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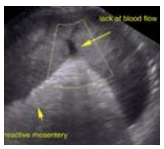
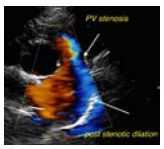
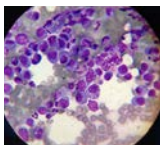
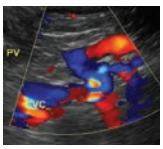

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bonnie Denton

SPECIES

Canine

BREED

Beagle x

SEX

Intact Female

AGE

2015

WEIGHT

30 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook – SDEP Certified Clinical Sonographer

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. Marine Lugo

INVOICE

44575

DATE

8/8/23

PRESENTING CLINICAL SIGNS

Initially presented for polydipsia and polyuria. On physical exam it was noted that she had a potbelly and cushings was suspected. Bloodwork and urinalysis were performed but did not find any abnormalities. Leptospirosis was also tested for and negative. A month after initial testing. Bonnie presented for lactation and mastitis and a tentative diagnosis of pseudopregnancy was given. Other endocrine abnormalities have been suggested such as adrenal or ovarian neoplasia. Ultrasound was recommended to screen for any potential masses. Current Medications: Cabergoline and amoxicillin.

Abnormal PE/Chem/CBC/UA Results: Labwork 6/30/23 (See attached): CBC = Retic/hemo 22.3, Eos 0 with slight anisocytosis no parasites seen on film. CHEM = Chlor 106, Amy 222. Lepto = Neg UA = USG 1.006

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 (5.31 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 (5.93 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 normal 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 large and irregular in shape, measuring 0.93 cm at the cranial pole, 1.0 cm at the caudal pole, and 2.59 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 abnormal in appearance in that it has a somewhat lobulated appearance and a hyperechoic nodule in the cranial pole measuring approximately 0.82 cm x 1.18 cm. No evidence of vascular invasion is visualized.

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.

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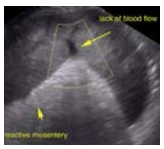
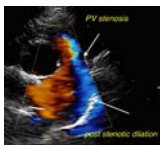
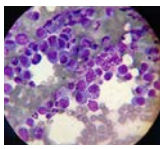
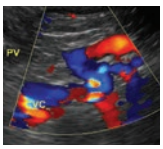

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Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous 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 significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris. There is no evidence of bile duct dilation.

Gastrointestinal

The stomach contains mild to moderate fluid and a focal shadowing structure, most consistent with ingesta. 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.

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 0.49 cm. Jejunum wall measures 0.28 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 area of 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.

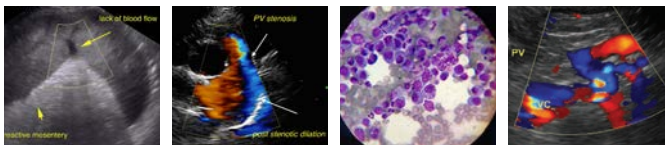
Other

The left ovary is visualized and appears normal (1.17 cm x 0.63 cm). The region of the right ovary is visualized. The uterine body and the left uterine horn are visualized and appear slightly prominent with a small amount of intraluminal debris.

The mammary gland is visualized and appears enlarged and mottled with minimal surrounding inflammation.

ULTRASONOGRAPHIC FINDINGS

- Large amount of intraluminal non-shadowing debris visualized within the gallbladder – A large amount of debris is evident in the gall bladder with no evidence of a mucocele or associated inflammation at this time. This could represent an early mucocele or cholestasis, with minimal evidence of associated inflammation at this time. Continued monitoring of labwork and



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ultrasound are warranted for progression of this lesion. Ursodiol therapy could be considered.

- Large, irregular right adrenal with hyperechoic nodule in the cranial pole – This likely represents a benign lesion such as hyperplasia or an adenoma, but an early neoplastic lesion cannot be ruled out.
- Prominent uterus with a small amount of intraluminal debris – Findings cold be consistent with mild metritis, mucometra, less likely pyometra.
- Prominent/enlarged mammary gland – Findings are consistent with the pseudopregnancy/mastitis reported.

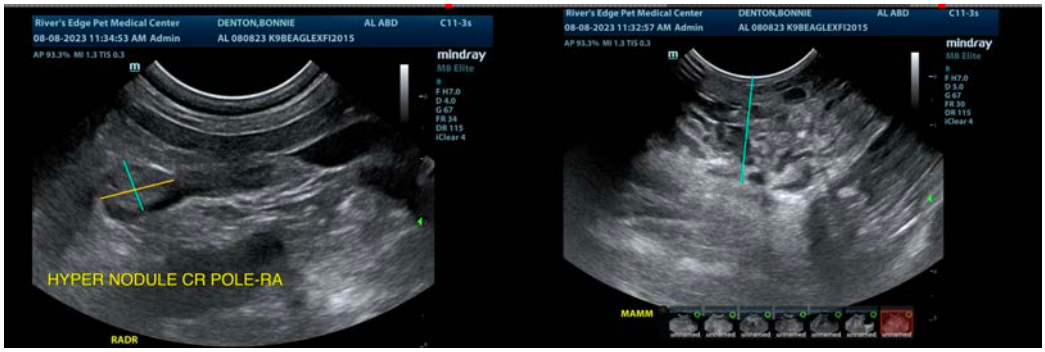
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No large masses are visualized associated with the ovaries or the uterus. Although there is a small amount of debris visualized within the uterus, there is no significant surrounding inflammation. Findings are likely consistent with mild metritis or a mucometra, etc. Pyometra cannot be definitively ruled out but seems very unlikely.

The right adrenal gland appears irregular, large, somewhat lobulated, and there is a hyperechoic nodule in the cranial pole. The significance of this finding is unclear. At this time, these changes could be consistent with hyperplasia, an adenoma, etc., but an early neoplastic lesion cannot be definitively ruled out. Recommend blood pressure evaluation. If hypertension is present, consider measuring catecholamine levels. Otherwise, consider continued monitoring of the adrenal with ultrasound, looking for progression and/or adrenal function testing if this is a concern.

PU/PD has been associated with pyometra, false pregnancy, and possibly mastitis. Once the false pregnancy is over, ideally this patient should be spayed to rule out reproductive issues complicating the clinical picture. Additionally, you could consider a contrast CT scan to further evaluate the right adrenal and consider adrenalectomy (if warranted based on CT scan) at the time of ovariohysterectomy.

There is a large amount of debris in the gallbladder but no associated inflammation. Options moving forward would include continued monitoring of lab work and the gallbladder with ultrasound.



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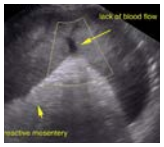
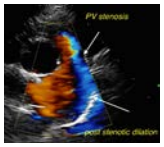
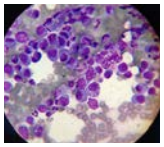
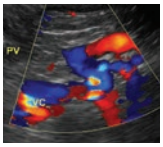

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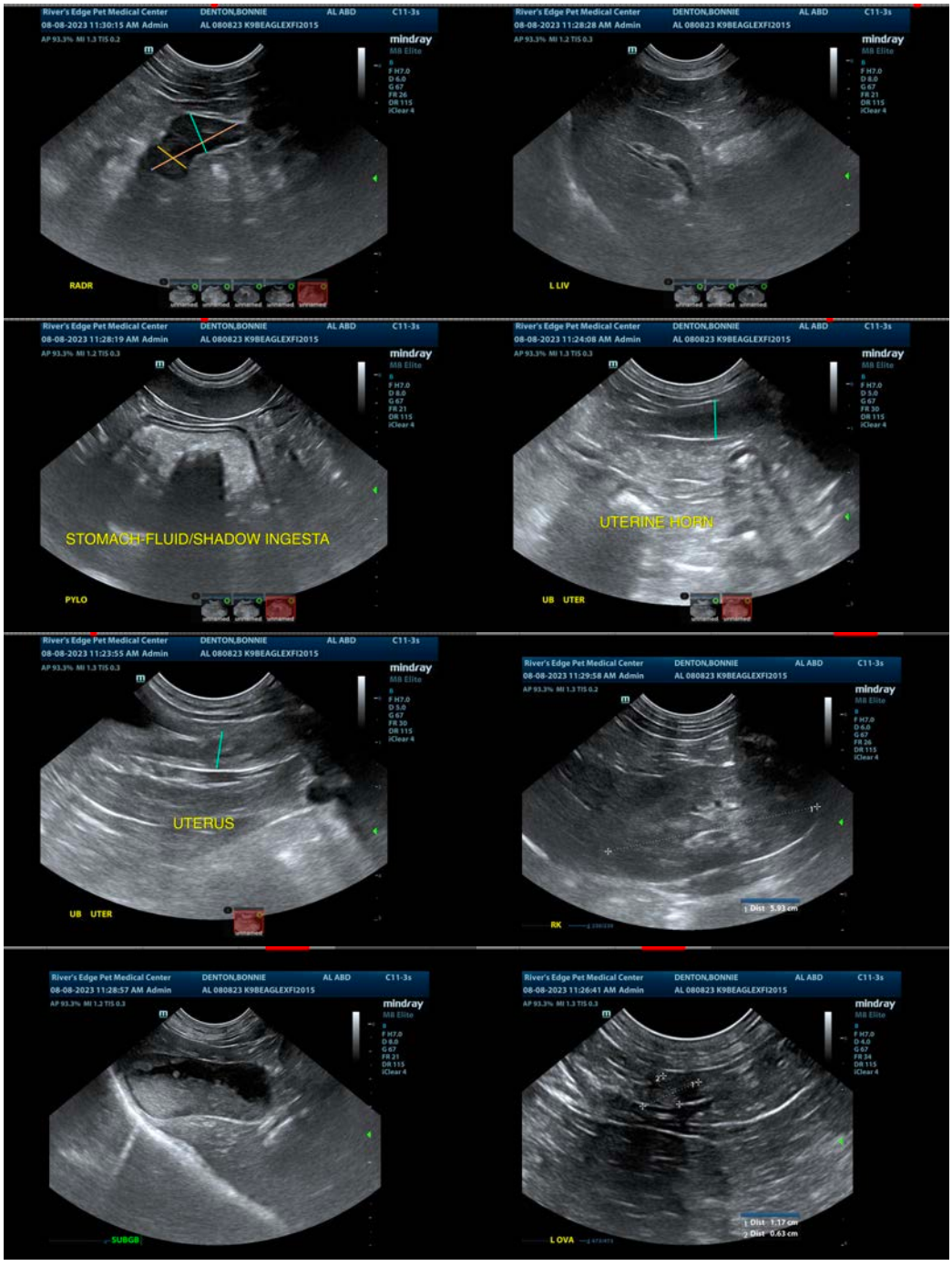

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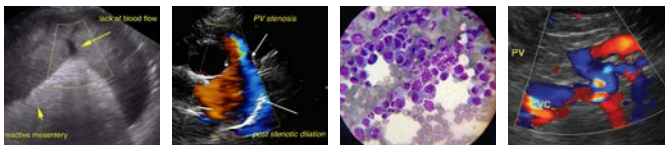

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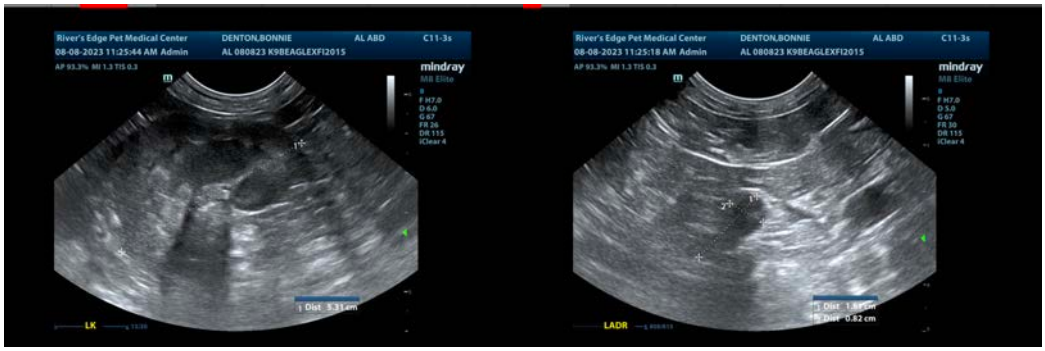

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com