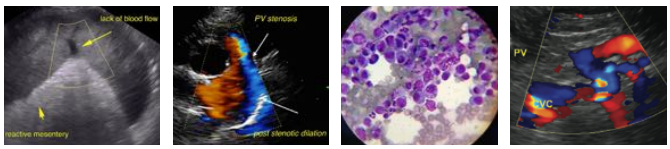
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Diesel Wood

SPECIES
Canine

BREED
Mix

SEX
Neutered male

AGE
11 years

WEIGHT
76 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Jessica Miller, RDMS

HOSPITAL NAME
Mt. Olive VH

REFERRING VET
Dr. Jones

INVOICE
42249

DATE
12/20/22

PRESENTING CLINICAL SIGNS

History: Was vomiting on and off since thanksgiving + BW showed elevated liver values. Current meds: Metronidazole 500mg BID, Thyrotabs 0.6mg BID, Apoquel 16mg SID
Abnormal PE/Chem/CBC/UA Results: AST 95, ALT 266, Alk Phos 806, GGT 18, T.bili 1.0, HCT 35

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 was 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 and no evidence of pelvic dilation was present. The right kidney measured 7.3 cm. The left kidney measured 7.14 cm.

Adrenal Glands

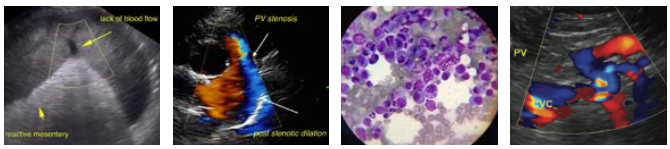
The left **adrenal gland** was mildly enlarged at the caudal pole with uniform parenchyma. Capsular expansion was noted without capsular escape. The left adrenal measured 3.38 x 0.96 cm at the caudal pole and 0.54 cm at the cranial pole. The right adrenal gland was enlarged at 3.36 x 1.49 cm at the caudal pole and 1.74 cm at the cranial pole. There was loss of structural detail and irregular contour. The right adrenal gland did not have any evidence of capsular escape or vascular invasion; however, some pericapsular inflammation was noted.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The spleen was folded upon itself cranially and may feel palpably enlarged. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Multi-focal, hypoechoic nodular changes were noted in the liver and were mildly disruptive. This is likely nodular hyperplasia with a minor potential for underlying neoplasia. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time.



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Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris 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

Concern for right adrenal pathology, mildly irregular left adrenal gland.

Nodular hyperplasia liver pattern.

Spleen folded upon itself.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An argument can be made for potential PDH, pheochromocytoma, adenoma, adenocarcinoma of the right. I recommend serial blood pressure measurements in this patient. Given the bilirubin elevation FNA of the liver is indicated. Leptospirosis titers are warranted as well as serial blood pressure measurements. If hypertension is present then urine catecholamine is warranted to assess for pheochromocytoma of the right adrenal gland. If the patient appears Cushingoid and the urine specific gravity is less than 1.020 then work-up for Cushing's is warranted. An argument can be made for either PDH or potential right adrenal dependent Cushing's. The right adrenal gland should be monitored in a month for any growth or progression as well as that of the liver presentation. Splenic and hepatic FNA would be ideal.

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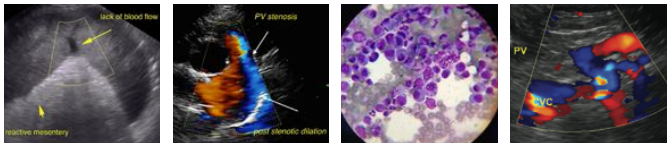

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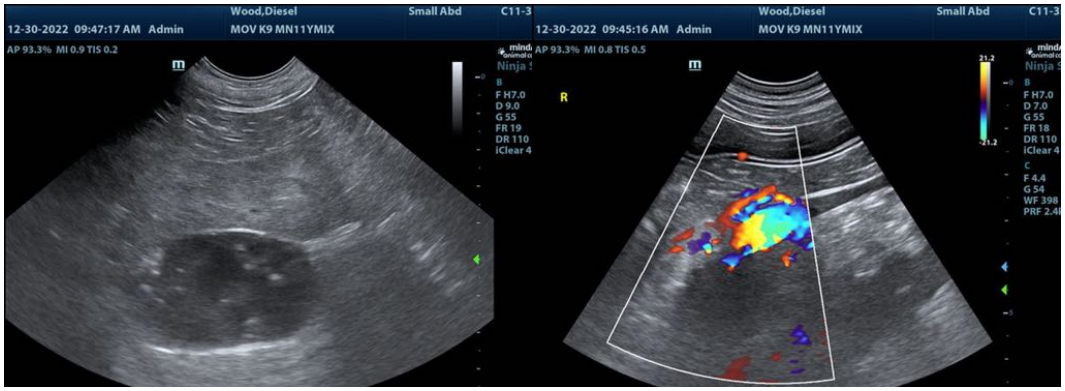

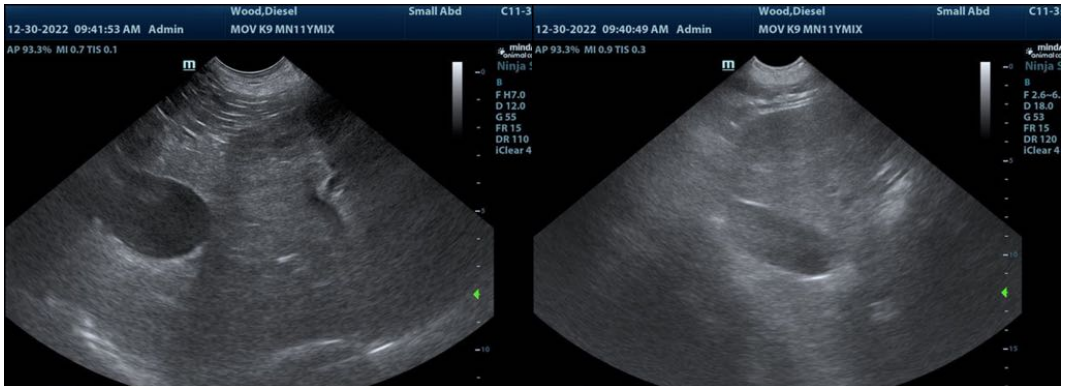

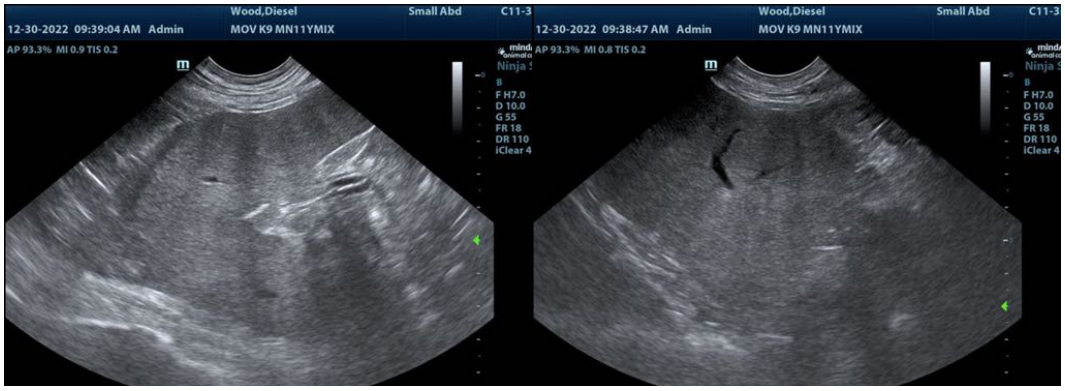

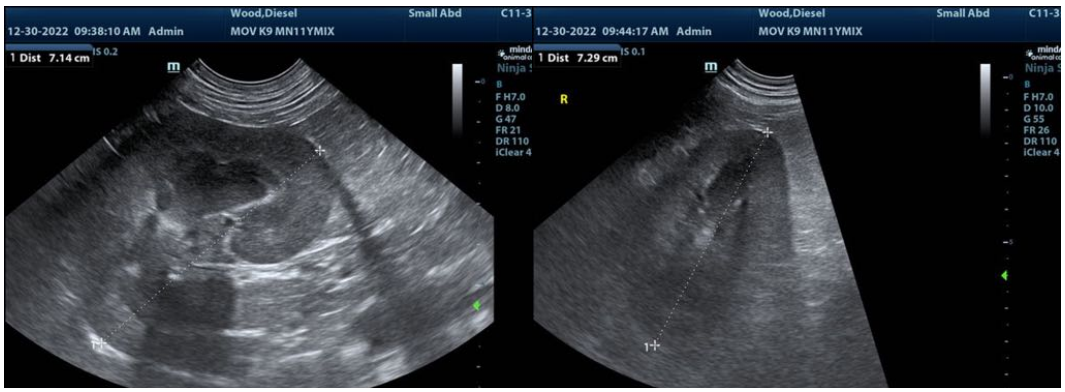

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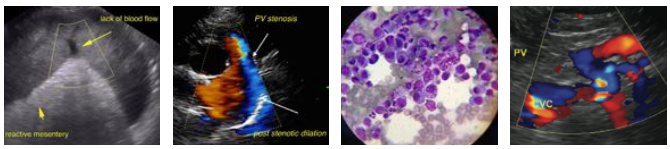

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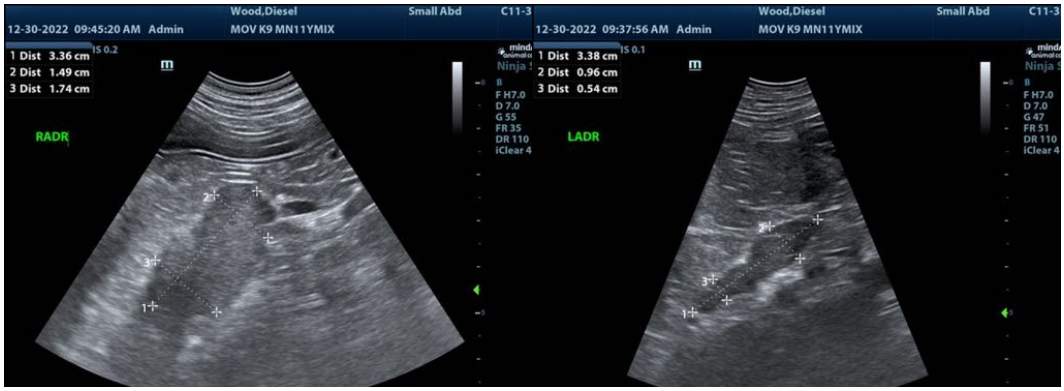

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com