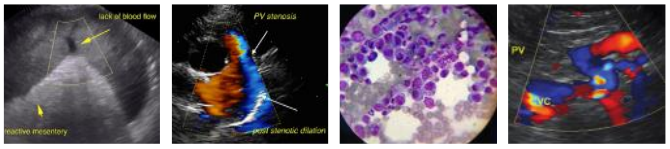
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Penny Dutton

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

12 years

WEIGHT

76.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Companion AH

REFERRING VET

Dr. Tsai

INVOICE

13511

DATE

3/17/22

PRESENTING CLINICAL SIGNS

Vomiting, elevated liver values. Current meds: Gabapentin 300mg tid, Tramadol 50mg qid-bid; Previcox 227mg 1/2 QID
Abnormal PE/Chem/CBC/UA Results: ALT 166 (131H); Potassium 6.2, CPK 1457

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

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. Moderately sized to expansive cysts were present in the cranial pole of both the left and right kidneys. Left kidney cranial cyst measured 2.7 cm in diameter. Right kidney cranial cyst measured 3.4 cm in diameter. Both the left and right cysts were thinly walled containing anechoic fluid. No evidence of pelvic dilation was present. The left kidney measured 7.3 cm in length. The right kidney measured 7.9 cm in length.

Adrenal Glands

The left adrenal gland exhibited nonhomogeneous to nonuniform mildly hyperechoic mass occupying the majority of the left adrenal parenchyma, measuring approximately 3.6 cm x 3.2 cm. Secondary generalized left adrenomegaly was noted with the left adrenal gland measuring 5.1 cm length x 3.2 cm width at the cranial pole and 1.1 cm width at the caudal pole. No overt evidence of mineralization or obvious vascular invasion was noted, although the potential for phrenicoabdominal vein invasion cannot be excluded.

The right adrenal gland was indistinctly visualized owing to patient size and conformation. The right adrenal gland subjectively measured 3.0 cm length x 0.78 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.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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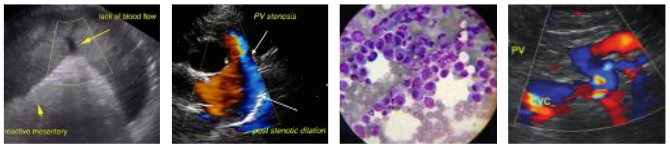

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Gastrointestinal

The stomach exhibited mild to moderate yet variable wall thickening exhibiting intact to Indistinct wall layer detail. The ventral gastric body wall width measured up to 1.0 cm. Mild to moderate retained anechoic fluid along with small pockets of luminal gas were present. Potential for possible areas of mural mineralization were noted, although not definitive. No overt evidence of retained gastric ingesta or foreign material was noted, as well as no overt evidence of mechanical pyloric outflow obstruction.

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 small intestinal wall width measured 0.47 cm.

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

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

Subtle evidence of regional perigastric reactive mesentery was noted. No free fluid or lymphadenopathy was present.

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic renal changes with moderately sized cysts
- Left adrenal mass - neoplasia such as adenocarcinoma, pheochromocytoma, or other moderately-sized, functional vs, nonfunctional adenoma, hyperplasia, lipogranuloma possible, although neoplasia is favored
- Low-grade hepatopathy - subjectively benign, low-grade reactive or inflammatory hepatopathy suspected given the ALT elevation
- Probable chronic gastritis, sonographically unremarkable small bowel

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening blood pressure is recommended to assess for evidence of hypertension, which may allude to a pheochromocytoma. Given the lack of reported clinical signs, adrenal hyper-functionality is considered a less likely differential diagnosis.

Although chronic gastritis is suspected, the potential for early infiltrative gastric neoplasia or possible ulceration, if evidence of hematemesis, may be possible.

Empirically, some or all of the following protocol may be considered with as-needed gastrointestinal support.

A clinical trial of **Zithromax (*Dogs:*** 5-10 mg/kg p.o. q24h. May increase dosing interval to q48h after 3-5 days of treatment)**, Metronidazole** (10-20 mg/kg p.o. b.i.d.), **Pepcid** (0.5-1 mg/kg s.i.d.) and

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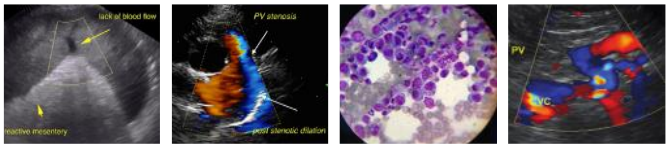

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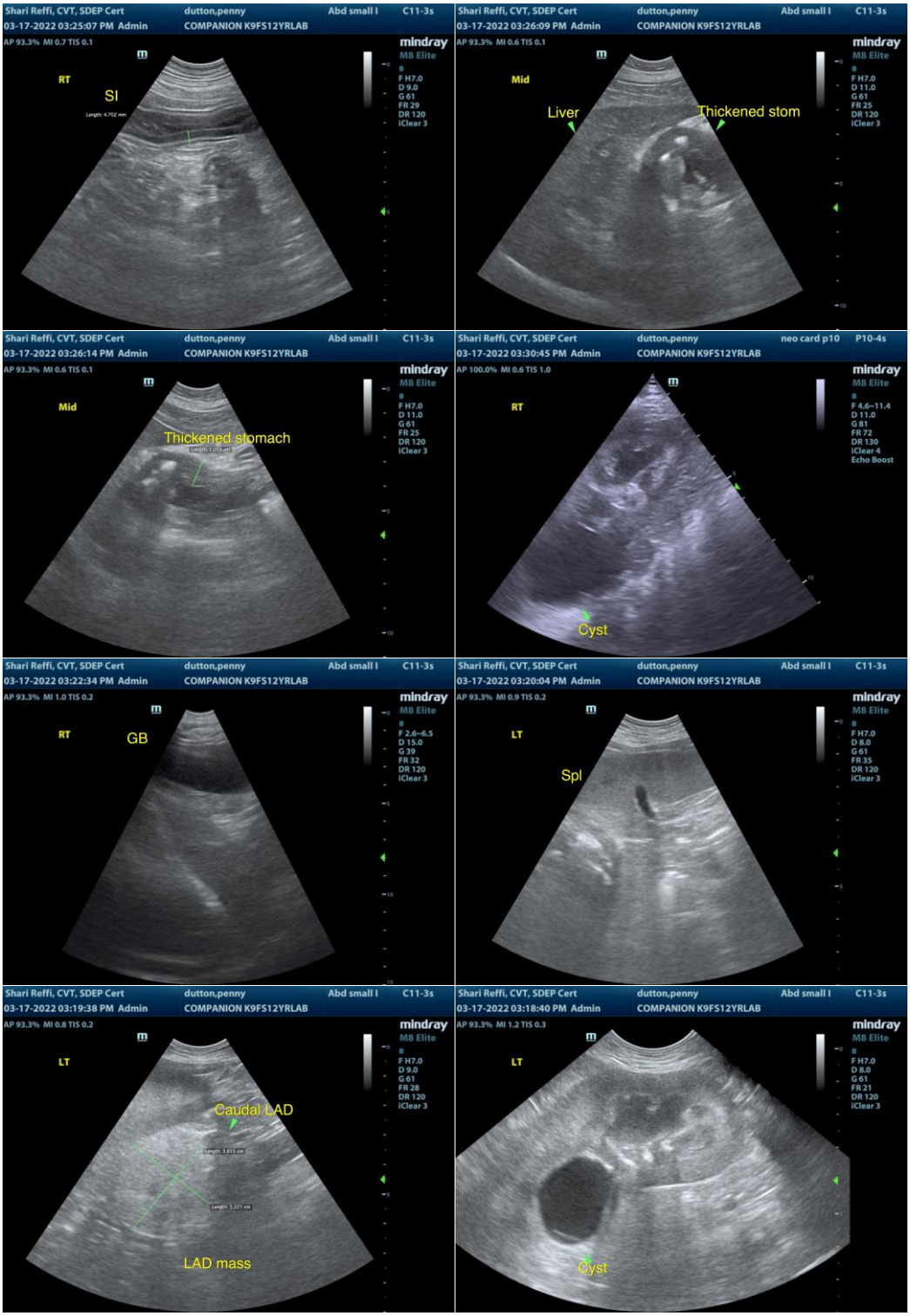
Sucralfate (0.5-2 g/dog PO) or **Omeprazole** (1 mg/kg p.o. s.i.d.) over the next 3 weeks along with a **novel-protein or hydrolyzed diet** with slurry feeding b.i.d./t.i.d. over the next 2-4 days and then increase to canned diet bid. Dry food should be avoided over the next 4 weeks. A recheck sonogram to assess GI improvement or progression would be ideal in 4 weeks.



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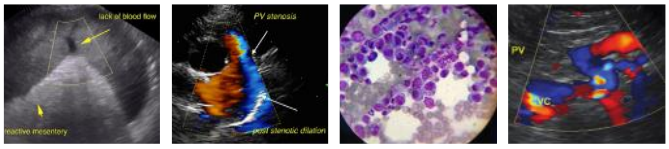

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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