

**PATIENT**

Griffen Larracey

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

MN

**AGE**

10 years

**WEIGHT**

28.4 lbs.

**INTERPRETED BY**

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

**IMAGING  
 PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Anchor AH

**REFERRING VET**

Dale Levitt, DVM

**INVOICE**

12788

**DATE**

12/9/21

**PRESENTING CLINICAL SIGNS**

History of DM, currently controlled on 17 U NPH for the past 1.5 years. Presenting for unintentional weight loss, fur loss, and evaluation for underlying OA/DJD. Owner does not observe clear PU/PD, but feels that Griffen is losing muscle mass. Occasional increased appetite. Otherwise, e/e/u.bm, no v/d/c/s. On exam: hair thinning around both shoulders, hair loss above the hips, pot-bellied appearance. Medications: Dasaquin, Gabapentin 100 mg q12h, NPH 17 U q12h

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone to a depth of 3.0 cm. Mild nonuniform thickening of the urinary bladder wall was present. Several, small, dependent hyperechoic focal echogenicities with distal acoustic shadowing were present in the dependent lumen. An example of an echogenicity measured 0.35 cm diameter. The bladder was otherwise normal.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.55 cm in diameter.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the left kidney. 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 5.2 cm in length.

Normal size and margination were present in the right kidney. 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. Minor pyelectasia without evidence of peri-pelvic inflammation was noted in the right kidney. The right kidney measured 5.1 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.61 cm width at the caudal pole and 0.56 cm width at the cranial pole. Subtle nonhomogeneous right adrenal parenchyma with a discreet, non-expansive nodule measuring 0.6 cm x 0.5 cm was present. The right adrenal gland measured 0.53 cm width at the caudal pole and 0.56 cm width at the cranial pole.

**Spleen**

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary, non-expansive, discreet hypoechoic nodule was noted in the cranial splenic parenchyma measuring 0.42 cm in diameter. 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***

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The liver exhibited subjective potential for mild generalized enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. A solitary, non-expansive hypoechoic nodule was noted in the ventral liver, measuring 0.36 cm in diameter. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was normal in size with primarily anechoic content with mild nondependent echogenic sediment. Focal areas of nonobstructive mineral were present in the gallbladder. The cystic and common bile ducts were normal.

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***Gastrointestinal***

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The visualized gastric walls were normal with ventral gastric body wall width measuring 0.35 cm. The lumen of the stomach contained moderate, echogenic ingesta with progressive distal acoustic shadowing.

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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. The duodenum wall width measured 0.52 cm. The jejunum wall width measured 0.40 cm.

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

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***Pancreas***

The pancreas was normal in size and contour with heterogeneous to mildly echogenic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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***Free Abdomen***

Intermittent, minor, medial iliac lymphadenopathy was present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of the lymph nodes measured 0.28 cm diameter. This is not consistent with inflammatory or neoplastic criteria and likely incidental.

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**ULTRASONOGRAPHIC FINDINGS**

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***Primary Findings***

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- Several cystic calculi
- Focal mild likely benign hepatosplenic nodules - probable areas of hyperplasia, hematopoiesis, or small lipogranulomas
- Nonobstructive minor cholelithiasis with concurrent nondependent debris (non-mucocele)
- Heterogeneous to echogenic pancreas - age-related / patient variant, parenchymal remodeling or minor fibrosis owing to previous inflammation or low-grade to chronic pancreatitis possible
- Gastric Ingesta - probable post prandial presentation
- Mild age-related kidneys with minor right kidney pyelectasia

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- Discreet right adrenal nodule- suspect adenoma

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Urine culture and sensitivity on a sterile urine sample, given the history of diabetes and cystic calculi, is recommended.

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Given the patient's weight loss and muscle mass, a GI panel to include PLI/TLI/Cobalamin/Folate for further assessment of the pancreas, as well as assessment for structurally insignificant gastrointestinal disease may be considered. If documented NPO, some degree of potential gastric hypomotility may be possible given the presence of gastric ingesta.

Shih Tzu

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Potential for emerging right adrenal neoplasia is considered unlikely yet cannot be definitively excluded. Sonographic monitoring of the right adrenal gland for evidence of progressive nodular to parenchymal changes is recommended. Subjectively, the presentation of the bilateral adrenal glands and liver was not overtly consistent with hyperadrenocorticism and secondary steroid hepatopathy. However, adrenal work up with ACTH Stimulation test in the face of diabetes may be considered if clinically indicated.

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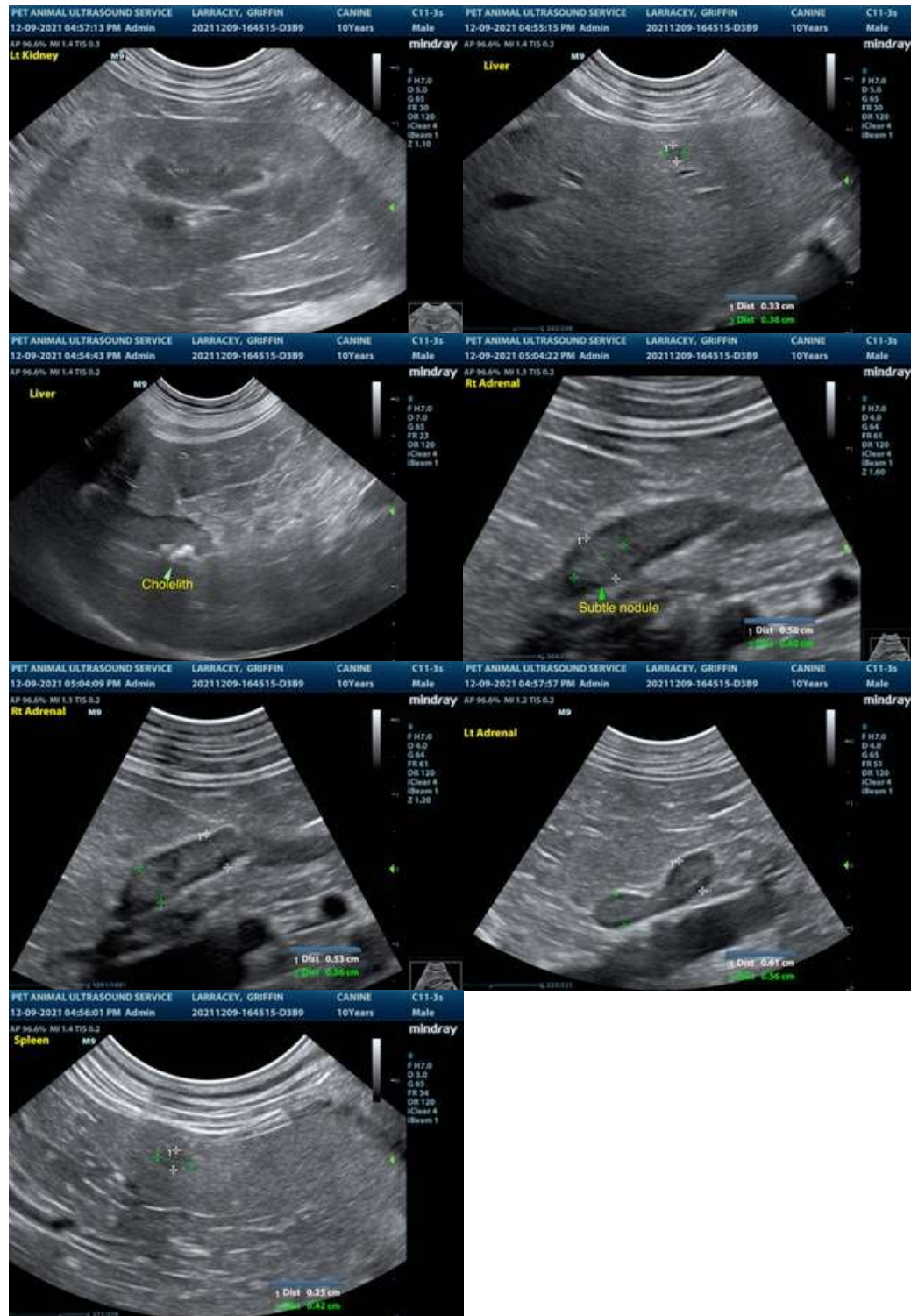
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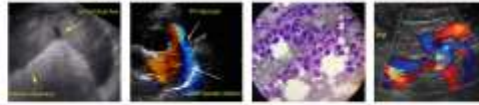
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



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visible in the image/video clips provided.

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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.

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**info@SonoPath.com**

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