

IMAGING PERFORMED BY

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Clinical Sonography & Telecytology

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DATE PRESENTING CLINICAL SIGNS

6/29/23 PU/PD since April 2023, mass on toe- will need amputated, PE otherwise unremarkable.

PATIENT

Current Medications: Cefpodoxime 100mg SID, Rimadyl 75mg ½ BID for pain.

Lab Results: See attached.

Raven Fischer

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Boston Terrier

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.

SEX

Spayed Female

The left kidney has a normal shape and size (6.24 cm) with small cortical mineralizations. 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, infarcts or hydroureter. Renal vasculature is normal.

AGE

3/19/12

The right kidney has a normal shape and size (6.18 cm) with small cortical mineralizations. 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, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

35.4 Pounds

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is large and slightly irregular in appearance, measuring 1.66 cm at the cranial pole, 1.12 cm at the caudal pole, and 3.85 cm in width. It is observed in its normal position cranial to the left renal artery. It is large and irregular in that there are some patchy hyperechoic areas that do not appear to significantly disrupt the shape of the adrenal. In the cranial pole there is a hyperechoic region measuring 1.64 cm x 1.22 cm, and in the caudal pole and area measuring 1.47 cm x 0.60 cm. There is no evidence of vascular invasion.

HOSPITAL NAME

Nothwind AH

The right adrenal gland is large, measuring 1.39 cm at the cranial pole, 0.82 cm at the caudal pole, and 3.09 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.

REFERRING VET

Dr. Cross

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.

INVOICE

43595

Liver

The liver is large in size with smooth peripheral margins. The parenchyma is hyperechoic and heterogeneous in echotexture. 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. 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 0.28 cm. Jejunum wall measures 0.26 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

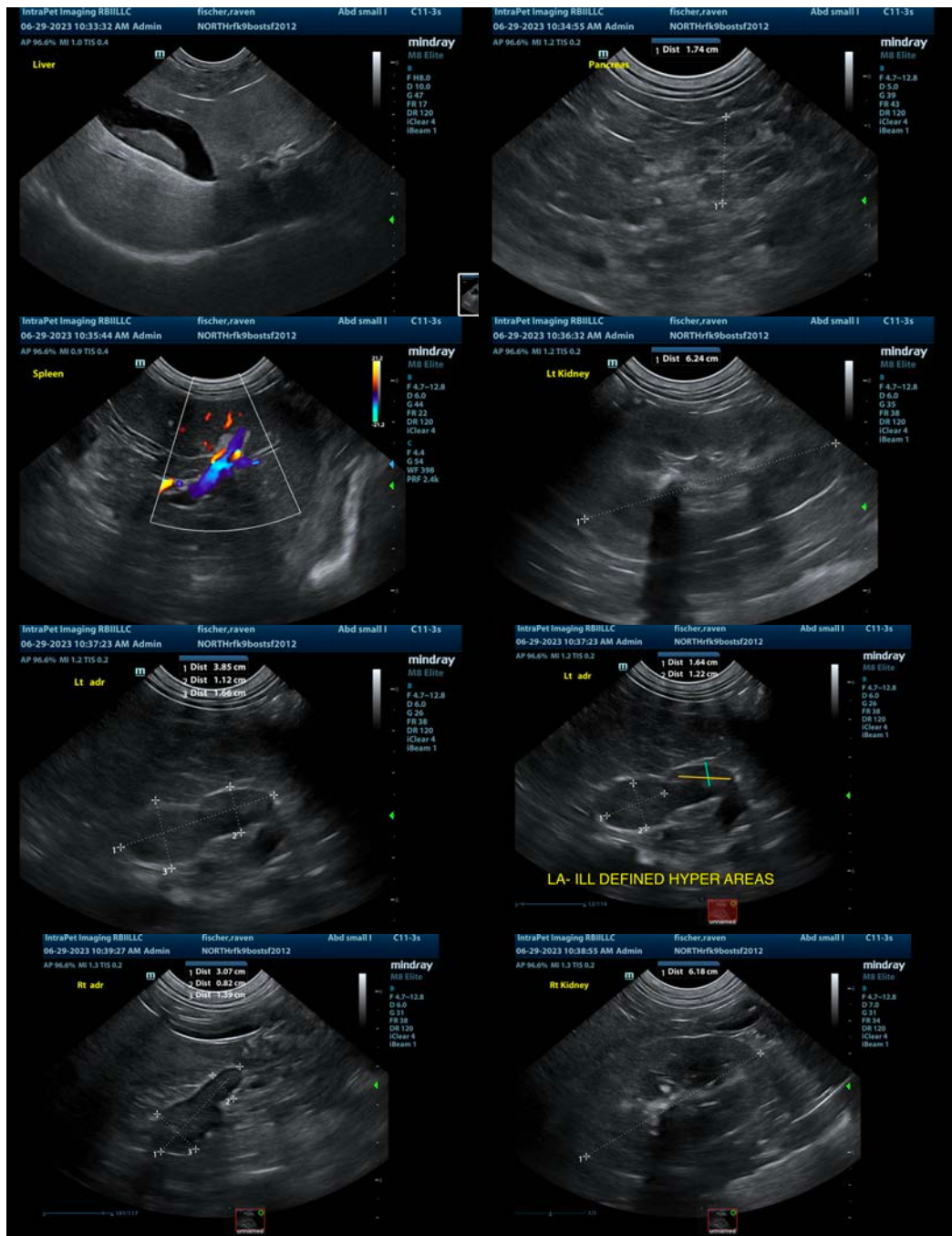
- Bilateral adrenomegaly with an irregular/mottled left adrenal gland – The bilateral adrenomegaly could be consistent with bilateral hyperplasia (e.g., secondary to pituitary-dependent hyperadrenocorticism), bilateral infiltrative neoplasia, inflammatory adrenal disease, other. Correlation with clinical findings is recommended. The irregular appearance of the left adrenal is most consistent with hyperplastic change, although continued monitoring for a possible early neoplastic lesion is warranted.
- Bilateral renal mineralizations
- Large, heterogeneous, hyperechoic liver – The diffuse hepatic changes are non-specific and can be seen with vacuolar hepatopathy, reactive change, nodular hyperplasia or, less likely, inflammatory/immune-mediated disease, infiltrative neoplasia, or other hepatopathy.
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The adrenals are large for this size of a dog, and the left adrenal appears slightly mottled. I suspect these changes in combination with the severely elevated ALP are most consistent with pituitary dependent hyperadrenocorticism. Recommend adrenal function testing and evaluation for the symptoms of Cushing's.

The changes observed in the liver are most consistent with a vacuolar hepatopathy, although continued monitoring is warranted, as an early neoplastic process cannot be definitively ruled out.

No lesions consistent with metastatic disease were observed on today's scan.



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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