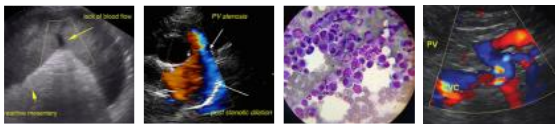


PATIENT

Kizu Pruett

SPECIES

Canine

BREED

Husky

SEX

FS

AGE

9 y

WEIGHT

82 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Albany Animal Hospital

REFERRING VET

Dr. Flanagan

INVOICE

15350

DATE

11/3/22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: recent weight gain despite diet. ABNORMAL Labratory Findings alk phos 1700
Radiographic Findings enlarged but smooth liver / spleen shadow on xray Primary
Question/Differential to Be Answered in This Exam R/o splenic or other neoplasia vs cushings disease

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. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

No evidence of pathology was noted In the area of the uterine remnant.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.0 cm in length. The right kidney measured 7.4 cm in length.

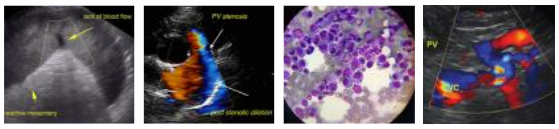
Adrenal Glands

Mild enlargement of the cranial left adrenal gland was noted with maintained symmetrical capsule contour and maintained capsule integrity. Nonhomogeneous parenchyma exhibiting solitary, subtly expansive, nonhomogeneous, pinpoint mineralized nodule in the cranial left adrenal gland was present measuring 1.1 cm in diameter. No evidence of parenchymal escape or vascular invasion was noted. The overall left adrenal gland measured 4.1 cm length x 1.3 cm width at the cranial pole and 0.42 cm width at the caudal pole.

The right adrenal gland exhibited subjective mild subnormal size with normal position and shape. The right adrenal gland measured 2.9 cm length x 0.47 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.



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Liver/ Gallbladder

The liver was moderately enlarged with maintained symmetrical to mildly swollen hepatic capsule contour. Uniform generalized mild increased parenchyma echogenicity was noted exhibiting mild to moderate coarse echotexture. Intermittent discrete hypoechoic nondisruptive intraparenchymal nodules were present. No masses were noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

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 base and right pancreatic limb were mildly prominent in size with mild capsule asymmetry exhibiting nonhomogeneous parenchyma compared to adjacent omentum.

Free Abdomen

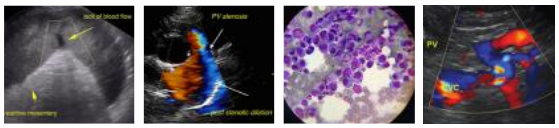
No omental masses, lymphadenopathy, or evidence of peritoneal free fluid were noted.

Brief sonographic assessment of the heart revealed no evidence of cardiac tumors. Subjective scant pericardial free fluid was noted. The potential scant pericardial free fluid in nonspecific potentially owing to sedation. Un-sedated sonographic reassessment of the heart ideally in 7-10 days is suggested.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild cranial left adrenomegaly with concurrent pinpoint mineralized nodule - functional vs. nonfunctional adenoma, hyperplasia, lipogranuloma, emerging neoplasia exhibiting pinpoint mineralization possible
- Subjective mild subnormal right adrenal gland
- Hepatopathy exhibiting uniform mild parenchyma hyperechogenicity - vacuolar hepatitis, inflammatory disease, lipidosis, discrete hyperplasia, hematopoiesis, or other hepatopathy, infiltrative neoplasia considered less likely yet cannot be excluded
- Mild chronic renal changes
- Heterogeneous to prominent right pancreas - patient / age-related variant, parenchymal remodeling owing to previous inflammatory episode, possible low-grade chronic to chronic active pancreatitis



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Secondary Findings

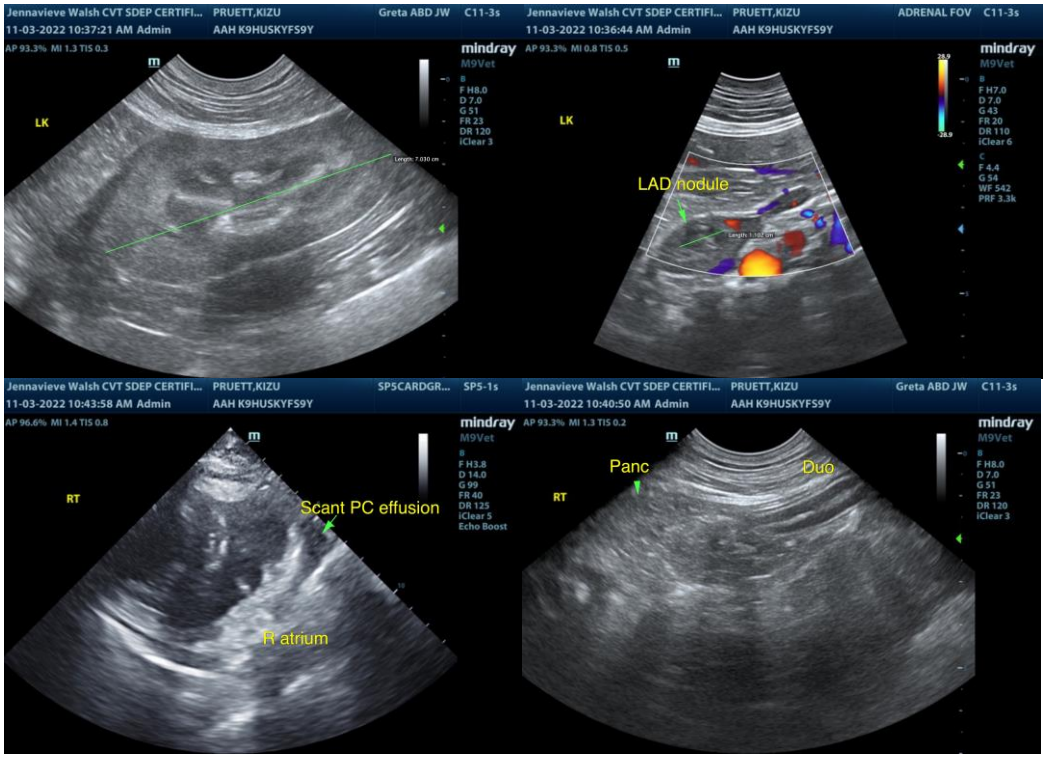
- Subjective scant nonspecific pericardial free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full adrenal workup with LDDST is recommended if clinical signs consistent with Cushing's Syndrome are present. Screening BP is suggested to assess for evidence of hypertension, which may allude to a left pheochromocytoma.

Screening hepatic FNA cytology is warranted for further assessment primarily to assess for evidence of inflammatory cells and rule out the less likely potential for hepatic neoplasia. Spec cPL could be considered if clinical concern for chronic pancreatitis i.e., cranial abdominal or subxiphoid discomfort on palpation.

Sonographic monitoring of the left adrenal gland with initial recheck in 4 weeks is recommended.



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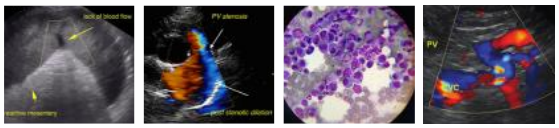

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

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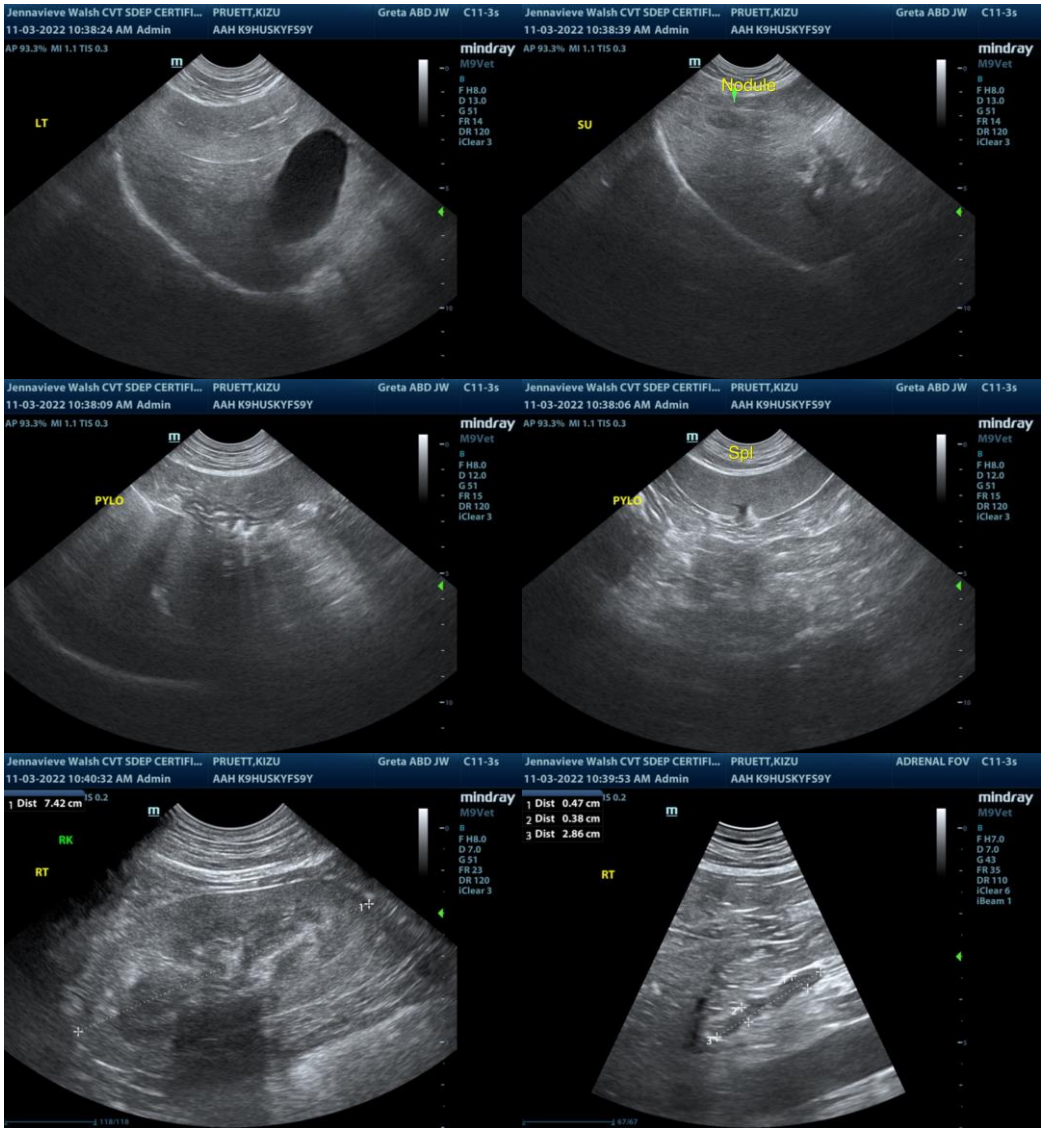

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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