

**DATE**

7/15/22

PRESENTING CLINICAL SIGNS

History: Recent decrease in weight (10 lbs in 2 months). Still active at home, normal (good) appetite and water consumption. No vomiting or diarrhea. Has had "wheezing" episodes (appear to possibly be reverse sneeze) for years, recent increase in frequency. hx of grade 2-3 murmur evaluated by cardiologist last on 4/2022 (mod degenerative valve disease). On PE ...bar, generalized muscle wasting mild, no change in heart murmur. lungs clear, mm pink.

PATIENT

Moo Mandis

SPECIES

Canine

BREED

Pitbull

SEX

Neutered Male

AGE

2/9/10

WEIGHT

58 Pounds

Current Medications: pimobendan 7.5 mg bid since 5/2022
 cetirizine 10 mg sid longterm, cosequin bid longterm

Lab Results: chem/cbc in 5/11/22 wnl.

Radiographs: 3 view thoracic rads nsf. 3 view abd rads possible cranial to mid abd mass. some displacement of intestines.

Date of Previous IntraPet Ultrasound: No previous.

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 residual prostate was uniform, measuring 1.3 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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. Mineralization was present in the kidneys. The left kidney measured 6.16 cm. The right kidney measured 6.33 cm.

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

HOSPITAL NAME

Jacksonville VH

Adrenal Glands

The **left adrenal gland** was enlarged and irregular, measuring 3.89 cm x 1.6 cm at the cranial pole and 1.19 cm at the caudal pole.

REFERRING VET

Dr. Thai

The **right adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 3.42 cm x 0.53 cm at the caudal pole and 0.87 cm at the cranial pole.

INVOICE

16656

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** 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 gallbladder sand 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.

Pancreas

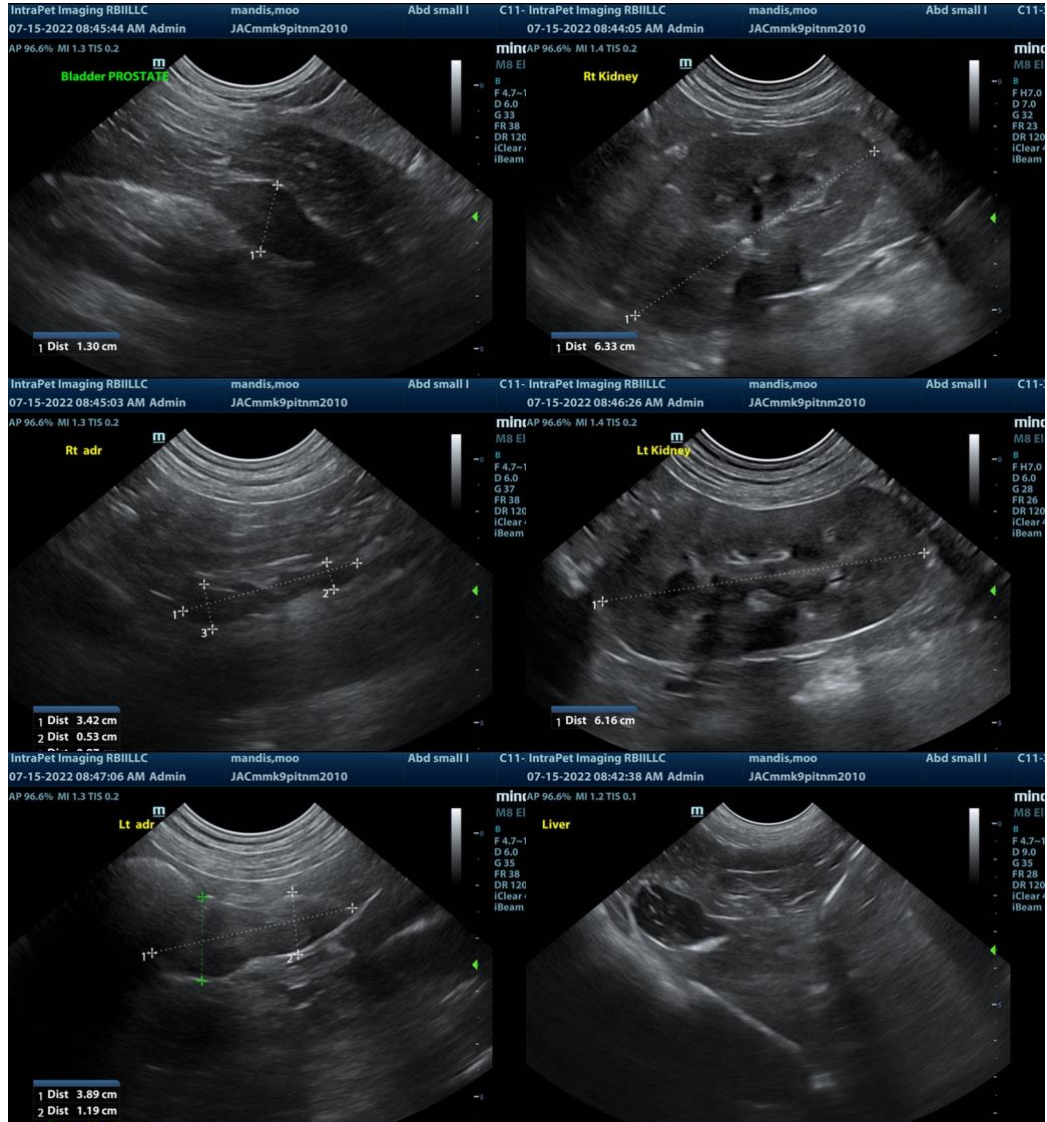
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Enlarged irregular left adrenal gland. Differentials include hyperplasia, pheochromocytoma or carcinoma.
- Age-related renal changes with mineralization.
- Gallbladder sand
- Age-related abdominal changes otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Blood pressure measurements recommended. No other potential causes of weight loss. Empirical treatment with Zithromax at 10 mg/kg s.i.d. for 5 days and then every other day up to 14-21 (if Bartonella +) days and B12 injections twice a week, hydrolyzed diet +/- Prednisolone therapy would be recommended at the minimal necessary dose to control symptoms. If hypertension is present then urine catecholamine is indicated. If the patient appears Cushingoid, work-up for adrenal dependent Cushings should be considered.



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
 Eric.Lindquist@SonoPath.com