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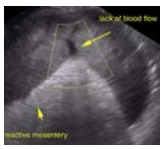
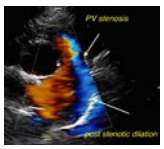
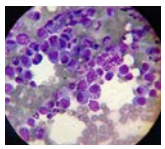
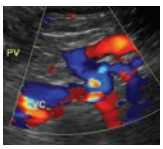

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1-800-838-4268 info@sonopath.com

PATIENT

Bandit Robinson

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

Neutered Male

AGE

13 Years 5 Months

WEIGHT

28.4 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Dr. Brian Barnes

HOSPITAL NAME

Westview Vet Hospital

REFERRING VET

Dr. Brian Barnes

INVOICE

42189

DATE

10/18/22

PRESENTING CLINICAL SIGNS

Rescan of the abdomen, last AUS Oct 2021., history panting, anxieties, drinking more DDX: Liver 1) Vacuolar Hepatopathy 2) Nodular Hyperplasia 3) Inflammatory/immune-mediated disease, 4) Fibrosis, 5) Extramedullary hematopoiesis, 6) Toxic hepatopathy (e.g., copper), infiltrative 7) Neoplasia (less likely) or other hepatopathy. 8) Emerging Cushings

Abnormal PE/Chem/CBC/UA Results: CBC - All WNL Chemistry - SDMA 11 WNL - ALP 516 (5-160) Mild elevation - Lipase 315 (0 - 250) Mild elevation - BNP 834 (0-900) WNL TT4 - 15.9 (13-53) WNL UA - Free catch, amber, slightly cloudy, USG 1.037, pH 6.0, Urine protein negative - Gluc, ket neg, bld 25 Ery/uL, Bil neg, Urobil norm,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (6.36 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.43 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is borderline large measuring 070 cm at the cranial pole, 0.92 cm at the caudal pole, and 2.41 cm in length. It is observed in its normal position cranial to the left renal artery. It is slightly abnormal in appearance in that there is an ill-defined hyperechoic nodule in the caudal pole measuring 0.47 cm x 0.54 cm. This nodule does not deform the shape of the adrenal gland and there is no evidence of vascular invasion.

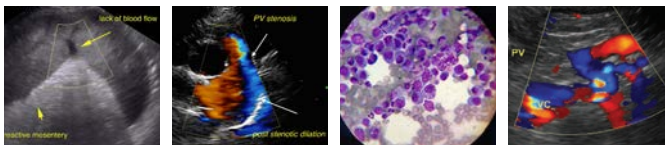
The right adrenal gland is normal/borderline large. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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 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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

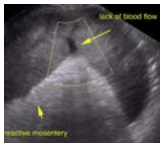
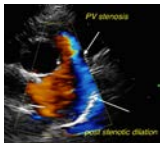
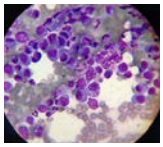
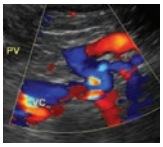
ULTRASONOGRAPHIC FINDINGS

- Borderline large adrenal glands with a hyperechoic lesion in the caudal pole of the left adrenal gland – The bilateral adrenomegaly could be consistent with bilateral hyperplasia (e.g., secondary to pituitary-dependent hyperadrenocorticism), bilateral infiltrative neoplasia, inflammatory adrenal disease, other. Correlation with clinical findings is recommended. The hyperechoic lesion could be benign and represent hyperplasia, an adenoma, etc. Alternately, this could be an early neoplastic lesion such as a carcinoma, pheochromocytoma, etc.

- Large, heterogeneous liver – The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The adrenal glands on today's scan are relatively "plump", but not overtly enlarged for a dog of this size. If clinical signs are consistent with Cushing's disease, you could consider adrenal function testing. Additionally, there is a small hyperechoic lesion on the caudal pole of the left adrenal gland. The significance of this at this time is difficult to say. This could represent an incidental lesion or be an early neoplastic lesion. My current recommendation would be to evaluate a blood pressure. If significant hypertension is present, consider catecholamine testing for a pheochromocytoma. If not, I would treat

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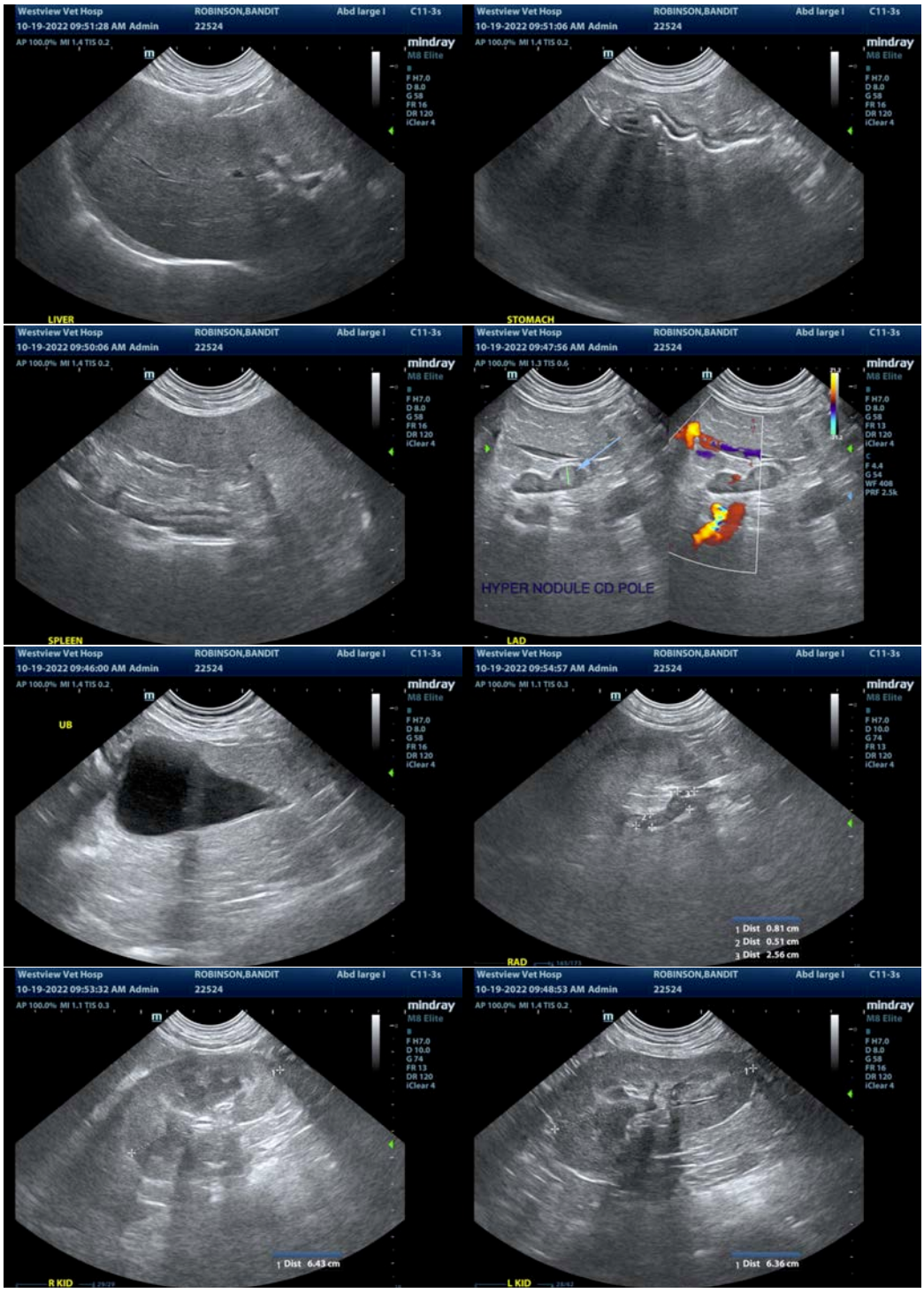
this as a bilateral adrenomegaly and recommend continued monitoring of the caudal pole of the left adrenal gland with ultrasound (recheck in 2-3 months).

If Cushing's seems less likely, consider a liver function test and a fine needle aspirate of the liver to rule out disease other than a vacuolar hepatopathy.



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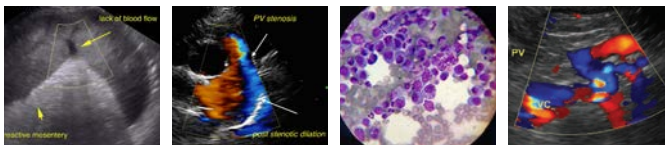

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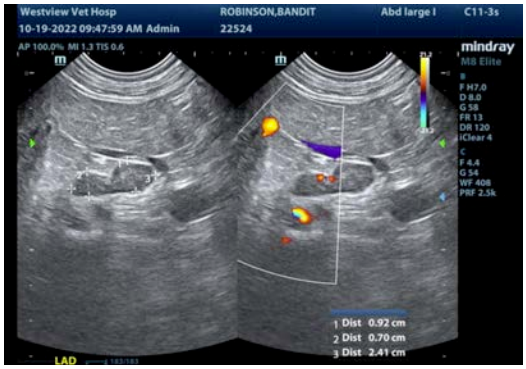

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

kathleen.sennello@sonopath.com