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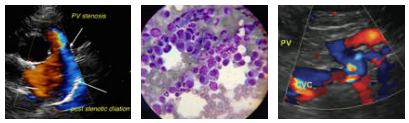

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DATE
8/31/21

PATIENT
Tigger Peters

SPECIES
Canine

BREED
Beagle

SEX
Neutered male

AGE
2007

WEIGHT
38 lbs

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

HOSPITAL NAME
Chadwell AH

REFERRING VET
Dr. Schaupp

INVOICE
91580

PRESENTING CLINICAL SIGNS

Rechecking "mass effect" in bladder. Was a suspicion for a giant blood clot vs a tumor. Recent Cushings diagnosis.
Current Medications: Prazocin 1 mg 1 tab BID, Vetoryl 10 mg 1 tab EOD, Vetoryl 5 mg 1 tab EOD.
Date of Previous IntraPet Ultrasound: 08/17/2021
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 previously visualized mass has resolved. This is most consistent with the resolution of a clot.

The prostate is normal in size (0.9 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (5.81 cm) with several, large cortical cysts. Overall echogenicity is slightly hyperechoic with poor 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 size (5.02 cm), yet somewhat irregular in shape. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. The right kidney has mild pyelectasia measuring 0.26 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is large in size measuring 0.6 cm at the cranial pole, 1.06 cm at the caudal pole and 2.75 cm in length. 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 large in size measuring 0.92 cm at the cranial pole, 1.21 cm at the caudal pole and 2.89 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. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a large, hyperechoic, shadowing nodule visualized and measured 2.3 cm.

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. There are numerous, ill-defined, hypoechoic nodules ranging in size from 0.5-2.5 cm. The gallbladder lumen is moderately distended. The wall of the gallbladder 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. 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:

- Normal urinary bladder, previously visualized mass has resolved. This is most consistent with an intraluminal clot.

- Large, heterogenous liver with ill-defined nodules. 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.

- 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.

SECONDARY FINDINGS:

- The pancreas is prominent and slightly mottled. This appears improved from previous scan. The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

- Decreased corticomedullary distinction in both kidneys with left-sided cortical cysts and mild right pyelectasia. Mild loss of corticomedullary distinction in both kidneys could be consistent with

chronic degenerative disease or interstitial nephrosis.

- Hyperechoic nodule in the spleen. This is most consistent with a large, myelolipoma. I recommend to continue monitoring or FNA.

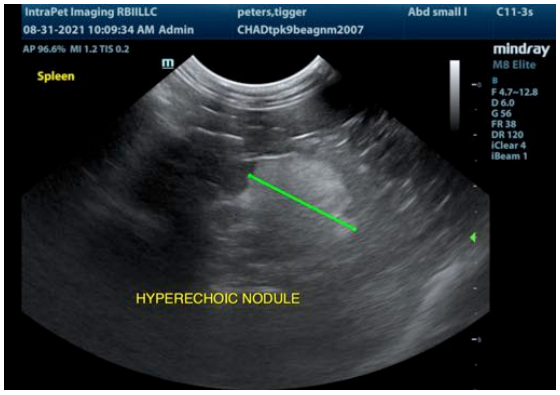
- Moderate gallbladder sludge. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

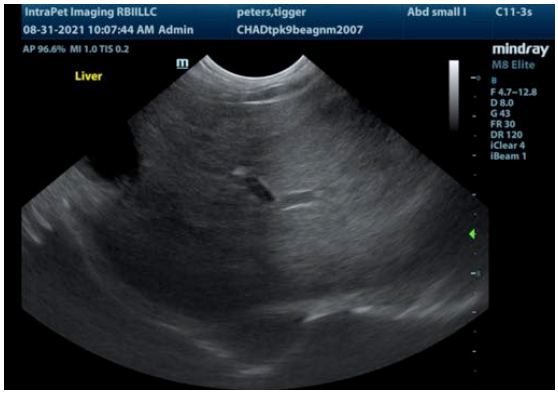
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

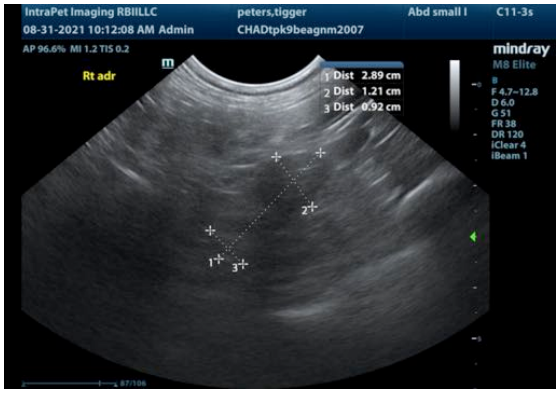
The previously visualized bladder mass has resolved and the bladder now appears normal. This is most consistent with a clot likely secondary to infection. I recommend urinalysis and culture while on antibiotics to ensure resolution, followed by an additional 1 week of antibiotics and reculturing the urine 7-10 days after finishing antibiotics. This should be repeated again 1 month after that and then 3 months after gradually extending the interval. This patient is at risk for recurrent urinary tract infections due to the Cushing's disease. I also recommend long-term probiotics.

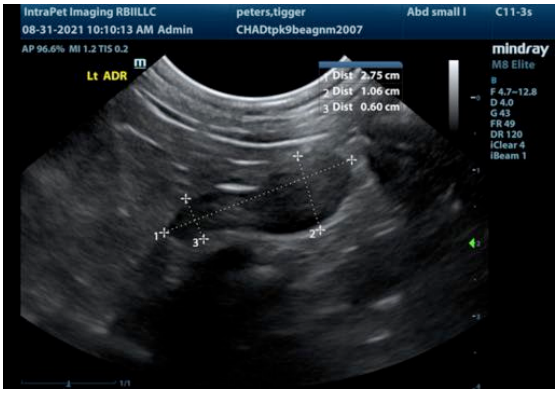
The adrenal and liver changes are most consistent with pituitary dependent hyperadrenocorticism. The renal changes are likely age related. The pancreas appears somewhat less prominent than when last imaged.

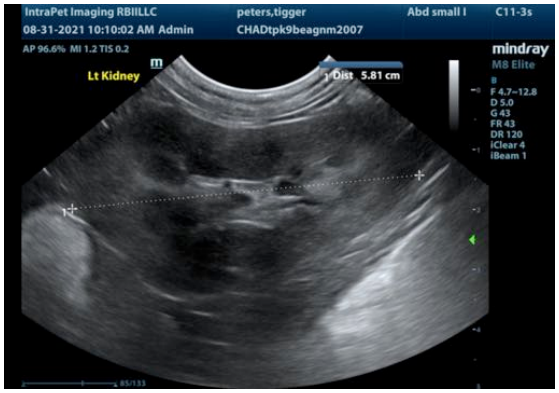
I recommend monitoring the hyperechoic nodule in the spleen as it is very large for a myelolipoma, but nonetheless has these characteristics. Alternately you can consider a FNA to ensure that it is not more concerning.

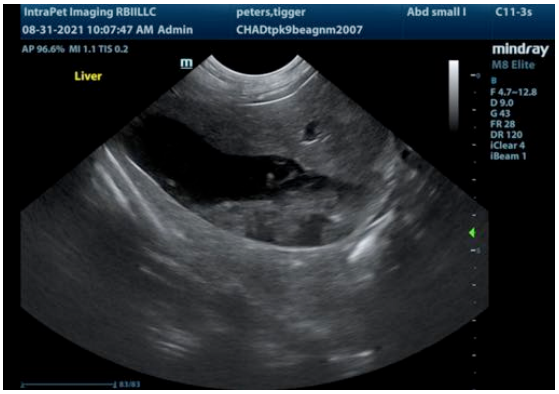


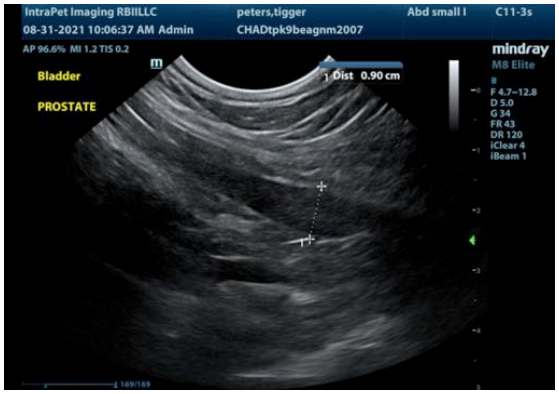












The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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