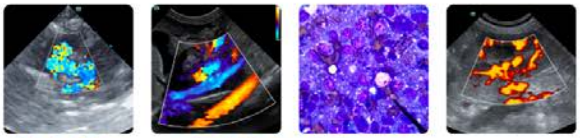

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Blazer Rennie

SPECIES

Canine

BREED

Mini Pinscher

SEX

Neutered Male

AGE

12 Years

WEIGHT

3.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Snelgrove VS

REFERRING VET

Dr. Ioannou

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PRESENTING CLINICAL SIGNS

Findings: O said that he has changed over the past month He is drinking and urinating a lot and he is eating more - he is waking up to eat He has been sleeping in strange spots His arthritis is acting up more and he seems more uncomfortable He has been having more accidents in the house - urine and BM's O showed me a video of his breathing which seemed more labored but his breathing here was fine Abdomen is distended from eating more but no pain or masses felt Current Medications Librela, Gabapentin

Abnormal PE/Chem/CBC/UA Results: Values CBC - ok ALT 798 (18-121) ALP 1281 (5-160) T4 WNL's Radiographic Findings None Primary Question to Be Answered in This Exam Is there evidence of neoplasia? Hyperadrenocorticism?

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 prostate is normal in size (0.75 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (4.01 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 (4.04 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.

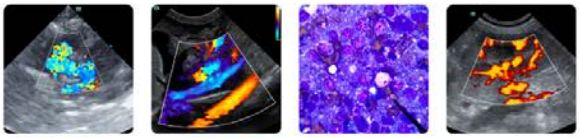
Adrenal Glands

The left adrenal gland is “plump” measuring 0.63 cm at the cranial pole and 0.69 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 “plump” measuring 1.23 cm at the cranial pole and 0.61 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 (0.83 cm), 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.



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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.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. Some of the debris appears adhered to the gallbladder wall. 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. Duodenum wall measures 0.33 cm. Jejunum wall measures 0.28 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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.

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 “plump” adrenal glands – Findings could be consistent with anatomic variation or bilateral hyperplasia.
- Large, heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.
- Moderate gallbladder with some debris adhered to the gallbladder wall – Findings are mild with no evidence of surrounding inflammation. This could be an incidental finding or consistent with early cholecystitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both adrenals appear somewhat “plump”. This could represent anatomic variation, early Cushing’s, etc.

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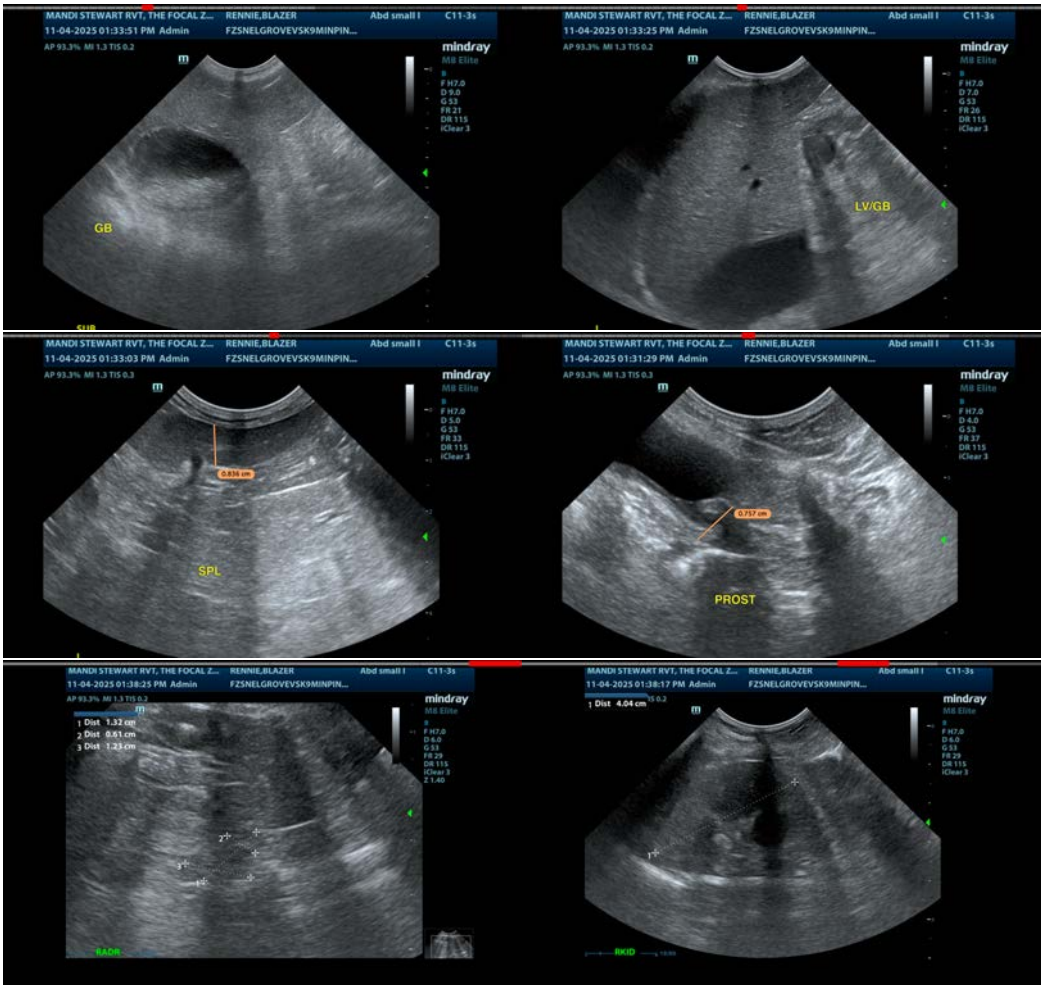
If Cushing's disease is strongly suspected based on clinical symptoms and appearance, recommend adrenal function testing.

The liver is large and heterogeneous. This could be consistent with a vacuolar hepatopathy, although other hepatopathies can have a similar appearance. Consider a liver function test +/- a fine needle aspirate of the liver for further evaluation.

There is a moderate amount of gallbladder debris with some debris adhered to the gallbladder wall. There is no evidence of overt wall thickening or surrounding inflammation. Options would include continued monitoring or initiating chronic Ursodiol therapy and continued monitoring.



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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)

info@sonopath.com