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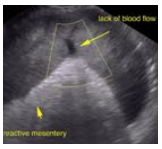
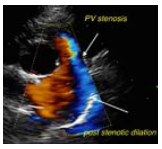
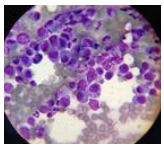
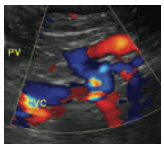

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Muggins Wiser

SPECIES

Canine

BREED

Maltese

SEX

Neutered male

AGE

9 years

WEIGHT

18.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Harris

HOSPITAL NAME

TotalBond VH-Bethel

REFERRING VET

Dr. Epstein

INVOICE

92684

DATE

10/27/21

PRESENTING CLINICAL SIGNS

History: Pt. was worked up for PU/PD, elevated ALP Sept 2021, and LDDS supported CCD; however soon thereafter cough developed and with heart murmur/MVD pt. was worked up for possible CHF (Echo at Bethel), final Dx was Chronic Bronchitits and pt's cough controlled with pred, now reduced to EOD. Pt. represented this week for what o. reports is dramatic increase in water intake, and USG 1.006 (but a similar USG was recorded prior to the starting pred and was attributed to the presumptive CCD although trilostane not initiated). Repeat work up and impressive increase of ALP, but T Bili now also elevated (CPK also, of indeterminate origin or significance). ACTH stim performed to confirm natural CCD or r/o iatrogenic, but is perfectly normal.

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 (4.33 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (4.94 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 normal in size measuring 0.43 cm at the caudal pole It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.69 cm at the caudal pole 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. There is a 0.4 cm hyperechoic nodule seen at the periphery. This is most consistent with a benign myelolipoma.

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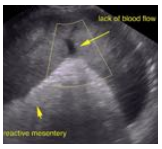

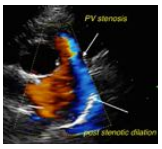

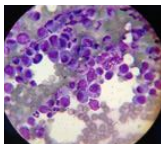
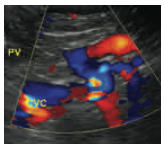

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Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed. The gallbladder has moderate debris and small mineralized stones.

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 (0.48 cm) and the jejunum measured as normal (0.23 cm, 0.34 cm, 0.29 cm). 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.

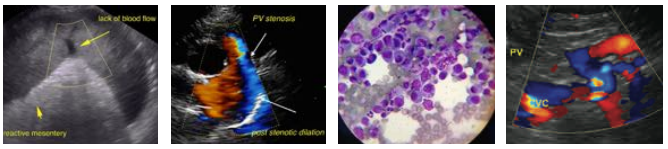
ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Moderate gallbladder debris with small, non-obstructive stones. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasound changes observed on today's scan were relatively mild and normal for this age of a dog. An obvious cause for the increase in PU/PD is not noted. Gallbladder sludge is present, but could be incidental in this patient.



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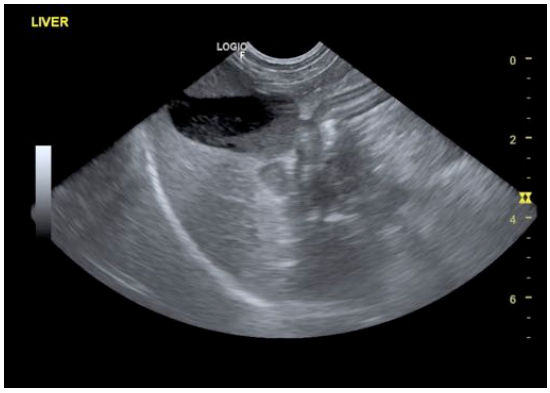
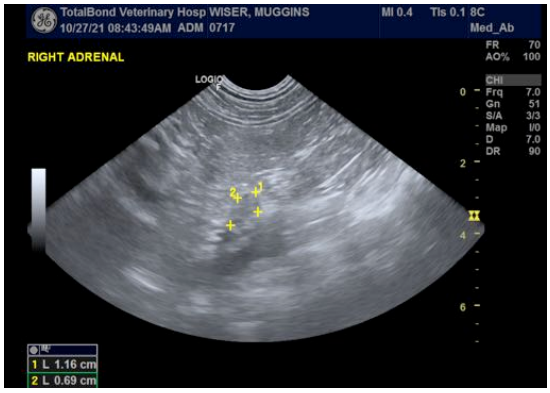
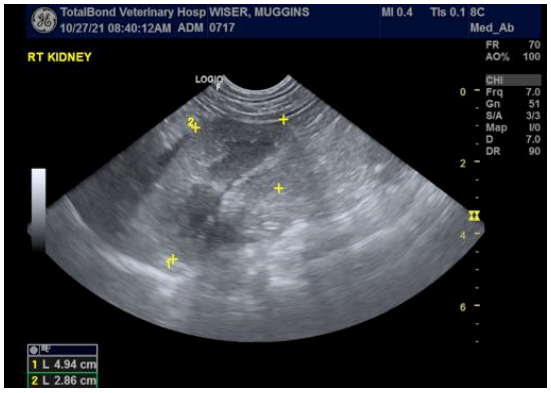
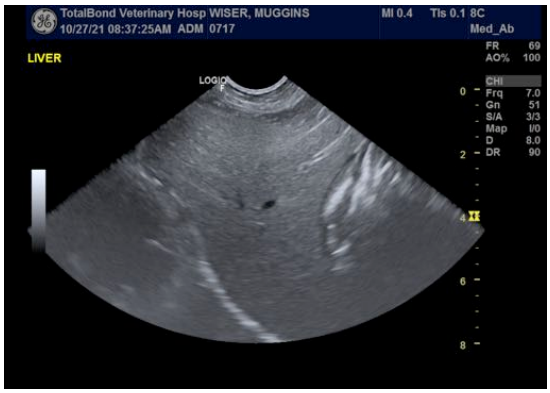
If elevation in ALP is noted since starting the Prednisone I suspect that this is the cause. Some dogs can be incredibly sensitive. Consider transitioning to inhaled steroid therapy for the bronchitis. I recommend urinalysis and culture to evaluate for possible urinary tract infection causing the PU/PD.

Additionally the adrenal glands are not overtly enlarged. This does not rule out Cushing's disease, but makes it slightly less likely. You can have a scenario of atypical Cushing's, etc. but while on any form of steroid therapy this would be very difficult to determine. Additionally, confirm normal calcium levels based on current blood work.









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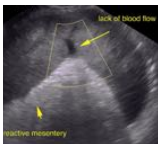
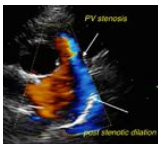
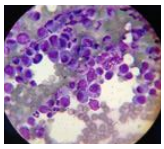
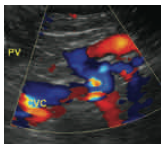

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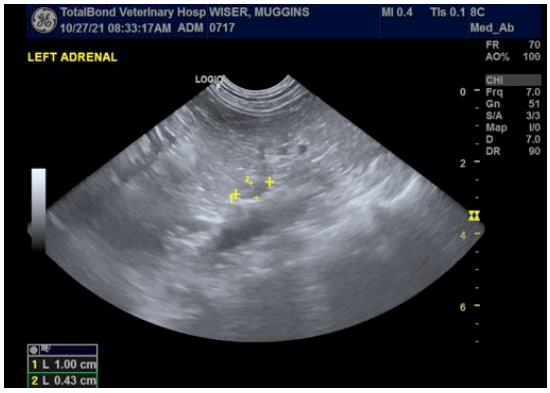

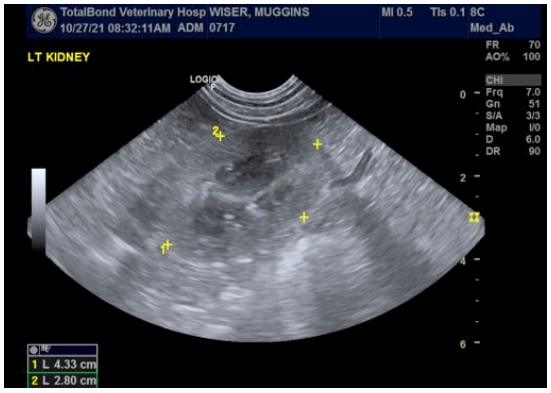

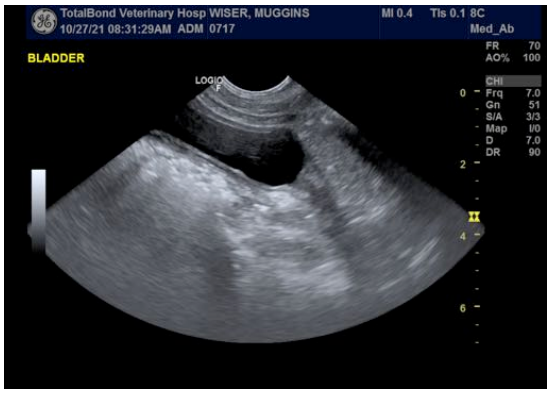

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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