IMAGING PERFORMED BY

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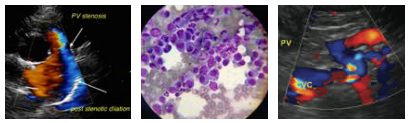

SonoPath
Clinical Sonography & Telecytology
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DATE
8/18/21

PATIENT
Dyna Hamm

SPECIES
Canine

BREED
Beagle

SEX
Spayed Female

AGE
5/20/11

WEIGHT
42.2 lbs

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

HOSPITAL NAME
Route 140 VH

REFERRING VET
Dr. Pierpont

INVOICE
91339

PRESENTING CLINICAL SIGNS

History: Initial Presentation: 8/7/21 decreased appetite, lethargic, PD, occasional diarrhea x2 weeks. History of CHF- Cardiology patient
Current Medications: Hydrocodone/Homatropine 9/2020, Carprofen, Gabapentin, Furosemide 9/2020, Cytopoint.
Lab Results: Bp= 109/97(not very compliant) Will be scheduled for an ACTH Stim. 8/7/21- Plat-581 Alp 2507 Ca 12.0 UA SpGr. 1.013 Prot. 2+. Protein: Creat 2.0
Radiographs: Abd rad 8/11/21 - Hepatomegaly, Cardiomegaly.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: not needed
Stat Report: not requested

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 left kidney has a normal shape and size (6.41 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 (6.42 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.

Adrenal Glands

The left adrenal gland is normal/subjectively enlarged in size measuring 0.82 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/subjectively enlarged in size measuring 0.71 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 not visualized as it was previously removed.

Liver

The liver is subjectively large 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 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 prominent and mottled compared to the surrounding isoechoic 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

PRIMARY FINDINGS:

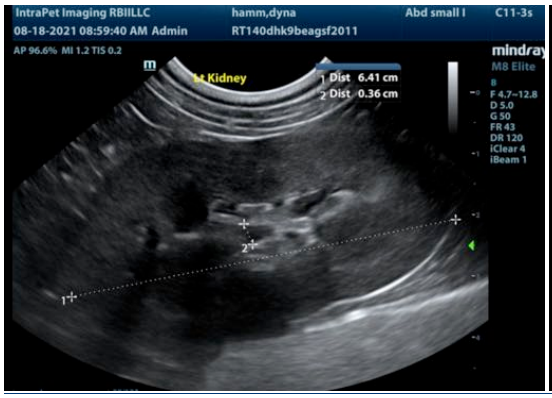
- Large, heterogenous liver. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

- Prominent, mottled pancreas. The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

- Subjective bilateral adrenomegaly. 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary abnormalities observed could be consistent with a diagnosis of Cushing's disease, unfortunately Cushing's disease is not consistent with reported symptoms of decreased appetite, diarrhea, etc. so it is likely that something more is going on. The pancreas is prominent and could be moderately inflamed. I recommend a GI panel with a quantitative PLI, B12 and folate level to evaluate further for pancreatic inflammation and concurrent small intestinal disease. It is not uncommon for dogs to have intestinal disease despite a normal abdominal ultrasound. I recommend symptomatic therapy for pancreatitis, gastroenteritis. You can also consider a liver function test if the patient is not improving. Consider further evaluation for gastrointestinal disease and rarely patients with pituitary dependent Cushing's can have a macroadenoma and experience decreased appetite, etc (would need a CT scan to diagnose). Consider adrenal function testing when this patient is feeling better. I recommend three view thoracic radiographs (if not already done) for heart disease.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hamm,dyna
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C11-3s
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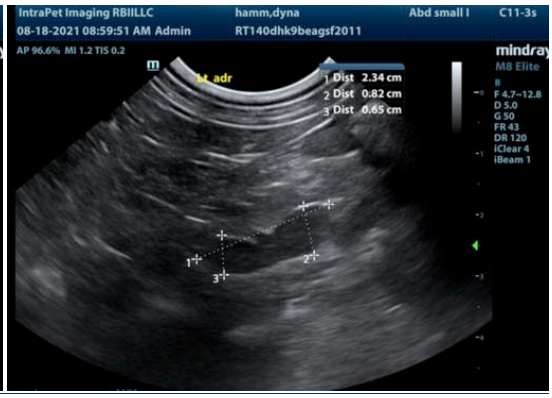
Lt Kidney
1 Dist 6.41 cm
2 Dist 0.36 cm
mindray
M8 Elite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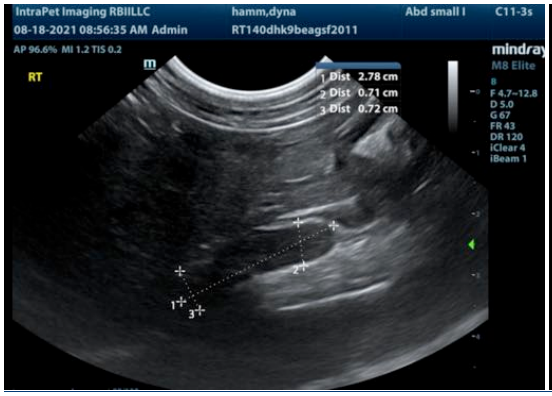
mindray
M8 Elite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RT
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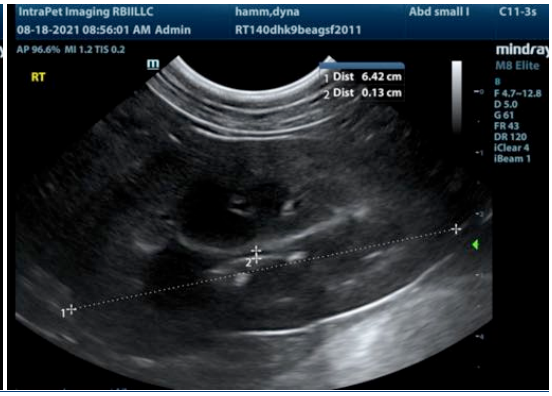
3 Dist 0.72 cm
mindray
M8 Elite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RT
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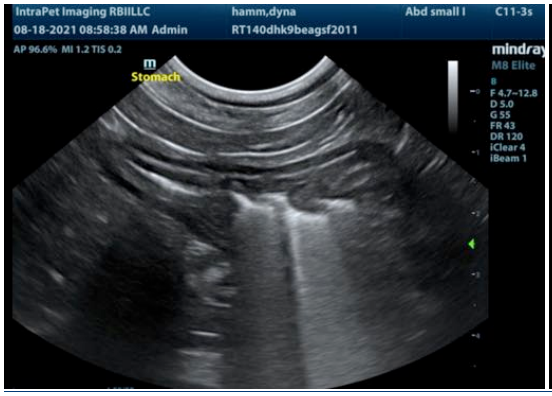
2 Dist 0.13 cm
mindray
M8 Elite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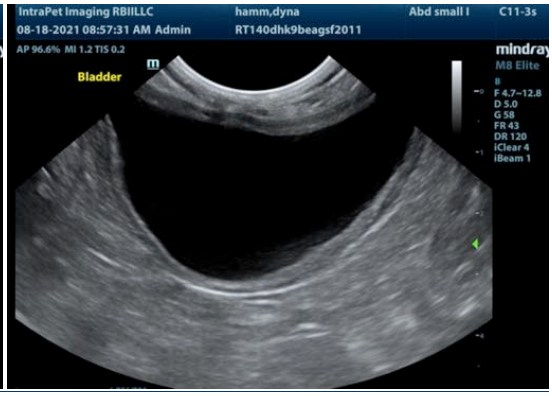
Stomach
mindray
M8 Elite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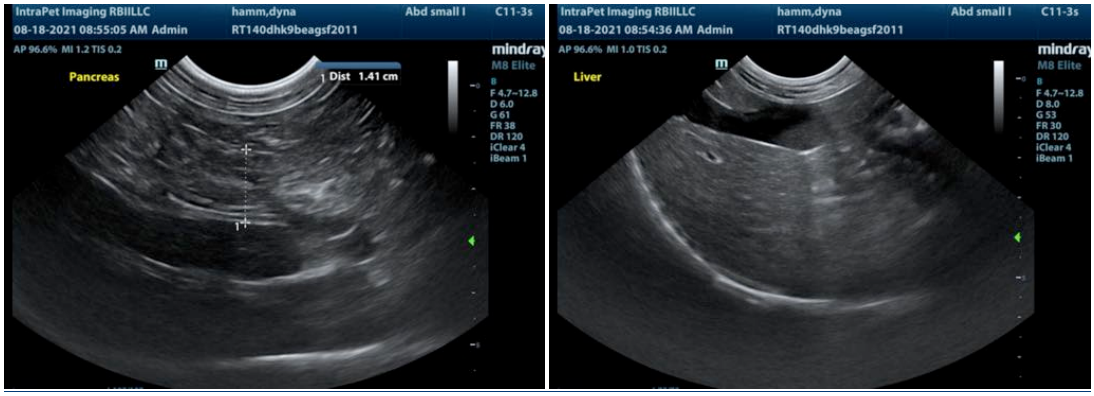
Bladder
mindray
M8 Elite



The information and recommendations provided are based on the images presented by the referring veterinarian. 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