

**DATE**

7/15/22

PRESENTING CLINICAL SIGNS**PATIENT**

Scruffy Trent

History: No current O concerns. Hx of Cushing's Disease controlled on trilostane. Hx of R anal gland adenocarcinoma removed at surgical specialist in 5/2020 and had US perform two months later at specialist and confirmed no visible regrowth. Reason for AUS and thyroid/parathyroid scan is previous anal gland adenocarcinoma and persistently high calcium since the anal gland sac removal and a prophylactic scan to evaluate other viscera.

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

Current Medications: Trilostane 10 mg PO A.M. and 5 mg PO P.M.

Lab Results: Historically elevated ALP, diagnosed with PDH Cushing's and ALP level has been stable and decreased since starting trilostane. mild bilirubin elevation, hypercalcemia elevation which has increased some in all bloodworks since anal gland mass removed in 5/2020.

Currently total calcium is 13.6. An ionized calcium was performed in 11/2021 was 1.34 and normal

Date of Previous IntraPet Ultrasound: 7/27/21. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

AGE

8/30/2010

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**WEIGHT**

19.1 Pounds

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 echogenic remodeling. Slight pyelectasia was noted in the right kidney, measuring 0.18 cm. Pyelectasia in the left kidney measured 0.47 cm. The right kidney measured 5.0 cm. The left kidney measured 5.37 cm.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Adrenal Glands**

Both **adrenal glands** were enlarged, similar to the prior sonogram. The left adrenal gland measured 2.48 cm x 1.37 cm at the cranial pole and 1.0 cm at the caudal pole. An isoechoic nodule was noted in the right adrenal gland, measuring 1.17 cm x 1.04 cm at the cranial pole. The right adrenal gland measured 2.38 cm x 1.22 cm at the cranial pole and 0.83 cm at the caudal pole.

HOSPITAL NAME

Pleasantville AH

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.

REFERRING VET

Dr. Gounaris

INVOICE

16658

Liver

The **liver** revealed a vacuolar hepatopathy pattern, uniform. The gallbladder and common bile duct 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

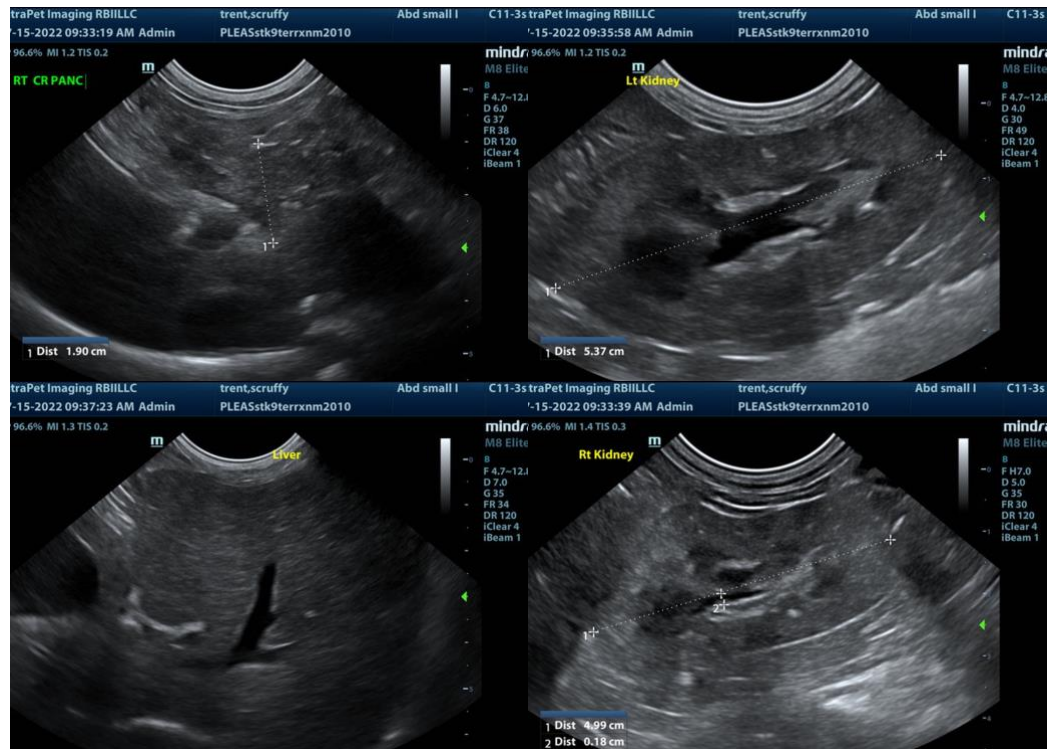
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some moderate parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes.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

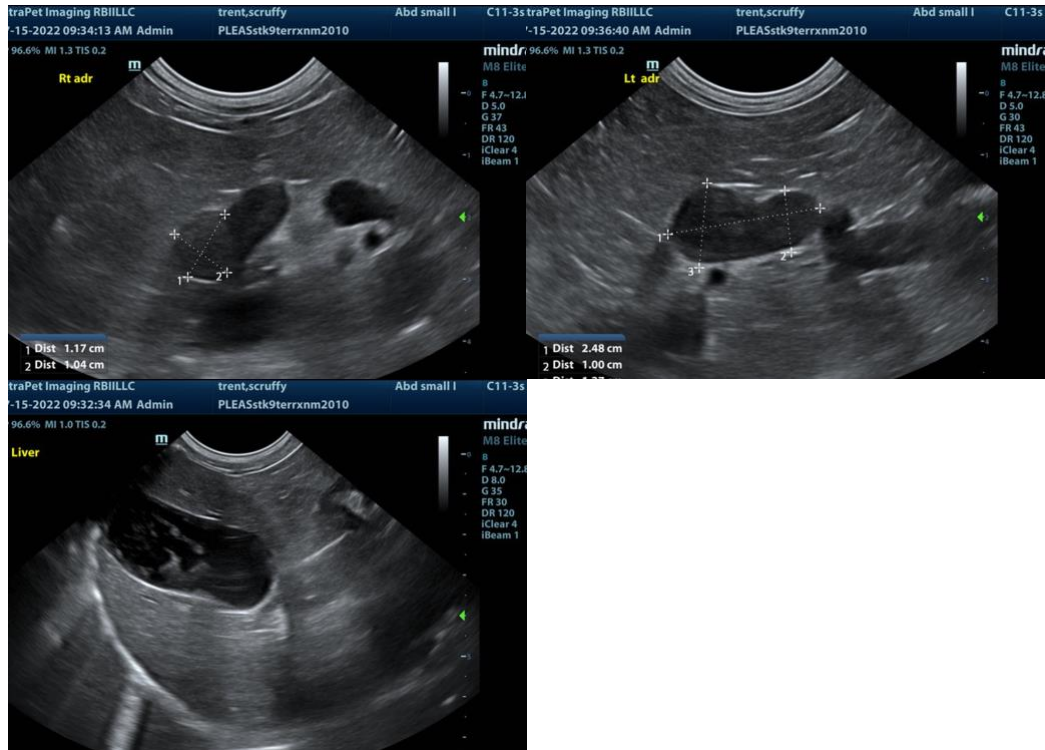
ULTRASONOGRAPHIC FINDINGS

- Mild degenerative renal changes with pyelectasia
- Bilateral adrenal hypertrophy with right adrenal nodule
- Age-related pancreatic changes
- Hepatopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Stable abdomen. Management based on clinical signs recommended. The adrenal glands are consistent with PDH with concurrent hyperplastic right adrenal nodule.





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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