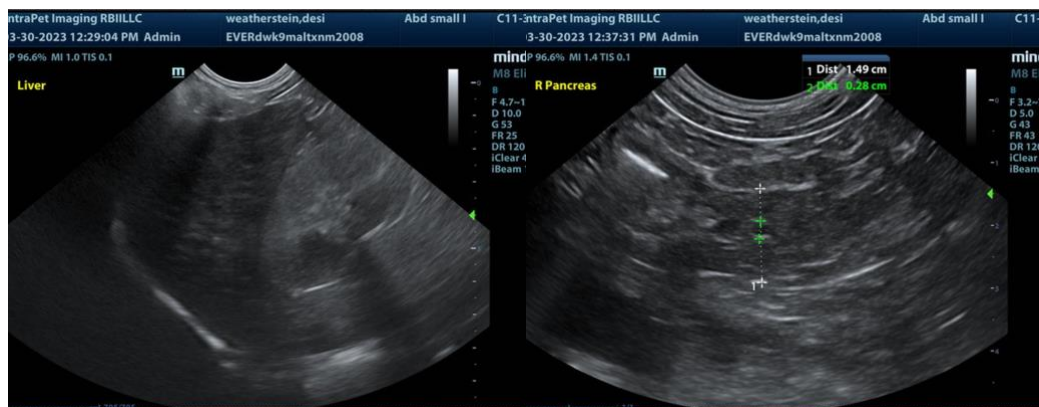
A rapid view of the **heart** revealed no evident pathology in the right auricle or pericardium. Contractility was normal. No subjective evidence of disease. No pleural effusion was noted in the acoustic window.

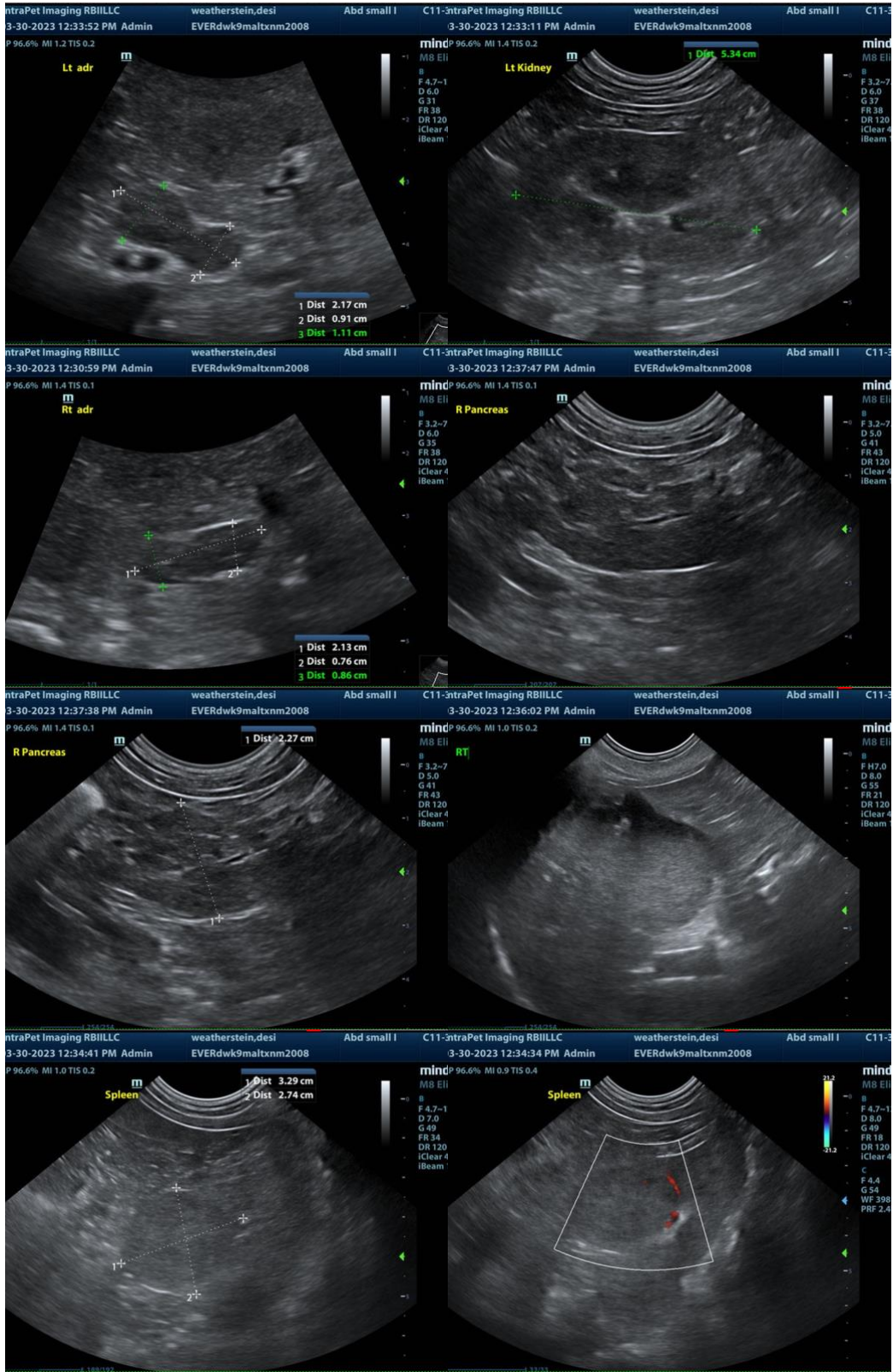
ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy with excessive gallbladder debris and gallbladder calculi
- Enlarged left adrenal gland, right adrenal upper limits of normal size
- Splenic mass- hyperplasia, hematoma, hemangiosarcoma are all possible. Round cell neoplasia is less likely.
- Age-related renal, hepatic and pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious evidence of metastatic disease. If the patient is cushingoid, then work up for either pituitary dependent or left adrenal dependent Cushings could be considered. Justification for splenectomy +/- left adrenalectomy could be considered, as well as liver biopsy and manual expression of the gallbladder.







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.

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