



PATIENT

Brandi Campanella

SPECIES

Canine

BREED

Maltese

SEX

Spayed Female

AGE

10 Years

WEIGHT

16.8 Pounds

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

**IMAGING
PERFORMED BY**

Shari Reffi, CVT

HOSPITAL NAME

Shohola Vet Hospital

REFERRING VET

Dr. Gramazio

INVOICE

36586

DATE

3/30/22

PRESENTING CLINICAL SIGNS

Elevated ALP, pu/pd, panting. No current meds.
Abnormal PE/Chem/CBC/UA Results: ALP 1395 (160 H); Retic Hg 24.2 (24.5 L); Lymph 921 (1060 L); U/A-USG 1.015, Protein 2+

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately filled. The wall is smooth and regular. No abnormalities are present with the trigone or proximal urethra, and there is no evidence of cystoliths, polyps or a mass. A trivial to small amount of free floating sediment is present.

The left kidney is within normal limits in size (4.59 cm) 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. Blood flow is excellent.

The right kidney is within normal limits in size (4.92 cm) for the patient's weight and the capsule is smooth. The remaining findings are similar to the left kidney.

Adrenal Glands

The left adrenal gland measures 0.63 cm at the cranial pole, 0.52 cm at the caudal pole, and 1.59 cm in length. A nodule is noted at the cranial pole. An obvious mass and abnormalities with the gland's echogenicity or echotexture are not identified. There are no signs of metastases or thrombi in the phrenicoabdominal veins or the surrounding vasculature of either gland.

The right adrenal gland measures 0.70 cm at the cranial pole. A very well defined nodule is present at the cranial pole. An obvious mass and abnormalities with the echogenicity or echotexture are not identified. There are no signs of metastases or thrombi in the phrenicoabdominal veins or the surrounding vasculature of either gland.

Spleen

The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. A nodule of mixed echogenicity (anechoic and mildly echogenic region) is present in mid-body. The nodule is subcapsular and does not affect the integrity of the capsule. It measures 1.0 cm in diameter x 1.36 cm in length and is avascular. When evaluated with the linear probe, a very small amount of anechoic fluid is observed adjacent to the nodule. No abnormalities are observed with the splenic vein or the rest of its vasculature, i.e. congestion and thrombi are not identified.

Liver

Subjectively, the liver appears slightly enlarged. However, liver borders are smooth and sharp. It may also be mildly, and diffusely hyperechoic, i.e. it is isoechoic to the spleen. There is a subtle diffuse granular echotexture as well. Obvious signs of neoplasia are not observed.

A trivial amount of echogenic material (sludge) is visualized within the gallbladder, which is considered clinically insignificant. The biliary system is otherwise within normal limits.

Gastrointestinal



PATIENT	The gastric wall and pylorus are normal in thickness. There is no loss of definition of the normal architecture of the layers of the stomach wall. No obvious abnormalities are observed with its peristalsis.
Brandi Campanella	
SPECIES	The small intestinal wall thickness is within normal limits and there is no evidence of dilation. 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.
Canine	
BREED	<i>Pancreas</i>
Maltese	No overt abnormalities are observed with regard to the echogenicity or echotexture of the left limb. There is no evidence of hyperechogenicity of the surrounding mesenteric fat.
SEX	Although the right limb of the pancreas is prominent and well defined, it is homogeneous, and the surrounding mesentery is not hyperechoic. The clinical significance of its prominence is not known, but no abnormalities are identified, and there are no signs to suggest pancreatitis.
Spayed Female	
AGE	<i>Other</i>
10 Years	Lymph nodes: No abnormalities are observed.
WEIGHT	Abdominal effusion is not visualized.
16.8 Pounds	<i>Heart</i>
INTERPRETED BY	A brief video clip of the heart was submitted. No pericardial or pleural effusion is identified. Good contractility is noted. A mass is not visualized.
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	ULTRASONOGRAPHIC FINDINGS
IMAGING PERFORMED BY	<ul style="list-style-type: none"> Both cranial poles are nodular and enlarged. The left adrenal gland is only mildly enlarged at 0.63 cm. The nodules may be due to a benign adenoma or hyperplasia, for example pituitary dependent hyperadrenocorticism or chronic stress. There are no signs of a mass. Further evaluation for hyperadrenocorticism is recommended, particularly in light of Brandi's pu/pd and panting. The hepatic changes are suggestive of vacuolar and reactive hepatopathies. A vacuolar hepatopathy, which may occur due to hyperadrenocorticism or stress (chronic illness). A reactive hepatopathy may be the result of systemic stimulation. Although the appearance of the splenic nodule is suggestive of nodular or lymphoid hyperplasia or extramedullary hematopoiesis, a very small amount of free fluid surrounding the nodule is observed. The latter is suggestive of recent bleeding, which may occur with a hematoma or a neoplasm. The renal changes may be due to glomerulonephritis associated with hyperadrenocorticism. However, pyelonephritis cannot be excluded despite the absence of sonographic signs. A component of the renal changes are attributed to age related degeneration. No abnormalities are observed with the right limb of the pancreas.
Shari Reffi, CVT	
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3/30/22	A urine culture and sensitivity is recommended. If it is negative, a urine protein: creatinine ratio is



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strongly suggested.

Brandi Campanella

Tick borne diseases should be excluded as a cause of glomerulonephritis, particularly if the urine culture is negative and hyperadrenocorticism is excluded.

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Further diagnostics for hyperadrenocorticism are recommended.

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A fundic exam and arterial blood pressure are recommended, ideally in the presence of the client to minimize the effects of stress.

SEX

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Based on the appearance of the splenic nodule, a fine needle aspirate of the nodule or a splenectomy is recommended. Another option, particularly if Brandi is suffering from hyperadrenocorticism, is to re-evaluate the ultrasound in 10-14 days. A decision can be made at the time of the re-evaluation whether to aspirate or not. Although a splenectomy is far more invasive, it is both diagnostic and therapeutic.

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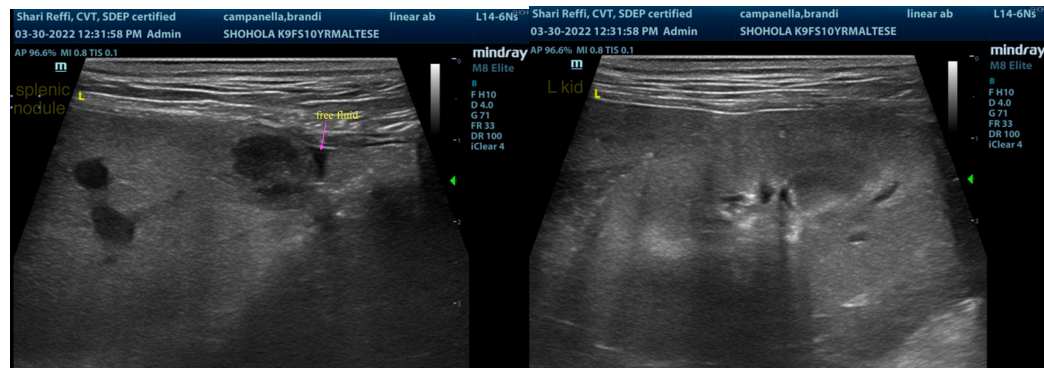
Please note, surgery in an untreated Cushinoid dog is not ideal with regard to healing and thromboembolic disease, therefore, stabilization of hyperadrenocorticism is suggested prior to pursuing surgery, when possible.

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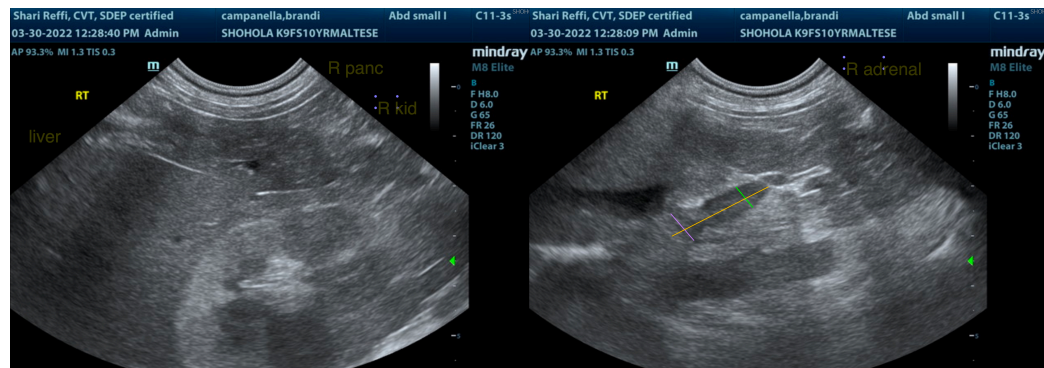


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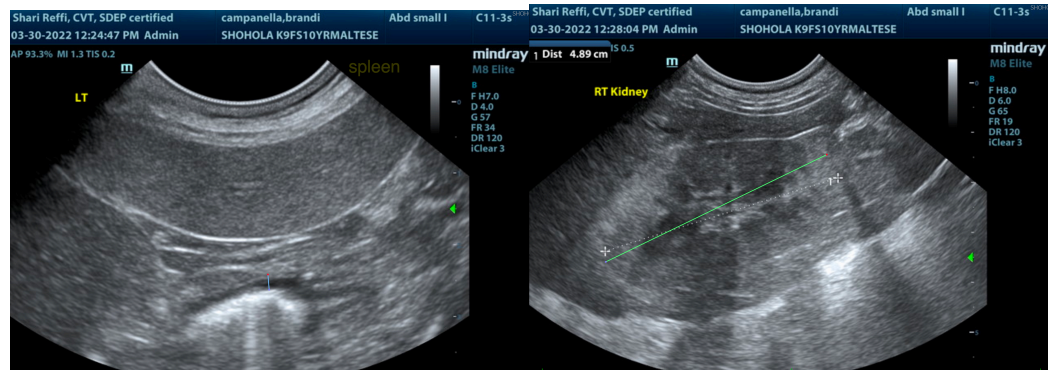
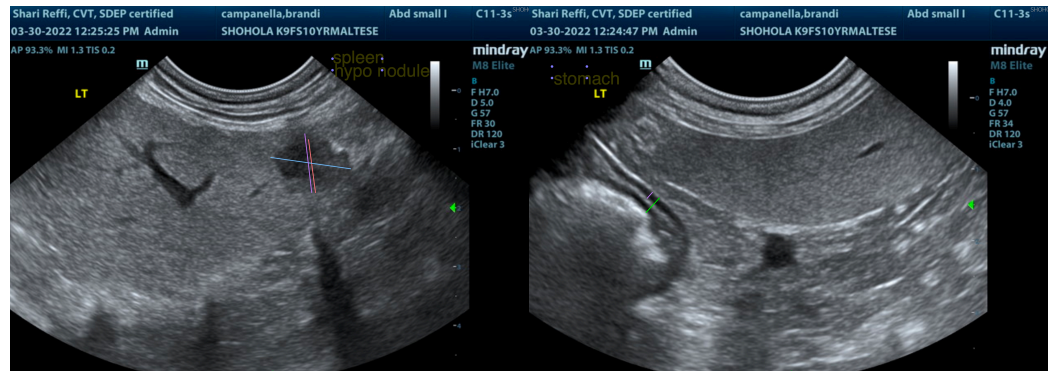
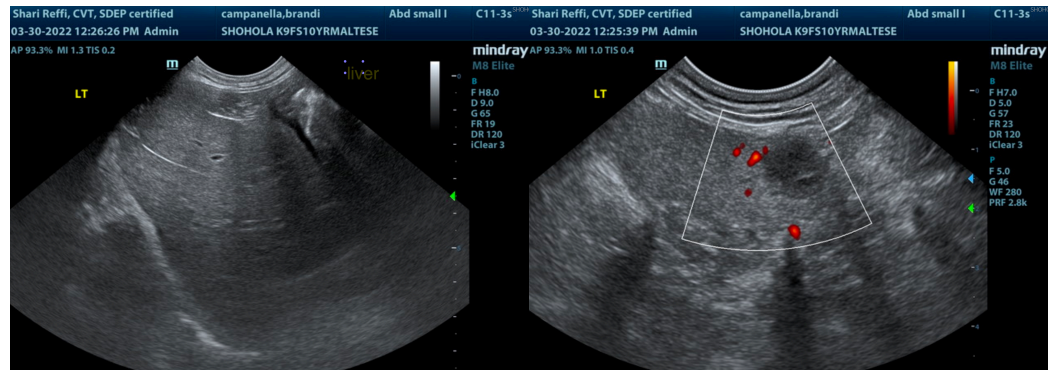
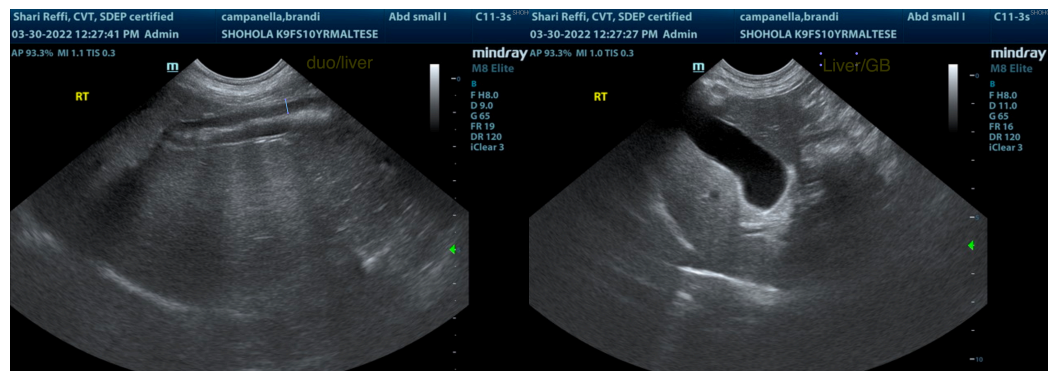
Dr. Gramazio

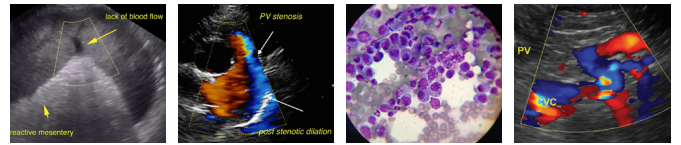
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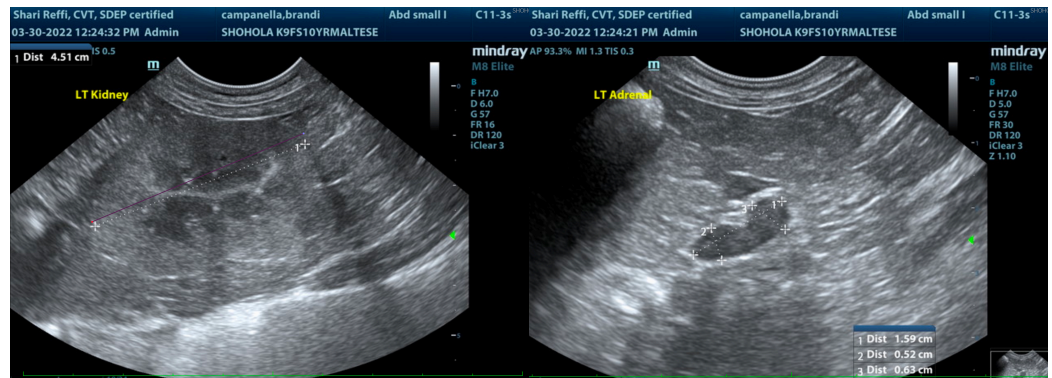
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

Lisa.Carioto@sonopath.com