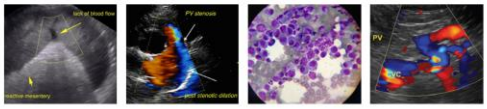
PAUS
Pet Animal Ultrasound Service



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Clinical Sonography & Telecytology
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PATIENT

Farley Shea

SPECIES

Canine

BREED

Terrier Mix

SEX

M/N

AGE

10 years

WEIGHT

25.9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Chase Veterinary Clinic

REFERRING VET

Catherine Caffarella, BVSc

INVOICE

16108

DATE

2/9/23

PRESENTING CLINICAL SIGNS

Chronically elevated ALP, hepatomegaly, potbellied, PU/PD. LDDS does not support Cushing's disease. *Sedated with Dexdomitor for study.

Abnormal PE/Chem/CBC/UA Results: ALP 2344, ALT 124.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 residual prostate was free of pathology measuring 0.8 cm in diameter.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 5.7 cm in length. The right kidney measured 5.9 cm in length. Pinpoint medullary mineral was noted in both kidneys. No pyelectasia was noted in either kidney.

Adrenal Glands

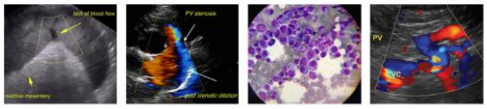
The bilateral adrenal glands were mildly prominent in size based on caudal pole width measurement in light of body weight. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. A left adrenal discrete, nondisruptive cranial pole nodule was noted measuring 0.81 cm in diameter. The overall left adrenal gland measured 0.95 cm width in the cranial pole and 0.81 cm width in the caudal pole. The right adrenal gland measured 0.69 cm width in the cranial pole and 0.68 cm width in the caudal pole.

Spleen

The spleen was mildly enlarged likely owing to sedation with generalized mild heterogeneous parenchyma with intermittent variably echogenic yet non-disruptive splenic nodules. An example of a nonhomogeneous hypoechoic splenic nodule measured 0.65 cm in diameter.

Liver/ Gallbladder

The liver was enlarged with rounded to swollen hepatic contour exhibiting generalized nonuniform increased parenchyma echogenicity with moderate coarse echotexture. The gallbladder was mildly distended containing anechoic content with mild, nondependent yet nonorganized, hyperechoic debris primarily in the caudal lumen and area of the gallbladder neck. The cystic and common bile ducts were normal.



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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 potentially prominent wall layering owing to propensity for mildly prominent generalized mucosa. Nonspecific hyperechoic duodenal mucosal speckling to striations were present, along with concurrent minor segmental jejunal hyperechoic mucosal speckling.

The colon exhibited sonographically normal wall layering. The colon contained subjective semi-formed to soft fecal matter.

Pancreas

The parenchyma of the pancreas base and right pancreatic limb was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Chronic hepatopathy exhibiting nonuniform parenchyma hyperechogenicity - vacuolar hepatopathy, cholestasis, inflammatory / immune-mediated disease, lipidosis, fibrosis, infiltrative neoplasia (less likely) or other hepatopathy possible
- Mild gallbladder debris - not consistent with mucocele criteria
- Heterogeneous spleen with variably echogenic yet non-disruptive nodules - subjective benign, hyperplasia, hematopoiesis, incidental splenitis, myelolipomas, or similar are likely with some contribution to mild splenomegaly owing to sedation, neoplastic criteria is considered unlikely
- Prominent adrenal glands with discrete left adrenal nodule - suspect adenoma
- Chronic pancreatitis / pancreatic fibrosis pattern
- Nonspecific duodenal and mild jejunal hyperechoic mucosal speckling / striation - nonspecific with potential for patient / age-related variant given lack of reported gastrointestinal signs or weight loss
- Moderate chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-gauge needle with Vitamin K pretreatment, screening hepatic FNA cytology could be considered primarily to assess for evidence of inflammatory cells and rule out more aggressive pathology.

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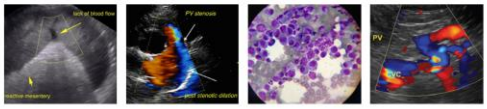

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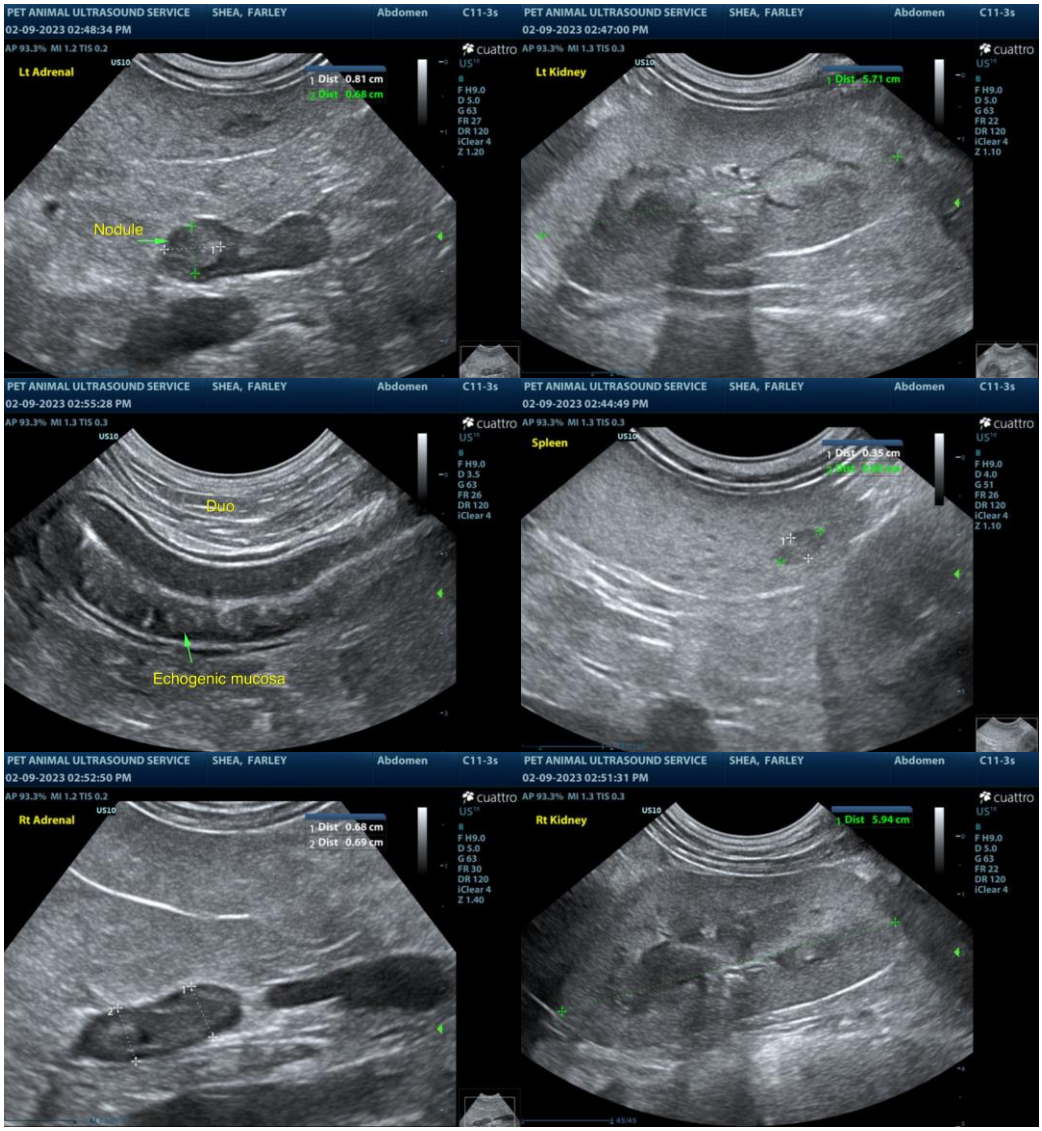
Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Leptospirosis titers / PCR may be considered if potential exposure. Recheck LDDST +/- combined with ACTH Stimulation test could be considered if strong clinical suspicion for Cushing's Syndrome. Technically, the potential for emerging nodular neoplasia associated with the left adrenal gland i.e., pheochromocytoma, cannot be excluded. Assessment of systemic BP and ideally sonographic monitoring of the discrete left adrenal nodule for evidence of progression is recommended. Empirically, Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.



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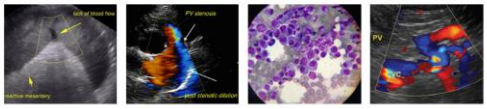

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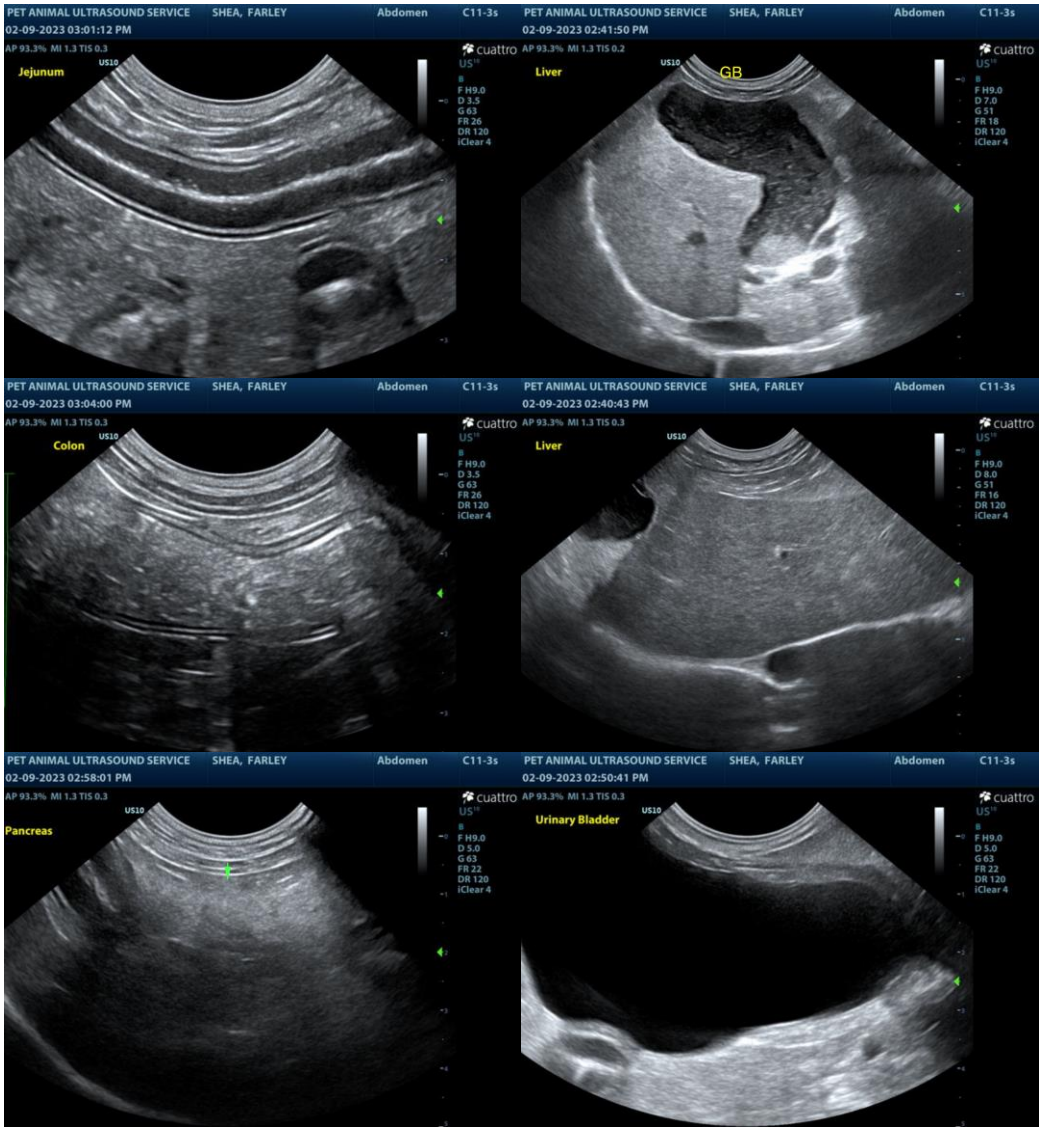

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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