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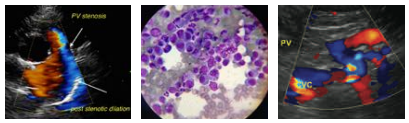

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**DATE**
9/30/21

**PATIENT**
Chloe Long

**SPECIES**
Canine

**BREED**
Mix

**SEX**
Spayed Female

**AGE**
2010

**WEIGHT**
58.1 lbs

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

**HOSPITAL NAME**
Eastern AH

**REFERRING VET**
Dr. Cusack

**INVOICE**
92114

## PRESENTING CLINICAL SIGNS

Presented for follow up from ER visit for panting and losing weight, new presenting complaint of PU/PD. PE: Panting, moderate dental tartar, mildly distended abdomen with no palpable fluid wave, remainder of PE WNL.
Current Medications: Cefpodoxime 200mg - 1 tab PO SID x7 days.
Kidney Diet
Lab Results: UA - SG 1.015, protein 100, suspect cocci chains on sediment review. UPC and urine culture pending. ER Diagnostics (do not have copies of rads from ER): CBC/Chem - Creatinine 2.0, BUN 33
Radiographs: Thoracic radiographs - bronchiolar pattern
Abdominal radiographs - "prominent spleen, small liver"
Date of Previous IntraPet Ultrasound: No previous
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 (5.72 cm). 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 shape and size (5.83 cm). 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.

### *Adrenal Glands*

The left adrenal gland is borderline enlarged in size. The caudal pole measures 0.82 cm, the cranial pole measures 0.76 cm and it is 2.59 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 1.38 cm at the cranial pole, 0.95 cm at the caudal pole and 2.83 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 relatively in appearance (uniformly hypoechoic), but slightly irregular in shape (chunky appearance) with no evidence of a discrete mass effect.

### *Spleen*

The spleen is subjectively large 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. No focal parenchymal abnormalities are visualized.

### *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 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 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.

### *Heart*

No significant pericardial effusion is noted. A brief view of the diaphragm reveals a small area of hypoechoic, slightly mottled tissue. This could be incidental and associated with fat or a scant amount of fluid. This should be correlated with radiographs.

## ULTRASONOGRAPHIC FINDINGS

**PRIMARY FINDINGS:**

- Bilateral adrenal enlargement. 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.

- Largely mildly mottled spleen. The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

- 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.

- Mildly reduced corticomedullary distinction in both kidneys. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.

**SECONDARY FINDINGS:**

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

- Small area of irregular tissue/fluid near the diaphragm. Significance is unclear. I recommend to monitor.

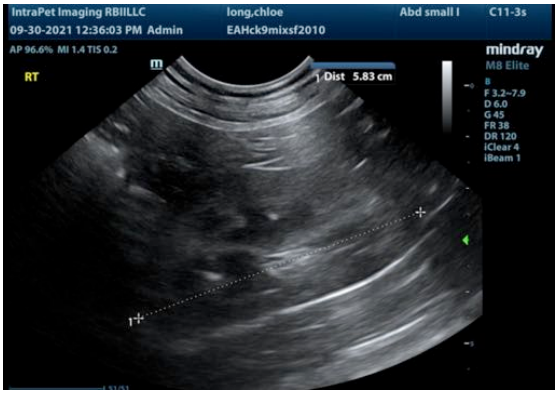
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

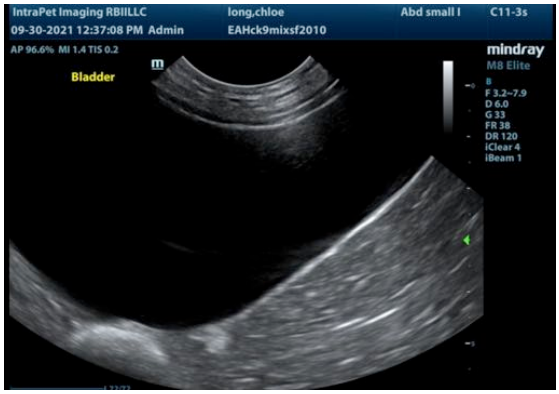
The liver is large and heterogenous and both adrenal glands are plump. So based on the history provided Cushing's may be a differential, but with no ALP elevation you will have to use your clinical judgment to decide if testing is warranted (weight loss would also be odd).

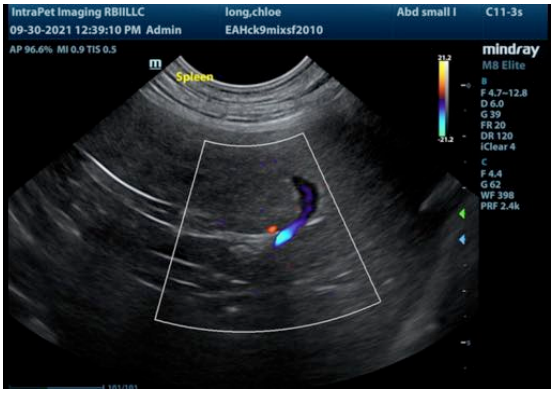
The changes observed in the kidneys are relatively mild and correlate with the mild azotemia reported. I recommend blood pressure evaluation, urinalysis and culture.

The spleen is prominent and somewhat folded upon itself. It appears mildly mottled. FNA can b e considered to further investigate the weight loss reported.

The mild irregularity noted at the diaphragm is of uncertain significance. I suspect that it is incidental particularly in light of no abnormalities noted on thoracic radiographs. Consider continue to monitor.

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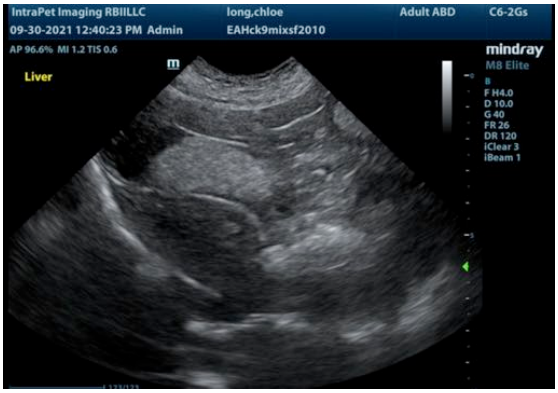
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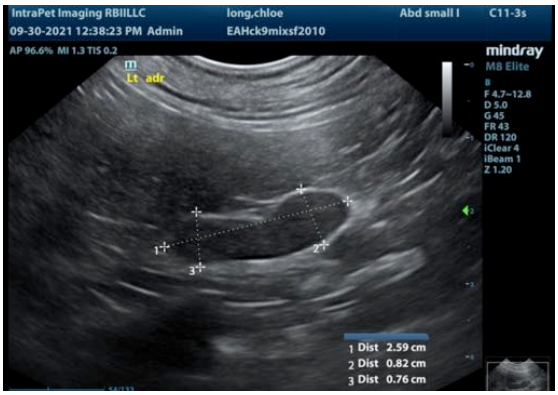
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Lt adr
mindray
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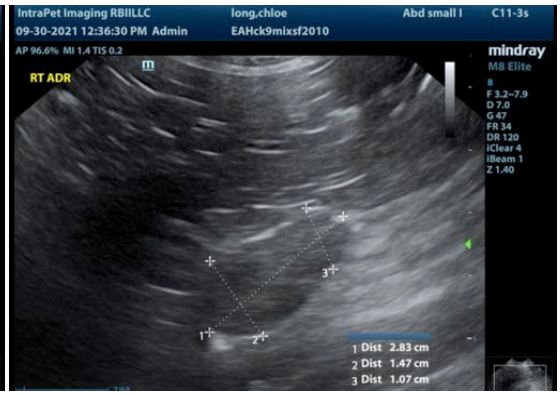
2 Dist 0.82 cm
3 Dist 0.76 cm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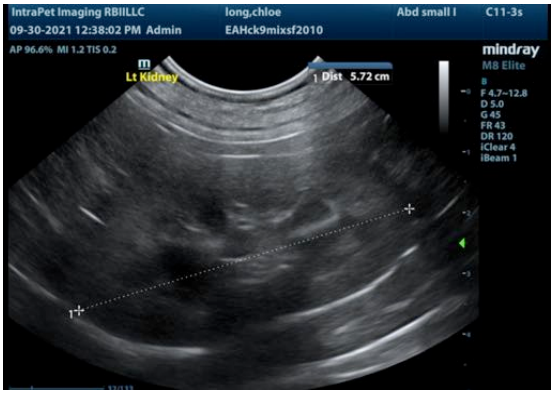
RT ADR
mindray
M8 Elite
1 Dist 2.83 cm
2 Dist 1.47 cm
3 Dist 1.07 cm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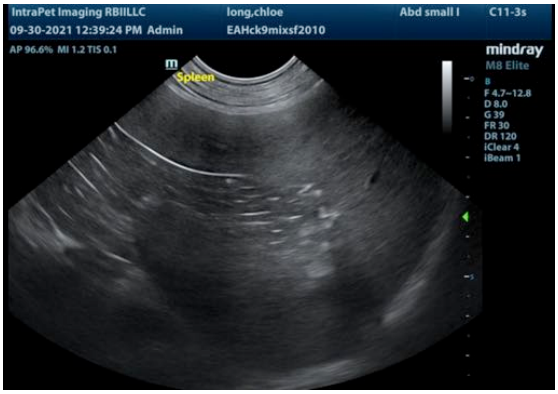
AP 96.6% MI 1.2 TIS 0.2
Lt Kidney
1 Dist 5.72 cm
mindray
M8 Elite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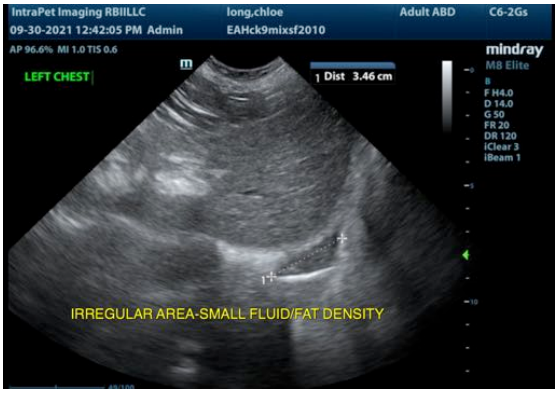
Spleen
mindray
M8 Elite




**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