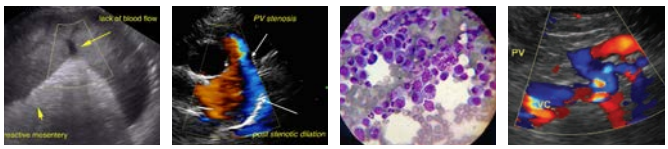
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Brooke Rozanski

SPECIES
Canine

BREED
Mixed

SEX
Spayed Female

AGE
10 Years

WEIGHT
73 Pounds

INTERPRETED BY
Jessica Midence, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY
Dr. John Ammeraal

HOSPITAL NAME
Sova Animal Hospital

REFERRING VET
Dr. John Ammeraal

INVOICE
44398

DATE
1/20/23

PRESENTING CLINICAL SIGNS

No changes observed by Owner. Doing well. Concerns with increase in ALKP
Abnormal PE/Chem/CBC/UA Results: BCS 7/9, 2 Sq masses trunk, ALKP 1328 U/L was 628 -09.21, UPC 0.3 , USG 1.010 Rest chem/ CBC NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is mildly distended with anechoic urine and bladder thickness is considered normal for volume of urine.

The left kidney is normal in size, shape and architecture with smooth peripheral margins and measures 7.35 cm. There is normal corticomedullary distinction and normal echogenicity. There are a few areas of peri diverticular mineralization. There is no evidence of pyelectasia, infarcts or hydroureter.

The right kidney is normal in size, shape and architecture with smooth peripheral margins and measures 7.4 cm. There is normal corticomedullary. distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is generally enlarged in size at 3.07 cm in length x 1.27 cm at the cranial pole and 0.75 cm at the caudal pole. It appears bulbus cranially and has a hyperechoic echogenicity.

The right adrenal gland is normal in size at 2.62 cm in length x 0.73 cm at the cranial pole and 0.65 cm at the caudal pole. The right adrenal gland has normal shape, and it is normal in appearance and echogenicity.

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 capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen.

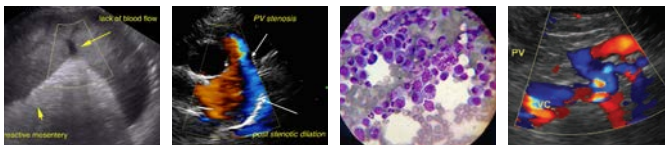
Liver

The liver is subjectively mildly enlarged in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears increased with normal portal markings. No overt evidence of inflammatory, infiltrative, or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

The gallbladder lumen is mildly distended. The wall is a normal thickness and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The gastric lumen is moderately filled with ingesta. The stomach wall is of normal wall thickness with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears normal.



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The visualized areas of duodenum, jejunum and ileum appear normal in thickness. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.

The sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity.

PRIMARY FINDINGS

- Left adrenal gland hyperplasia with right adrenal at upper limits of normal for measurement
- Hyperechoic hepatomegaly – The diffuse hepatic changes are non-specific, though are most consistent with vacuolar hepatopathy (e.g., endocrine hepatopathy such as adrenal hyperplasia, lipid accumulation, etc.). Inflammatory disease, fibrosis, extramedullary hematopoiesis, copper hepatopathy, infiltrative neoplasia, or other hepatopathy cannot be excluded, though are not suspected.

SECONDARY FINDINGS

- Mild peri diverticular mineralization of the left kidney

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The caudal pole of the left adrenal gland and the right adrenal gland measure at the upper limits of size, and the overall appearance is plump and suggestive of possible adrenal hyperplasia. While the patient may not be clinical yet for hyperadrenocorticism, this likely explains the lab work changes and changes to the liver and kidneys seen on ultrasound.

Given the lower urine specific gravity, adrenal axis testing could be considered (such as a first morning UCCR, ACTH stimulation test, or a low-dose Dexamethasone suppression test) versus continuing to monitor until the patient is more overtly clinical.

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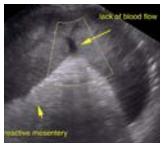
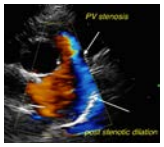
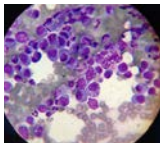
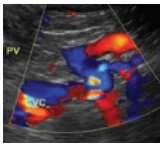

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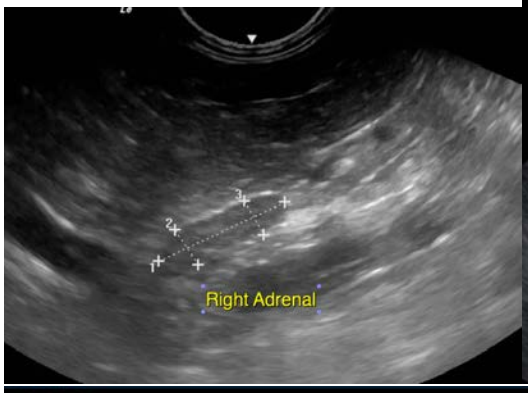

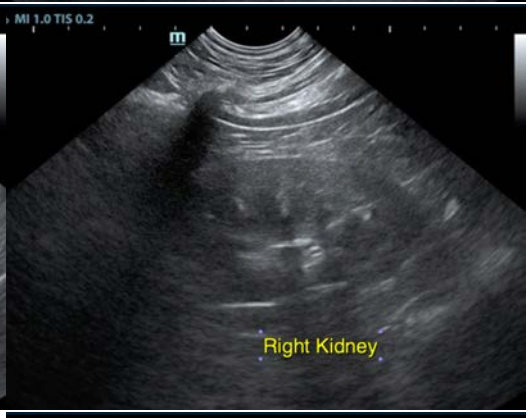

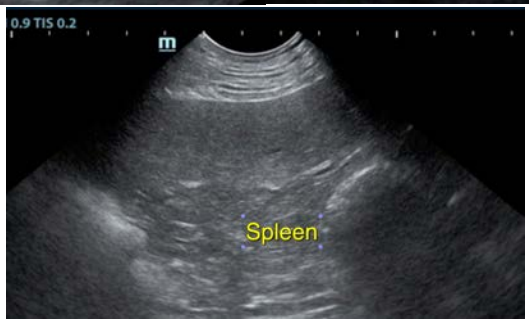

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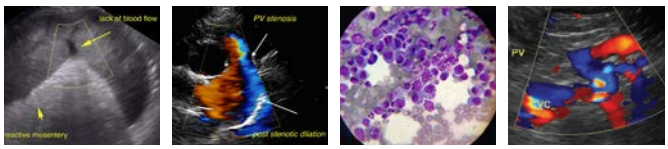

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr. Jessica Midence

info@SonoPath.com