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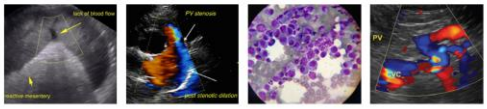
Pet Animal Ultrasound Service



SonoPath
Clinical Sonography & Telecytology
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1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Cricket Zaharee

SPECIES

Canine

BREED

Boston Terrier

SEX

FS

AGE

13 years 6 months

WEIGHT

24.2 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Anchor AH

REFERRING VET

Nicole Mulready, DVM

INVOICE

15962

DATE

1/26/23

PRESENTING CLINICAL SIGNS

Chronic polydipsia/polyuria, urinary accidents in the house.
Abnormal PE/Chem/CBC/UA Results: ALT 185, ALP 942, UPC 3.2.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor nondependent particulate sediment, which may indicate cellular debris / protein, crystalline debris, or mucus, was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Minor bilateral pyelectasia was present. The left kidney measured 5.7 cm in length. The right kidney measured 5.4 cm in length. Minor nonobstructive medullary mineral and small corticomedullary cysts were noted.

Adrenal Glands

The bilateral adrenal glands were prominent in size with mild asymmetrical capsule contour with heterogeneous nonmineralized parenchyma. The left adrenal gland measured 0.77 cm width at the caudal pole and 0.76 cm width at the cranial pole. The right adrenal gland measured 0.69 cm width at the caudal pole and 0.81 cm width at the cranial pole. No adrenal tumors were noted.

Spleen

The spleen exhibited mild enlargement with capsule asymmetry and generalized parenchyma heterogeneity with multifocal variably sized to coalescing irregular hyperechoic nodules. An example of a splenic nodule measured 1.0-2.0 cm diameter.

Liver/ Gallbladder

Moderate to marked hepatomegaly exhibiting symmetrical-swollen hepatic contour with generalized nonuniform hyperechoic parenchyma echogenicity and moderate coarse echotexture. Parenchymal remodeling and discrete hypoechoic nodules were present. Mid liver, thinly walled intraparenchymal cyst containing primarily anechoic fluid was noted. The gallbladder was non-distended in size containing primarily anechoic content with mild nondependent, nonorganized, luminal debris. The cystic and common bile ducts were normal.

Gastrointestinal

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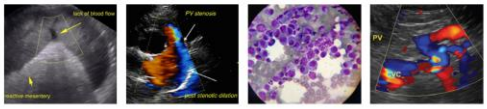

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The stomach presented intact wall layering with a normal wall layer ratio. Minor retained nonshadowing ingesta / chyme was present.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age-related pancreatic changes and incidental. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Minor urinary bladder sediment
- Nonspecific chronic renal changes exhibiting medullary mineral, small cortical cysts, and minor pyelectasia
- Bilateral prominent adrenal glands exhibiting heterogeneous parenchyma
- Splenomegaly with diffuse coalescing irregular hyperechoic nodules - subjectively benign, coalescing myelolipomas, possible emerging mineralization sometimes seen with underlying endocrine disease
- Marked hepatomegaly exhibiting a nonuniform parenchyma hyperechogenicity, solitary intraparenchymal cyst
- Mild gallbladder debris - not consistent with mucocele criteria

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Adrenal workup with LDDST or ACTH Stimulation test is recommended. Primary concern for pituitary-dependent Cushing's Syndrome is warranted. No overt adrenal neoplastic criteria. Monitoring of UPC level, if Cushing's Syndrome is confirmed and following treatment, is suggested.

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services

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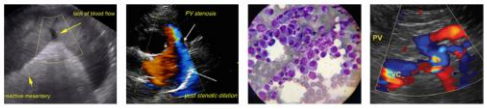

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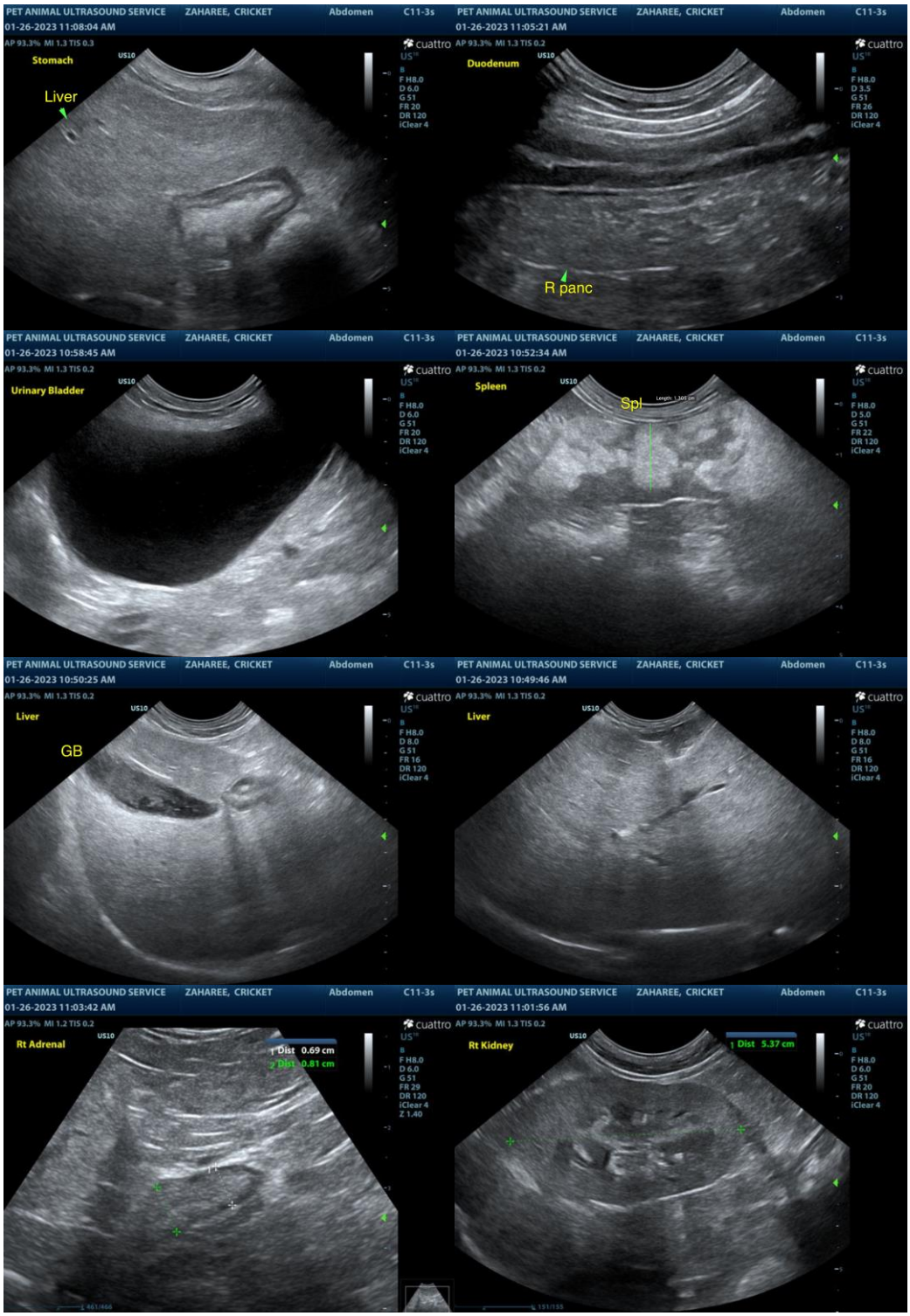

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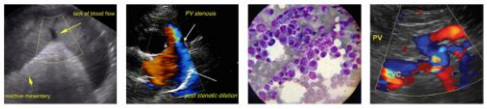

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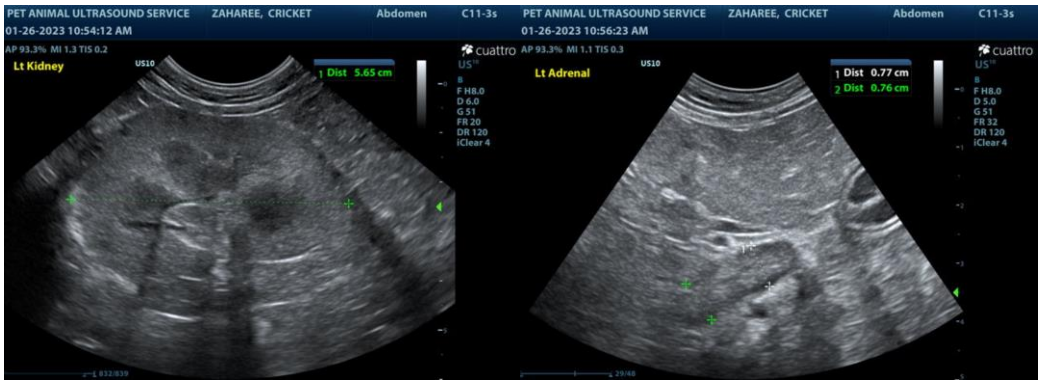

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com