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DATE

5/2/23

PATIENT

Dolly Thomas

SPECIES

Canine

BREED

Maltese

SEX

Spayed Female

AGE

6/13/10

WEIGHT

11.3 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Mengers

INVOICE

47052

PRESENTING CLINICAL SIGNS

Presented for annual exam on 4/20/23. Thinned haircoat and abdominal distension on PE. Hx of suspicion for Cushing's dz. Elevated liver and kidney values

Current Medications: doxycycline 100mg - 1/4 of a tab PO BID for tracheal collapse, tacrolimus 0.02% ophthalmic solution - Apply 1 drop OU BID, neo-poly-dex ophthalmic solution - Apply 1 drop OU BID x 7 days
Lab Results: Creat 2.1, BUN79, SDMA 25, total protein 7.9, glob 4.2, ALT 234, ALP 802, GGT 26
Date of Previous IntraPet Ultrasound: 6/26/20. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brillhart, RDMS.

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 **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. Pyelectasia noted in the left kidney at 0.26 cm. The left kidney measured 4.4 cm. The right kidney measured 4.1 cm with pinpoint mineralization and loss of mural detail noted.

Adrenal Glands

The **left adrenal gland** measured at the upper limits of normal/slightly enlarged at 2.43 cm x 0.92 cm at the caudal pole and 0.78 cm at the cranial pole.

The **right adrenal gland** measured 2.52 cm x 1.79 cm at the cranial pole and 0.89 cm at the caudal pole with a 0.55 cm x 0.92 cm larger nodule. Other nodules noted as well.

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 enlarged and heterogeneous with mixed echogenic nodular changes. The largest hypoechoic nodule measured 0.90 cm. Coalescing nodules created a 5.5 cm right cranial mass. A separate left-sided hyperechoic mass was noted at 2.7 cm. 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.

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

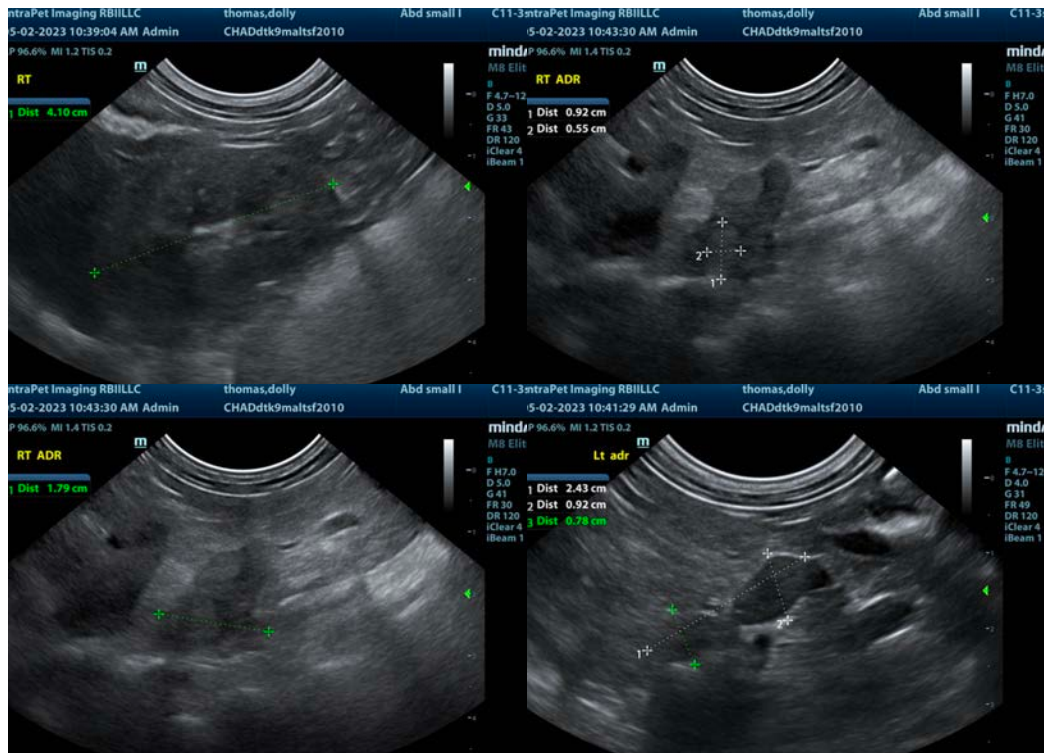
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

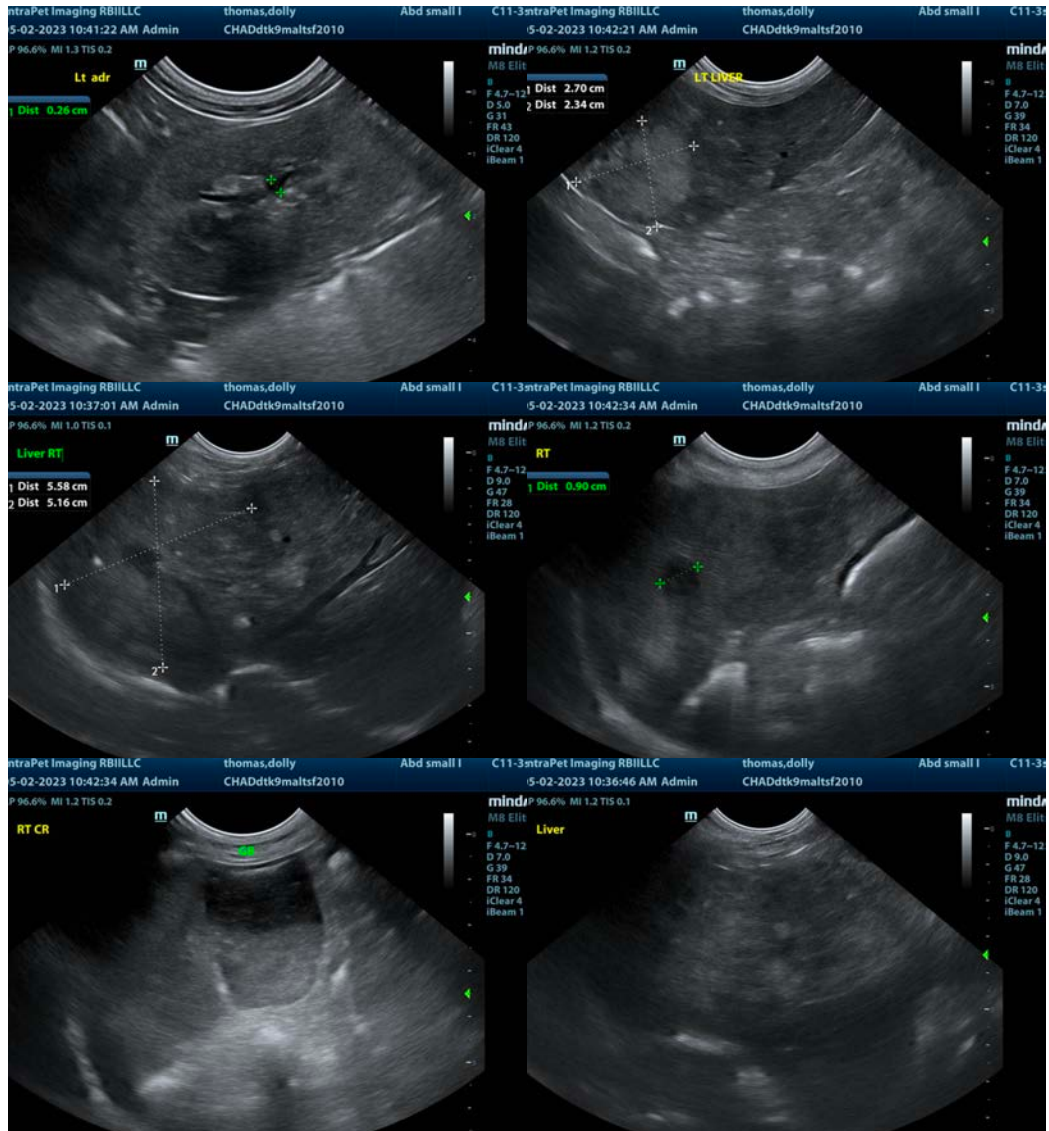
ULTRASONOGRAPHIC FINDINGS

- Nodular right adrenal gland – differentials include nodular hyperplasia/PDH related hyperplasia, carcinoma, or pheochromocytoma, adenoma.
- Prominent left adrenal gland – possibly owing to PDH.
- Multiple hepatic masses and nodules – hepatic carcinoma or metastatic disease versus pronounced hyperplasia.
- Moderate degenerative renal changes - progressed from prior sonogram.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the various left and right-sided liver lesions strongly recommended. Blood pressure measurements warranted. If hypertension is present, urine catecholamine indicated to assess for pheochromocytoma less likely. If USG is <1.020, workup for Cushing's indicated. Right adrenal dependent Cushing's or PDH could be present. Concern for emerging renal failure in this patient as well.





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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