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Clinical Sonography & Telecytology
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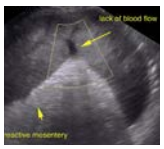
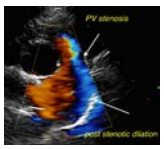
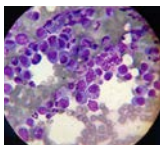
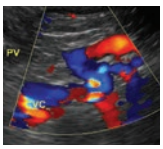





SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

JJ Batra

SPECIES

Canine

BREED

Retriever X

SEX

Neutered Male

AGE

10 Years

WEIGHT

79 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Millburn Vet Hospital

REFERRING VET

Dr. Turowsky

INVOICE

39256

DATE

7/6/22

PRESENTING CLINICAL SIGNS

Recent LDDT consistent w/ Cushing's but did not differentiate PDH vs adrenal. P has ben PU/PD + panting more. No current meds.
Abnormal PE/Chem/CBC/UA Results: ALP 309, ALT 140 UA: 1+ protein SG: 1.021

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 (8.42 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 (7.6 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 0.75 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 0.88 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.

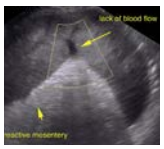
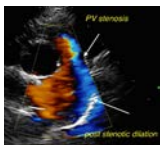
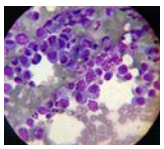
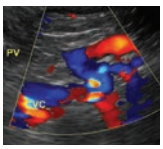
Spleen

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. No focal parenchymal abnormalities are visualized.

Liver

The liver is large in size and irregular. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a large pedunculated, heterogeneous mass effect visualized on the caudal right portion of the liver. This mass effect measures 11.53 cm x 6.61 cm. Additionally, there is a cystic hyperechoic, ill-defined region on the left side of the liver, creating a mass effect measuring 5.13 cm x 5.12 cm.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

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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.

ULTRASONOGRAPHIC FINDINGS

- Mildly heterogeneous liver with a large, pedunculated, right-sided heterogeneous liver mass and a moderate sized, left-sided cystic hyperechoic liver mass – 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. Both of these focal lesions could be consistent with benign or neoplastic lesions. The right-sided mass if very pedunculated and is a great candidate for surgical removal. The left-sided lesion has a more benign appearance in that it is hyperechoic and cystic. Contrast CT scan would be necessary to evaluate for surgical removal.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are two mass effects visualized on the liver. It is possible that both of these lesions could be benign and/or that they could be surgically removed with the possibility of a good prognosis, particularly the pedunculated lesion on the right side, as it has a narrow attachment, which would be ideal for removal. Recommend 3-view thoracic radiographs and referral to a veterinary surgeon for a contrast CT scan and evaluation for surgical removal.

It is possible that some of the symptoms you are observing and attributing to Cushing's disease could be associated with these lesions, in particular the elevation in ALP and possibly PU/PD/panting. It I difficult to say for sure. It is possible that a low-dose Dexamethasone suppression test could be artificially elevated due to this non-adrenal illness. Consider the possibility of postponing treatment and reevaluating for Cushing's disease after therapy for these liver masses.

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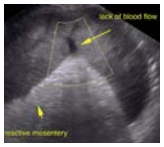
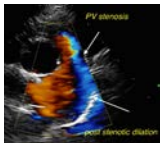
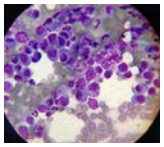
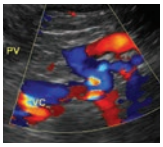

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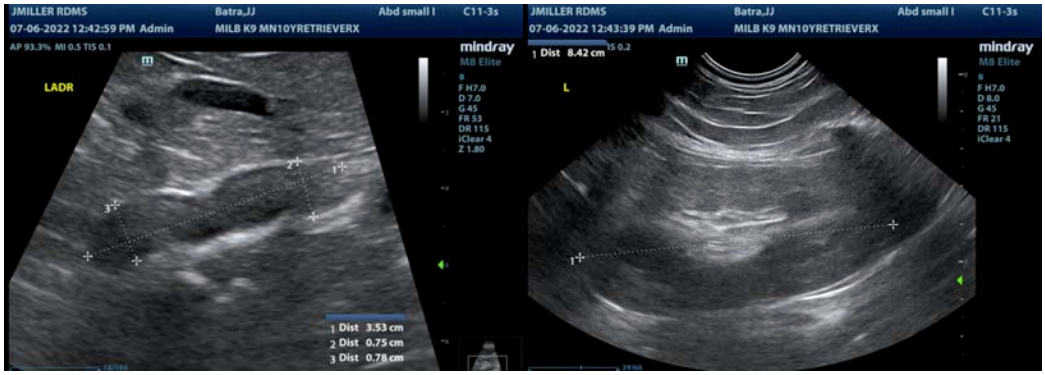

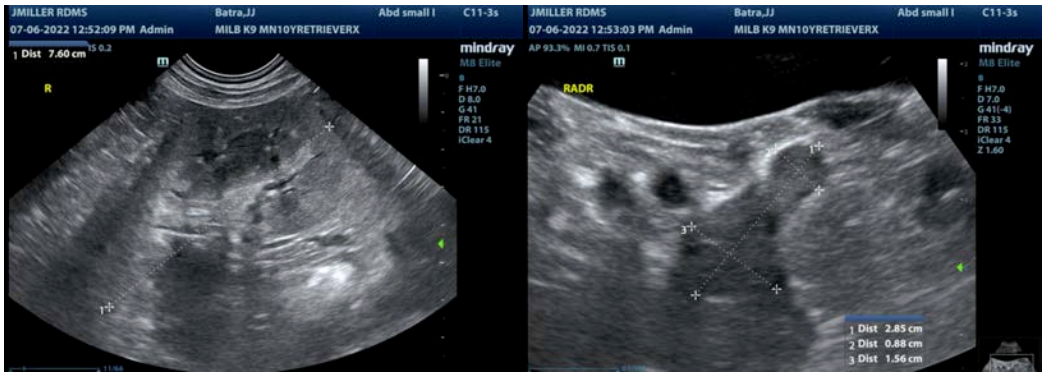

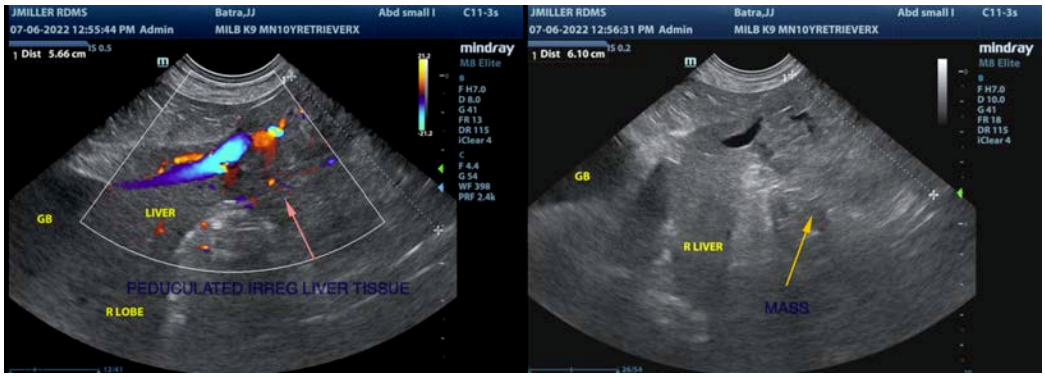

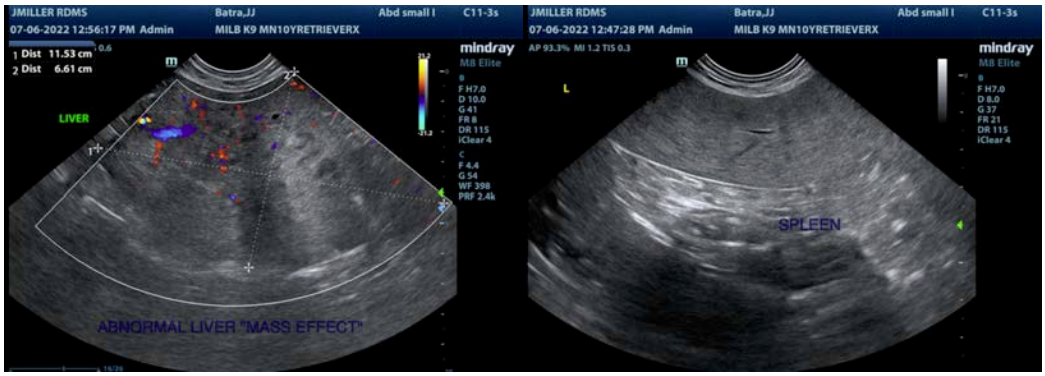

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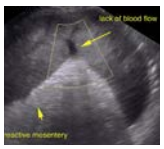
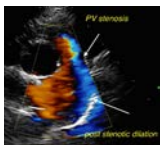
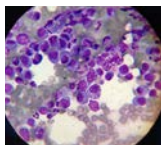
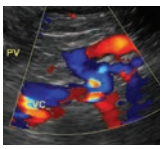

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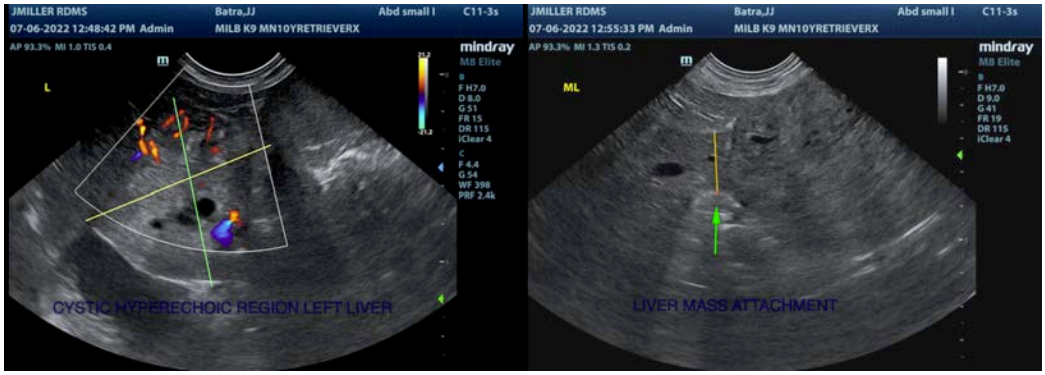

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

kathleen.sennello@sonopath.com