

**DATE PRESENTING CLINICAL SIGNS**

12/1/22 Following up on last years AUS to see if we're safe for anesthesia for unrelated issue.

PATIENT Current Medications: None listed.

Sue Smith Date of Previous IntraPet Ultrasound: 9/23/21. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

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.

Shepherd X

SEX

The left kidney has a normal shape and size. 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.

Spayed Female

AGE

The right kidney has a normal shape and size (5.92 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.

3/6/13

WEIGHT

49 Pounds

Adrenal Glands

INTERPRETED BY

The left adrenal gland is large and irregular, measuring 1.06 cm at the cranial pole, 1.28 cm at the caudal pole, and 3.05 cm in length. It is observed in its normal position cranial to the left renal artery. It is abnormal in appearance in that it is irregular in shape. The cranial pole is hypoechoic and asymmetrical, and the caudal pole is hyperechoic with an ill-defined nodule measuring 1.22 cm x 0.93 cm. There is no evidence of vascular invasion visualized. The hypoechoic cranial pole appears more irregular, but smaller than the previous scan on 9/23/21, where it measured 1.49 cm x 1.81 cm. The hyperechoic caudal pole is relatively stable in size, previously measuring 1.31 cm x 1.01 cm. The general left adrenal measurements at that time were 1.66 at the cranial pole, 1.08 cm at the caudal pole, and 3.59 cm in length.

Kathleen Sennello DVM,
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Medicine)

IMAGING PERFORMED BY

The right adrenal gland is normal in size measuring 0.77 cm at the cranial pole and 0.77 cm at the caudal pole, and 2.43 cm in length. 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.

Rachel Brilhart RDMS

HOSPITAL NAME

Bayside AMC

Spleen

REFERRING VET

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.

Dr. DeLozier

INVOICE

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.

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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened but is variably hyperechoic with a smooth mucosal surface, most consistent with areas of mineralized wall or adherent

mineralized debris. 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.

Other

There is a focal area of falciform fat ventral to the liver that is hyperechoic, measuring 4.6 cm x 1.89 cm.

ULTRASONOGRAPHIC FINDINGS

- Large, irregular left adrenal gland with a hypoechoic irregular cranial pole and an irregular hyperechoic caudal pole – The left adrenal remains persistently abnormal, but the cranial pole is somewhat smaller in size, and there has been no significant progression of this lesion.
- 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.
- Hyperechoic, mottled gallbladder wall – This could be an incidental finding or could be associated with cholangitis.
- Irregular focal area of hyperechoic fat in the falciform region – The significance of this is unclear. This could be focal steatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

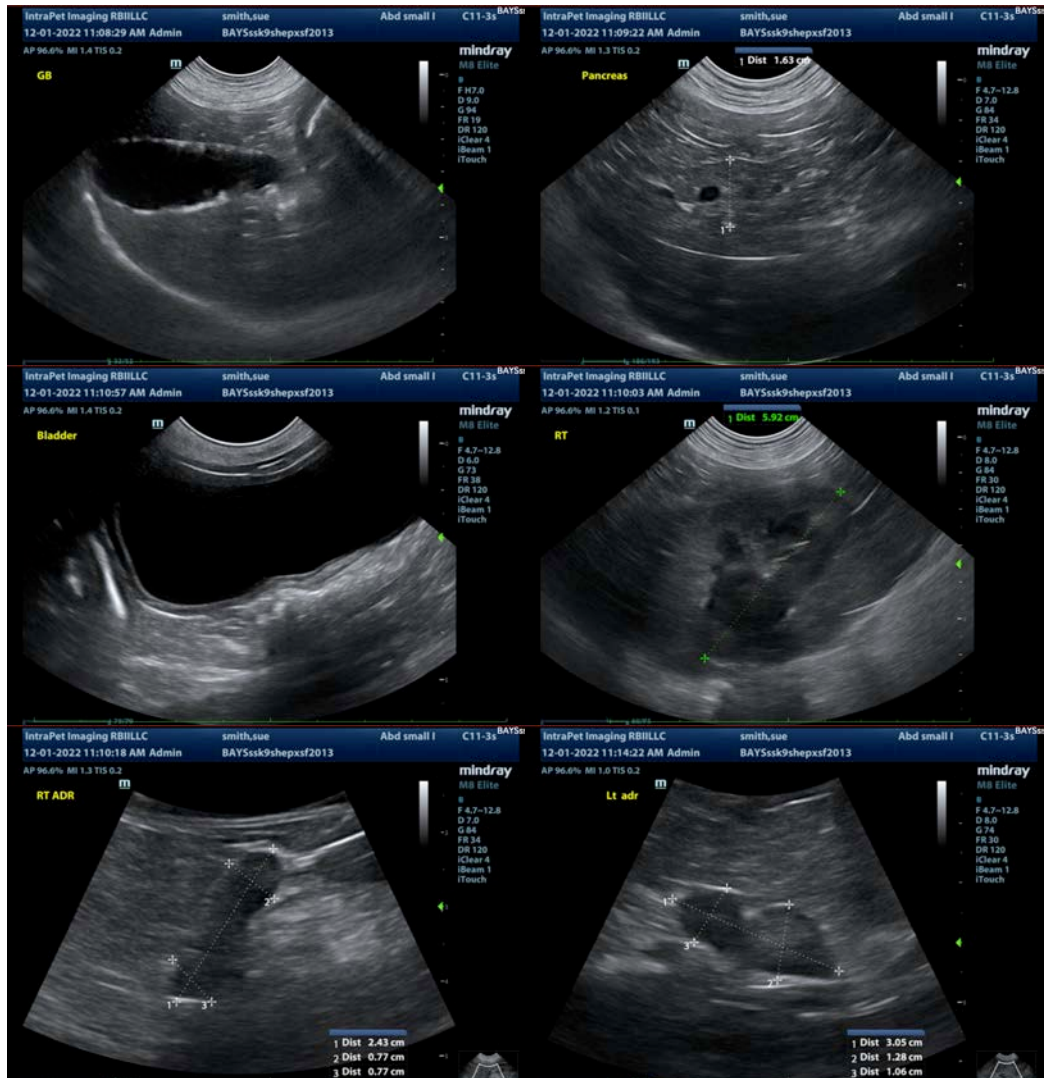
I'm very pleased that the abnormalities in the left adrenal do not appear to have significantly progressed. The adrenal still appears very irregular in margins and large, but the hypoechoic cranial pole appears smaller on today's scan, and the hyperechoic caudal pole is relatively stable. This appearance trends towards a less malignant type of process, possibly hyperplasia, adenoma, etc. The right adrenal is somewhat irregular and

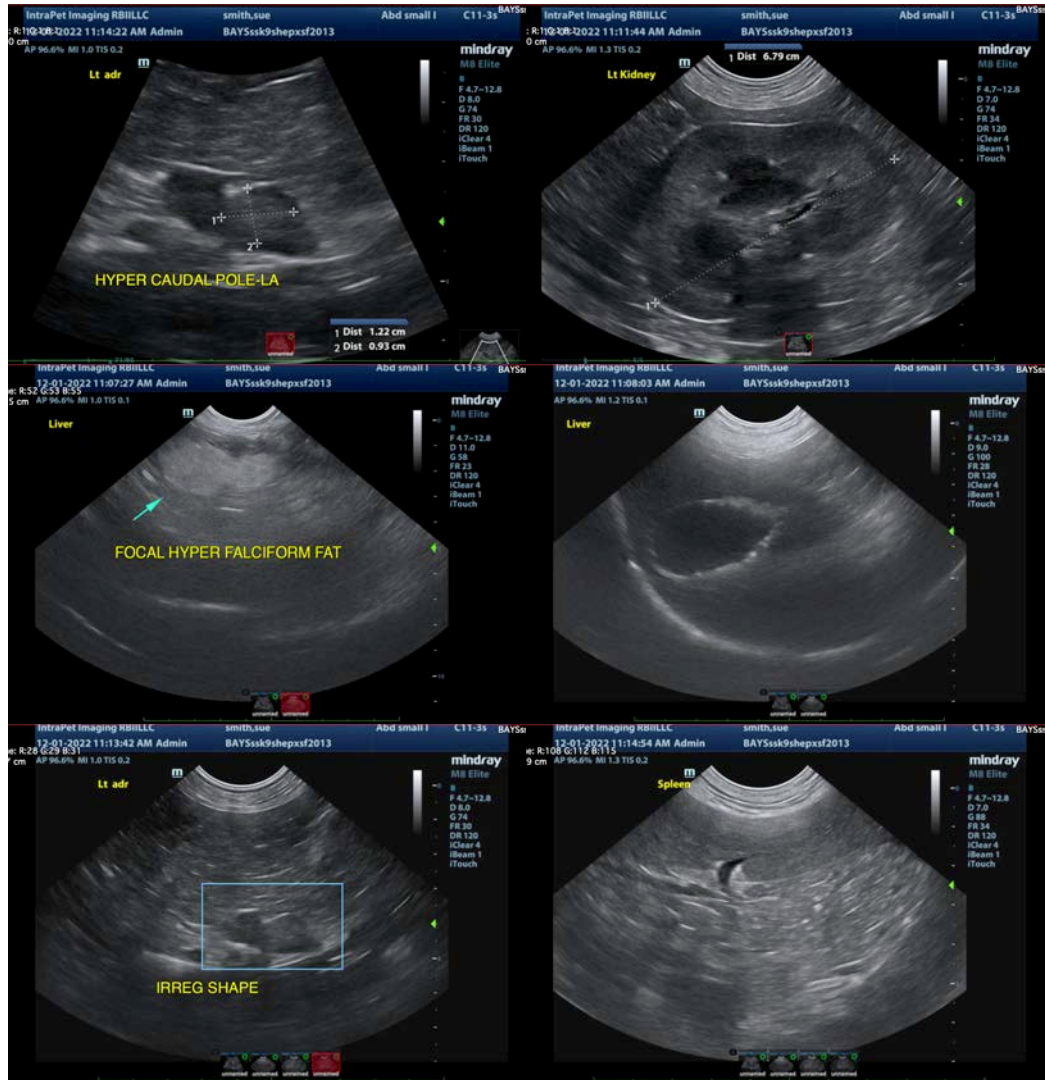
slightly prominent but is likely within normal limits.

The liver is somewhat heterogeneous. Correlate this with liver enzyme values. If there is no significant elevation, this could be consistent with age relate remodeling. Additionally, the gallbladder wall appears slightly mottled and hyperechoic, but is not overtly thickened or irregular, so I would recommend continued monitoring at this time.

The significance of the hyperechoic focal falciform fat is unclear at this time. Consider palpation of this region for any discomfort. This could represent focal steatitis. If this is changing or of concern, a fine needle aspirate could be considered.

I see no ultrasonographic readings that would contradict general anesthesia. Consider a blood pressure to ensure hypertension is not present, and consider 3-view thoracic radiographs.





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.

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