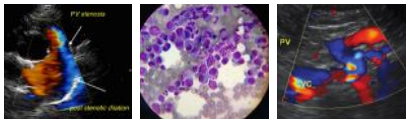
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

6/29/23

PATIENT

Lily Tittle

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

9/27/11

WEIGHT

24.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Bayside AMC

REFERRING VET

Dr. Buchanan

INVOICE

23133

PRESENTING CLINICAL SIGNS

History: Pickier appetite with some increased urination signs. Hx of elevated ALKP. Newly significant elevated GGT and Tbilirubin compared to normal values 7 months ago.

Current Medications: None listed.
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, 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 mild to 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. The right kidney measured 5.85 cm. Pinpoint mineralizations were noted. Pyelectasia was noted in the left kidney.

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. A hyperechoic nodule was noted at the cranial pole of the right adrenal gland. The right adrenal gland measured 1.0 cm x 0.82 cm. The left adrenal gland measured the upper limits of normal at 2.41 cm x 1.09 cm at the cranial pole and 0.81 cm at the caudal pole. The right adrenal gland measured 2.14 cm x 0.53 cm at the cranial pole and 0.64 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. Hyperechoic lipid nodules were noted in the spleen, not pathological.

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 hepatic lymph nodes were unremarkable. The gallbladder was overdistended

with striating bile (largely immobile), consistent with emerging mucocele, measuring 6.0 cm x 2.2 cm in long axis. No evident 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

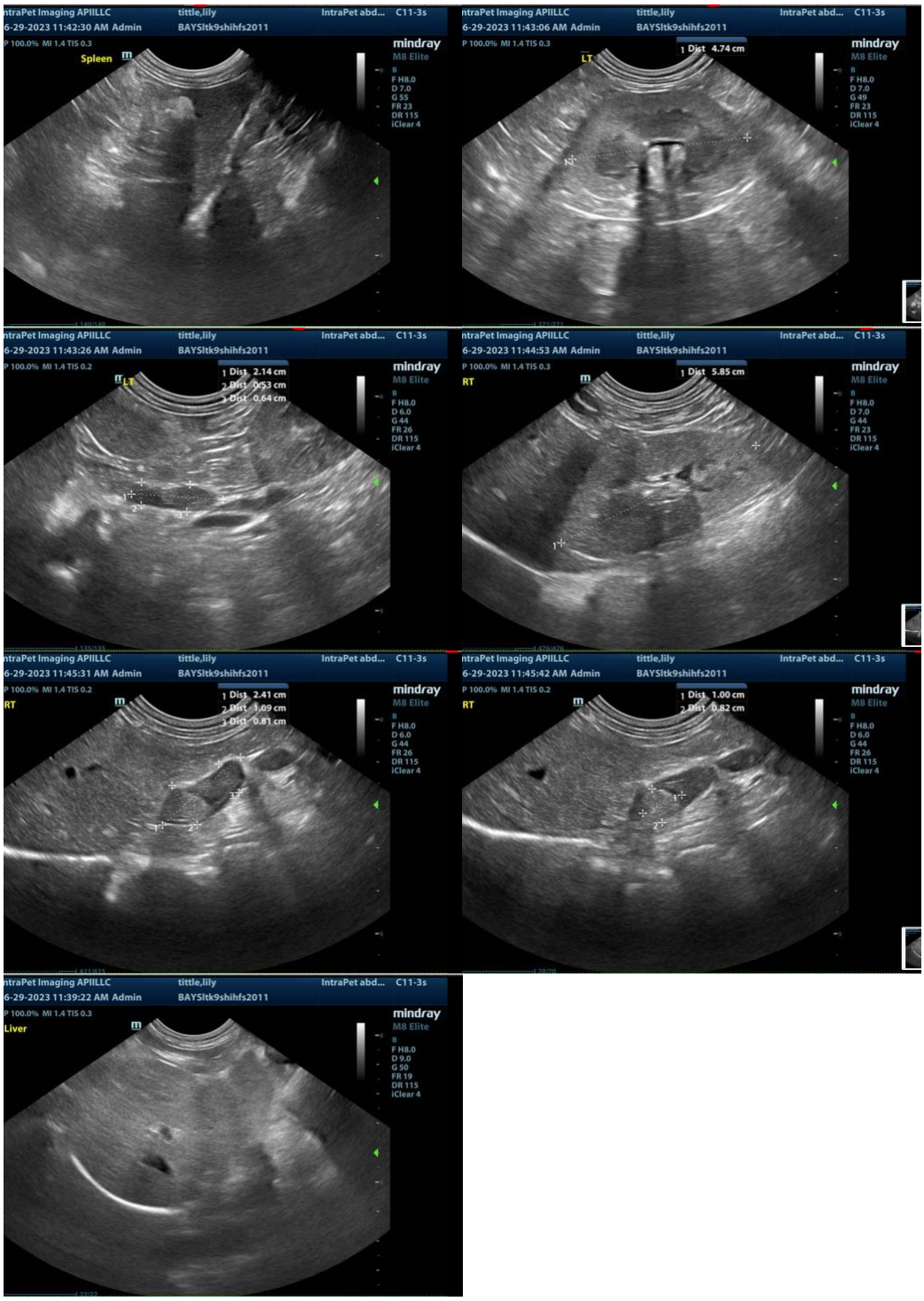
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. 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.

ULTRASONOGRAPHIC FINDINGS

- Subjectively benign hepatopathy with immature gallbladder mucocele
- Bilateral adrenal enlargement and right adrenal nodule- adenoma likely.
- Age-related renal changes with pinpoint mineralization and pyelectasia.
- Geriatric abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Serial blood pressures are warranted. If urine specific gravity is <1.020, and the patient appears cushingoid, then work up for adrenal dependent Cushings is indicated. Gb motility study would be deal in this patient to assess if surgical removal is necessary. Ursodiol trial over 6 weeks is an empirical option with recheck sonogram as long as the patient is stable.



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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