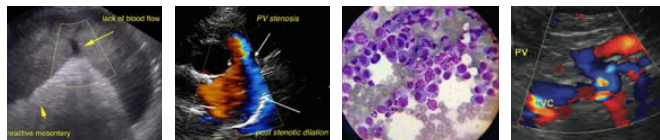


PATIENT	PRESENTING CLINICAL SIGNS
Penny Suhay	History of PU/PD for the past 3 weeks. Abnormal PE/Chem/CBC/UA Results: CBC: normal Chem : ALT-363, ALP-405, GGT-59 Urinalysis (3/11/2022) : Free catch. small number of leucocytes.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	Although the urinary bladder is not fully distended, the wall is mildly irregular. It is not thickened. No abnormalities are present with the trigone or proximal urethra. There is no evidence of cystoliths, polyps or a mass.
Maltese X	
SEX	The left kidney is within normal limits in size for the patient's weight and the capsule is smooth. The cortex is mildly hyperechoic and a mild loss of the normal definition of the cortico-medullary junction is present. Very small, punctate, mineralizations of the diverticulae are present without evidence of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.
Female	
AGE	The right kidney is within normal limits in size for the patient's weight and the capsule is smooth. The cortex is mildly hyperechoic and a mild loss of the normal definition of the cortico-medullary junction is present. Very small, punctate, mineralizations of the diverticulae are present without evidence of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.
14 Years	
WEIGHT	Adrenal Glands
9.2 Pounds	The left adrenal gland measures 0.88 cm at the cranial pole, 0.72 cm at the caudal pole, and 1.74 cm in length. Both poles are very "pudgy", and the gland is enlarged for a dog of Penny's stature. An obvious mass and abnormalities with the echogenicity or echotexture are not identified. There are no abnormalities in the phrenicoabdominal veins or the surrounding vasculature.
INTERPRETED BY	The right adrenal gland measures 0.70 cm at the cranial pole, 0.73 cm at the caudal pole, and 1.78 cm in length. Both poles are very "pudgy", and the gland is enlarged for a dog of Penny's stature. An obvious mass and abnormalities with the echogenicity or echotexture are not identified. There are no abnormalities in the phrenicoabdominal veins or the surrounding vasculature.
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	
IMAGING PERFORMED BY	Spleen
Dr. Laurel Logas	The portions of the spleen visualized is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.
HOSPITAL NAME	Liver
Bradentown VH	Subjectively there appears to be marked hepatomegaly and moderate, diffuse hyperechogenicity. In addition to the diffuse hyperechogenicity, there are ill-defined areas and hyperechoic patches dispersed haphazardly throughout the hepatic parenchyma. The borders are rounded, some more than others. As the probe was moved along the liver, the "more heterogeneous, hyperechoic rounded liver lobe" developed into a mass effect measuring 5.47 cm in length and 4.77 cm in diameter. It is severely hyperechoic in certain areas, bossilated and has irregular borders. A benign adenoma is suspected.
REFERRING VET	
Dr. Laurel Logas	
INVOICE	The gall bladder is mildly dilated. A moderate amount of echogenic material (sludge) is present within the lumen. The sludge is free floating, settled by gravity, and is attached to the wall. Inspissated, hyperechoic sludge is also observed. Three hyperechoic structures, that do not cast a shadow, are visualized. Sludge fills the cystic duct, but it is not dilated or tortuous. There are no signs of an obstruction. Note, the hyperechoic, more solid structures measure between 2.4 mm and 3.4 mm.
36482	
DATE	
3/25/22	



PATIENT

Gastrointestinal

Penny Suhay

A large amount of gas is present in the stomach and the gastrointestinal tract. The gastric wall is normal in thickness. The large amount of gas is preventing a thorough evaluation of the stomach.

SPECIES

Canine

A large amount of ingesta and fluid are present in the small intestinal tract. The mucosa is prominent, but the overall thickness of the intestines are within normal limits. The definition of the wall layers is preserved. The colonic wall is not thickened and mural detail is considered normal. There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction.

BREED

Maltese X

Pancreas

Both the left and right limbs of the pancreas are mildly heterogeneous. These changes are most likely due to nodular hyperplasia and areas of fibrosis. These changes are considered age related and possibly secondary to previous episodes of pancreatitis, respectively. There are no signs of active pancreatitis.

SEX

Female

Other

Lymph nodes: No abnormalities are observed.

AGE

14 Years

Abdominal effusion is not visualized.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

9.2 Pounds

- High index of suspicion of pituitary dependent hyperadrenocorticism based on the bilateral adrenomegaly. This could explain the PU/PD that Penny has been demonstrating.
- The diffuse hyperechogenicity and hepatomegaly are highly suggestive of a vacuolar hepatopathy secondary to hyperadrenocorticism. Nodular hyperplasia, a benign age related change, is also suspected based on the appearance of the liver. The enlarged, rounded hepatic mass effect may be a benign adenoma, although less likely based on its appearance, a well differentiated adenocarcinoma cannot be excluded. Cholestasis is also suspected based on the appearance of both the liver and gallbladder. Active hepatitis is considered much less likely.
- A urinary tract infection cannot be excluded based on the mildly irregular bladder mucosa.
- Very mild degenerative changes of both kidneys are present, which are suggestive of age related degeneration.
- There are no signs of active pancreatitis. The changes observed are age related.

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

IMAGING PERFORMED BY

Dr. Laurel Logas

HOSPITAL NAME

Bradentown VH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Laurel Logas

A urine culture and sensitivity is recommended to rule out a urinary tract infection. If it is negative, a urine protein/creatinine ratio should be performed to rule out proteinuria associated with hyperadrenocorticism.

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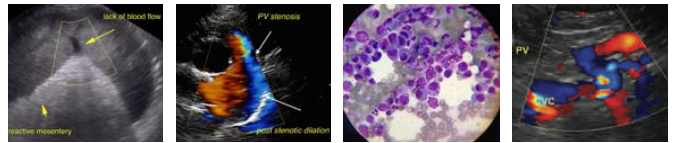
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Further diagnostics of hyperadrenocorticism are recommended.

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The fact that there are no target lesions in the liver does not rule out neoplasia with certainty, but as mentioned above, is considered less likely. A fine needle aspirate of liver or tissue biopsy would be required to achieve a definitive diagnosis. A coagulation profile is recommended prior to performing a



PATIENT

FNA or coagulation profile, and administration of vitamin K (0.5 mg/kg SQ q8-12h for 1-3 doses) is suggested even if the results of the PT/PTT are within normal limits.

Penny Suhay

SPECIES

Canine

BREED

Maltese X

SEX

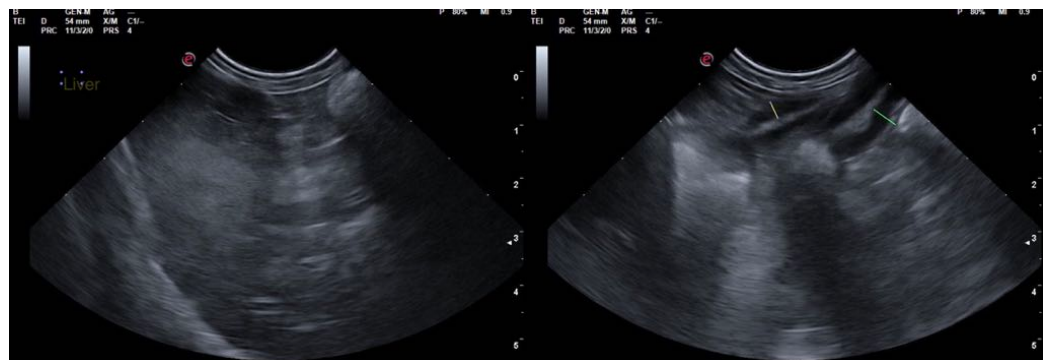
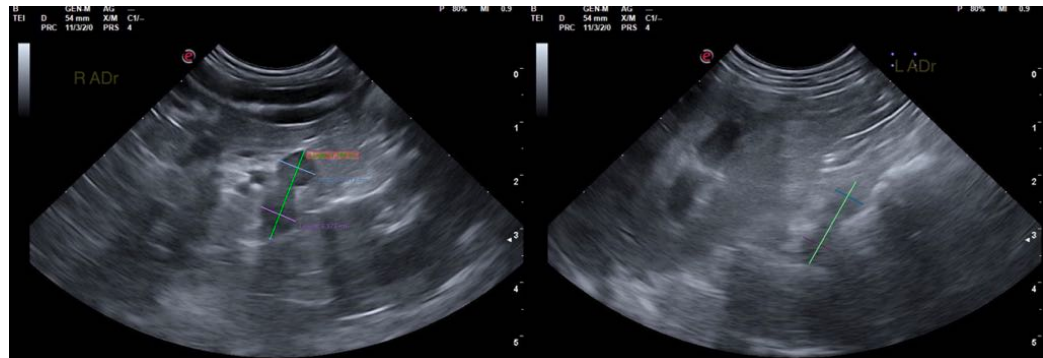
Female

AGE

14 Years

WEIGHT

9.2 Pounds



INTERPRETED BY

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IMAGING PERFORMED BY

Dr. Laurel Logas

HOSPITAL NAME

Bradentown VH

REFERRING VET

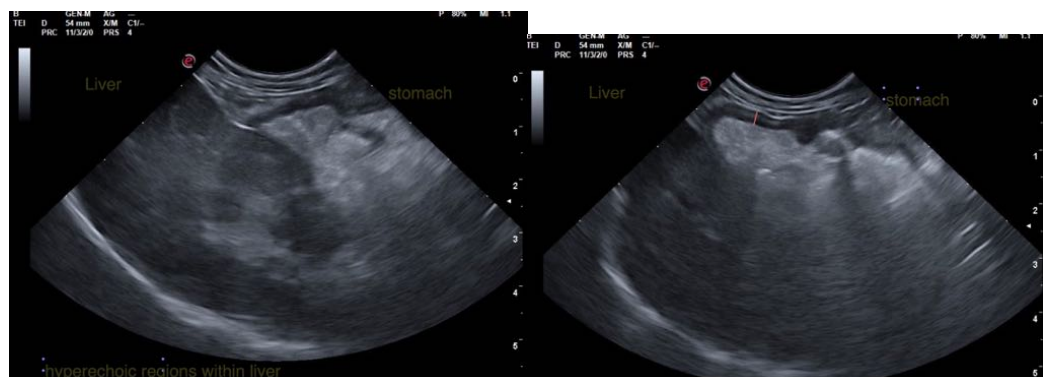
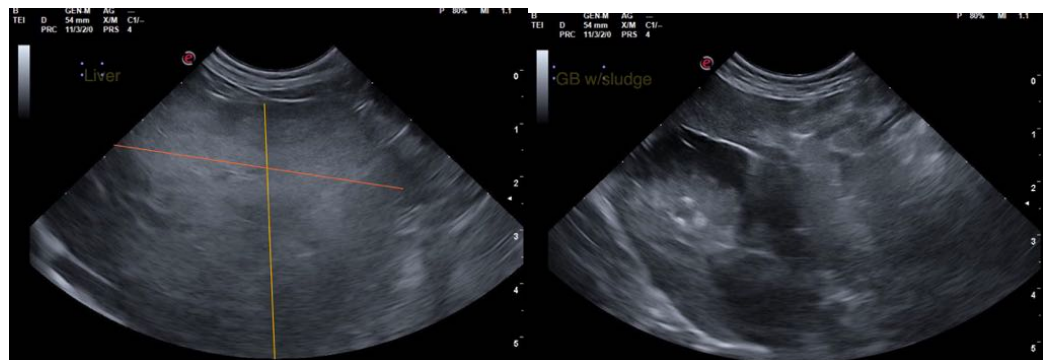
Dr. Laurel Logas

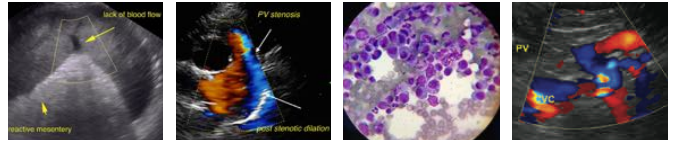
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PATIENT

Penny Suhay

SPECIES

Canine

BREED

Maltese X

SEX

Female

AGE

14 Years

WEIGHT

9.2 Pounds

INTERPRETED BY

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DVSc, Diplomate
ACVIM

**IMAGING
PERFORMED BY**

Dr. Laurel Logas

HOSPITAL NAME

Bradentown VH

REFERRING VET

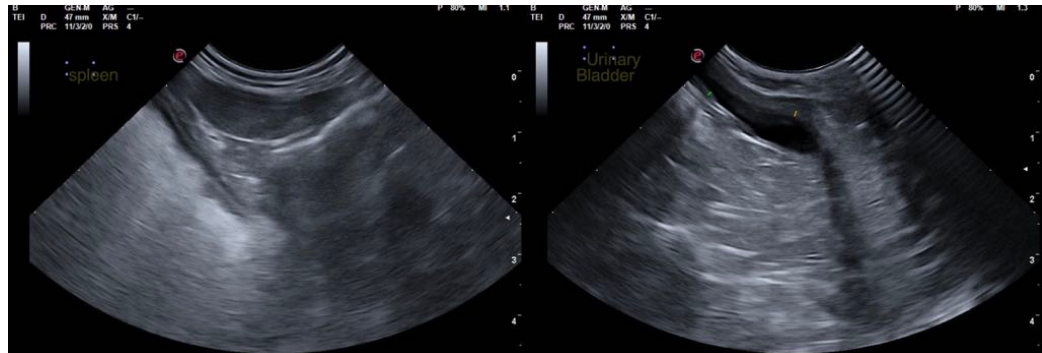
Dr. Laurel Logas

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DATE

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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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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