



PATIENT	PRESENTING CLINICAL SIGNS
Shadow Lapointe	General appearance of endocrine disease, but T-4 and LDDST normal. LE continuing to rise and proteinuria. Current meds: Trazodone and Denamarin
SPECIES	Abnormal PE/Chem/CBC/UA Results: PE: thin, dry, flaky skin; thinning haircoat on trunk; patchy alopecia and non-re-growth of hair around neck. BCS 7/9. BW (2/28): ALT 143, ALP 750, Chol 666, CK 206. BW (4/7, on Denamarin): ALT 237, ALP 1,320 T-4 - 2.4. LDDST: 4.6 baseline, 0.2 (4 hr), 1.4 (8 hr). UA: 1.018, Protein 4+,
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Shetland Sheepdog	Urinary System
SEX	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 were noted.
FS	
AGE	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. Nonspecific bilateral increased medullary echogenicity was present. Minor bilateral pyelectasia was present. The left kidney measured 4.8 cm in length. The right kidney measured 5.1 cm in length.
8yr	
WEIGHT	The area of the aortic trifurcation was free of pathology.
32lb	Adrenal Glands
INTERPRETED BY	A well-defined, hyperechoic nodule was present in the mid to cranial left adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured ~ 1.9 cm x 1.0 cm. The left adrenal gland measured 0.55 cm width at the caudal pole and 2.5 cm length.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 2.3 cm length and 0.59 cm width in the caudal pole.
IMAGING PERFORMED BY	Spleen
Dr. Ebersole	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.
HOSPITAL NAME	Liver/Gallbladder
Scanvet	The liver presented borderline to mildly enlarged in size. 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. 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 non-distended in size with primarily anechoic luminal content and mild to congealed non-organized echogenic debris in the cranial lumen. The cystic and common bile ducts were normal.
REFERRING VET	
Dr. Peysner	
INVOICE	
13518ag	
DATE	Gastrointestinal
04/17/2023	



PATIENT

Shadow Lapointe

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.

SPECIES

Canine

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

BREED

Shetland Sheepdog

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 was evident.

SEX

FS

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

8yr

- Benign hepatopathy-sonographically suggestive of vacuolar hepatopathy, potential for inflammatory hepatopathy i.e., cholangiohepatitis. No evidence of hepatic neoplastic criteria.
- Gallbladder debris (non-mucocele).
- Left adrenal nodule-functional vs non-functional adenoma, benign hyperplasia, potential for emerging neoplasia i.e., pheochromocytoma possible.
- Non-specific early chronic renal changes with minor bilateral pyelectasia.

WEIGHT

32lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Based on reported LDDST, this patient may be considered equivocal for Cushing's syndrome given the 8 hour result of 1.4. Depending on the time frame from previous testing, recheck LDDST or alternative adrenal testing could be considered. A screening BP is advised to assess for evidence of hypertension which may allude to emerging left adrenal neoplastic criteria i.e., pheochromocytoma. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Sonographic monitoring of the left adrenal nodule for evidence of progression with initial recheck in 4-6 weeks would be ideal.

IMAGING PERFORMED BY

Dr. Ebersole

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/>.

HOSPITAL NAME

Scanvet

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>

REFERRING VET

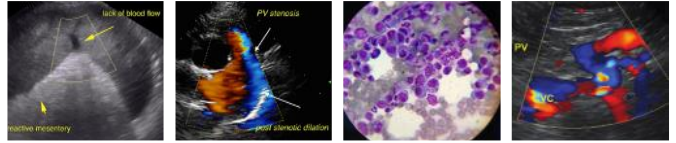
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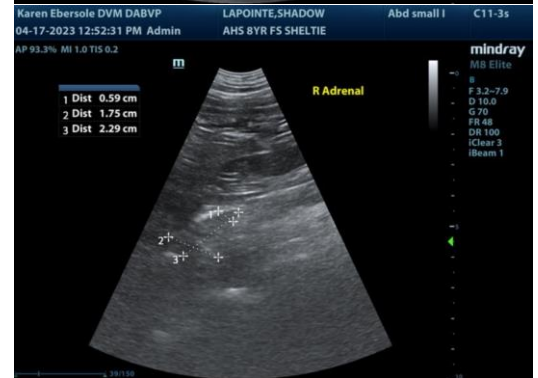
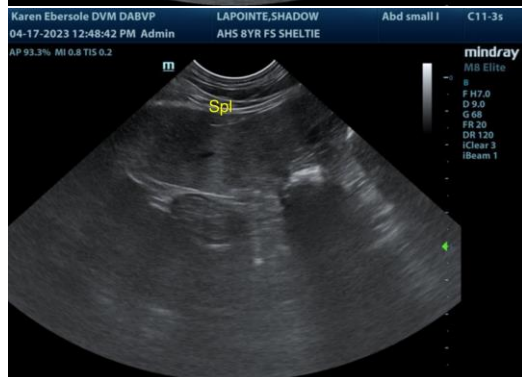
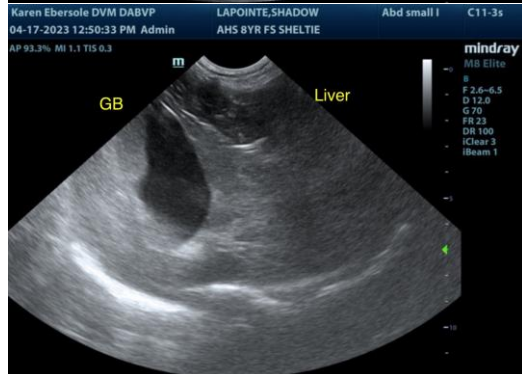
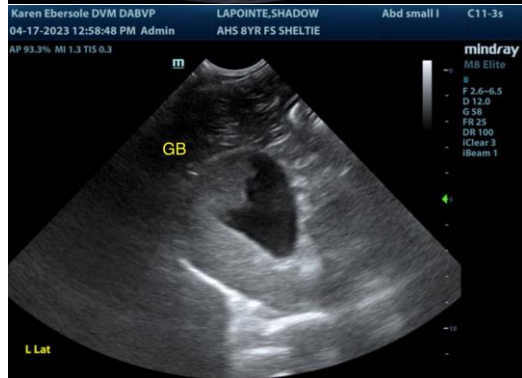
Dr. Peyser

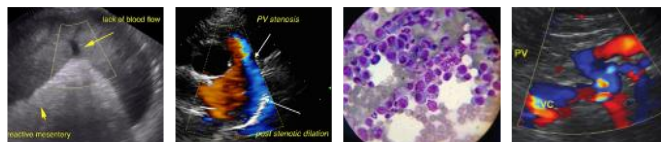
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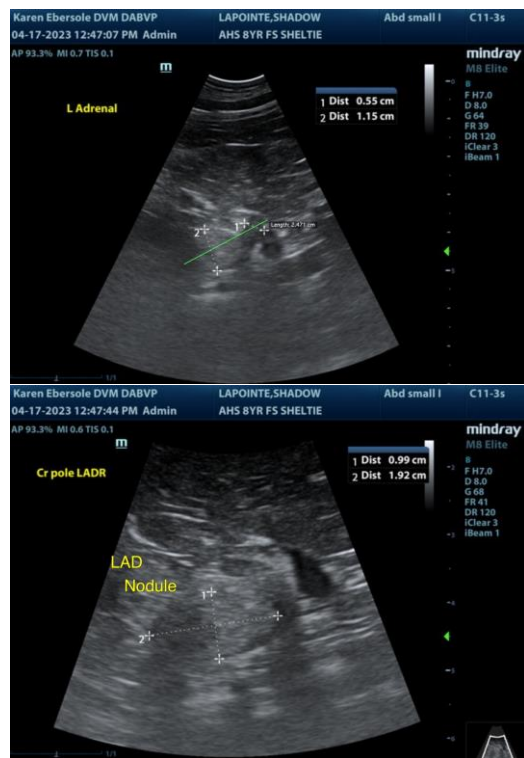
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8yr

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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.

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