



PATIENT

Rosie Shears

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

12

WEIGHT

80

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Christensen

HOSPITAL NAME

Tranquility VC

REFERRING VET

Dr. Christensen

INVOICE

43571

DATE

6/29/23

PRESENTING CLINICAL SIGNS

Presented for routine wellness. Elevated Alk-phos. Owner elected U/S to work up. Abnormal PE/Chem/CBC/UA Results: PE= WNL except for obesity and dental disease. BW attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall is diffusely mildly thickened (0.45 cm), and the mucosa is mildly irregular. The trigone, ureteral papillae, and visible urethra (to a depth of 2cm) appear normal with no evidence of severe mucosal irregularities, masses or cystic calculi. Findings are most consistent with bacterial cystitis or lack of urine distension. Recommend urinalysis and culture.

The left kidney has a normal shape and size (5.95 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 (6.51 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 large measuring 1.12 cm at the cranial pole, 1.5 cm at the caudal pole, and 2.86 cm in length. It is observed in its normal position cranial to the left renal artery. There is no evidence of vascular invasion visualized.

The right adrenal gland is borderline large, measuring 0.82 cm at the cranial pole, 1.07 cm at the caudal pole, and 2.14 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.

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 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.

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



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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.

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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.)

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Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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

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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.

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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.

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ULTRASONOGRAPHIC FINDINGS

- Borderline bilateral adrenomegaly with an enlarged caudal pole of the left adrenal gland – Findings could be consistent with pituitary dependent hyperadrenocorticism, although the caudal pole of the left adrenal gland is very prominent, so this could represent a focal nodule. At this time the appearance of the caudal pole would be most consistent with an adenoma or hyperplastic change.
- Thickened, irregular urinary bladder wall – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- 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.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Both adrenal glands appear borderline enlarged. The caudal pole of the left adrenal gland is further enlarged and slightly irregular, most consistent with a focal lesion. Recommend a blood pressure evaluation, and if signs of Cushing's are present consider adrenal function testing, as this could be an explanation for the elevation in ALP. If signs of Cushing's are present and adrenal function testing is positive, you could consider treatment. If negative or if there are no symptoms at this time, recommend continued monitoring and repeat imaging (in 2-4 months) of the left adrenal gland for possible progression of the nodule at the caudal pole. If hypertension is present, recommend measuring catecholamine levels, looking for a pheochromocytoma.

Recommend a urinalysis and culture to evaluate the thickened, slightly irregular urinary bladder wall. If



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no infection is present, recommend continued monitoring of the bladder wall to look for any progressive thickening, which could be consistent with neoplastic change.

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The changes in the liver are non-specific, and at this time possibly consistent with a vacuolar hepatopathy. If Cushing's is thought unlikely, consider a liver function test +/- a fine needle aspirate of the liver.

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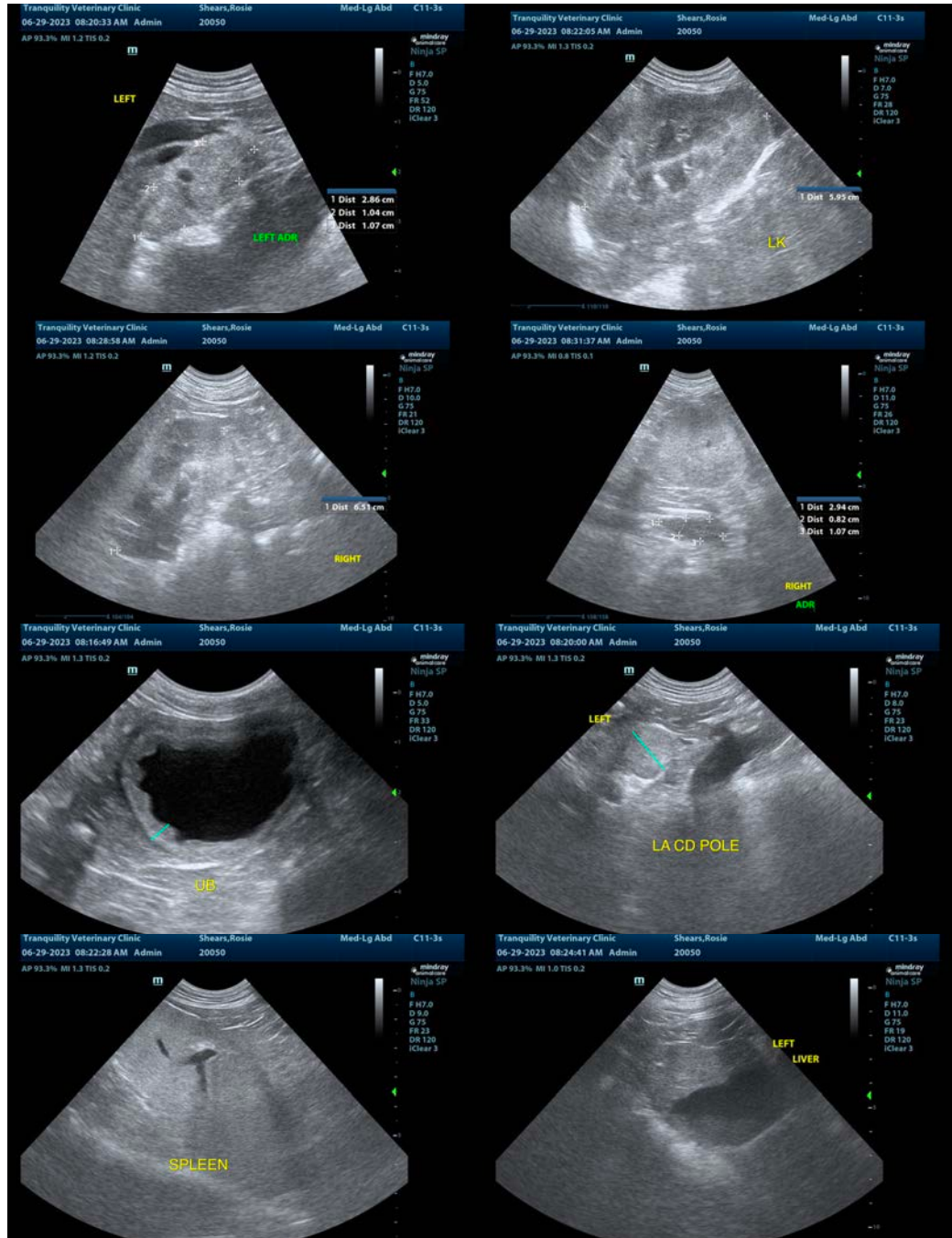
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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