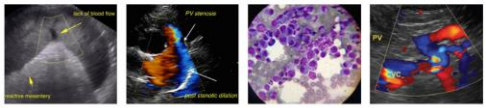

PATIENT

Dudley Long

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

MN

AGE

12.5yr

WEIGHT

10.7lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

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PRESENTING CLINICAL SIGNS

Bloodwork: Elevated liver enzymes. Ast=112, Alt=247, Alk phos= 1399, SpG=1.006. PU/PD. Low fat i/d diet. On Simparica trio. Low dose dex test= suggestive of Cushing's dz= pituitary depend. BP: 172 mmHg.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 were noted.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Mild pinpoint medullary mineral, mild bilateral pyelectasia and cortical cysts were present. The left kidney measured 4.3 cm in length. The right kidney measured 4.5 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

Irregularly enlarged to asymmetrical left adrenal gland exhibiting non-homogenous indistinctly nodular parenchyma was present. Suspect early left phrenicoabdominal vein invasion. The left adrenal gland measured 1.4 cm width at the caudal pole and 2.6 cm length.

The right adrenal gland was normal in size with minor asymmetrical capsule contour and subtle non-homogenous hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width at the caudal pole and 1.5 cm length.

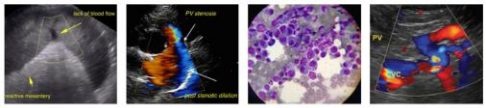
Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/Gallbladder

The liver presented borderline 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 hyperechoic walls and moderate non-dependent particulate hyperechoic non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained non-specific shadowing echo primarily in the area of the gastric antrum/pylorus measuring ~ 3.0 cm in diameter with no signs of ileus or obstruction. Concurrent mildly non-homogenous polyp was present within the gastric body measuring 1.2 cm in diameter.

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

Free Abdomen

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

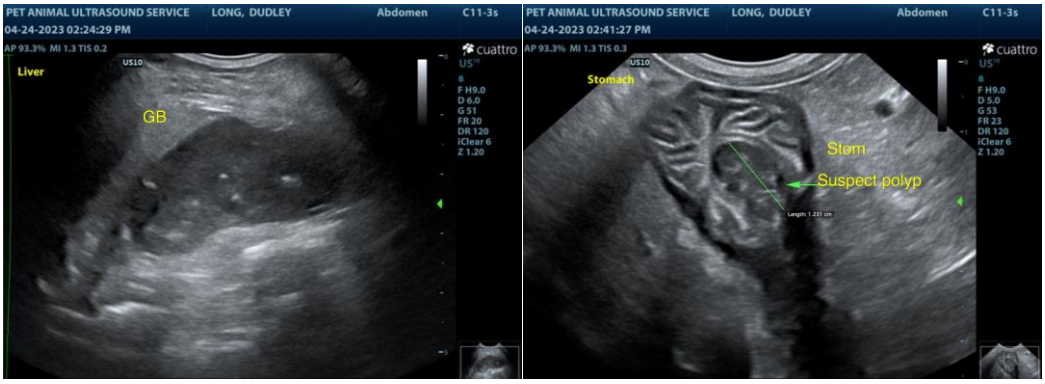
ULTRASONOGRAPHIC FINDINGS

- Irregular non-homogenous/nodule left adrenal gland with concern for early phrenicoabdominal vein invasion.
- Normal measuring right adrenal gland based on caudal pole width and body weight.
- Non-homogenous liver.
- Moderate variably hyperechoic to mineralized gallbladder debris.
- Moderate chronic renal changes exhibiting medullary mineral, cortical cysts and mild pyelectasia.
- Shadowing gastric echo with suspect concurrent polyp.
- Pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Concern for left adrenal neoplastic criteria given potential for early phrenic vein invasion is warranted although functional adenomatous change or significant unilateral hyperplasia is possible. Abdominal CT is likely ideal for further clarification and assessment of left adrenal surgical resectability. Potential for left adrenal mixed pathology cannot be excluded. Screening urine catecholamine level may be considered if evidence of persistent hypertension.

Concurrent concern for possible non-obstructive gastric foreign body is indicated. Documented fast and sonographic reassessment of the stomach in 18-24 hours is recommended.



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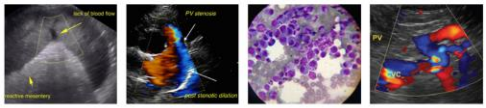

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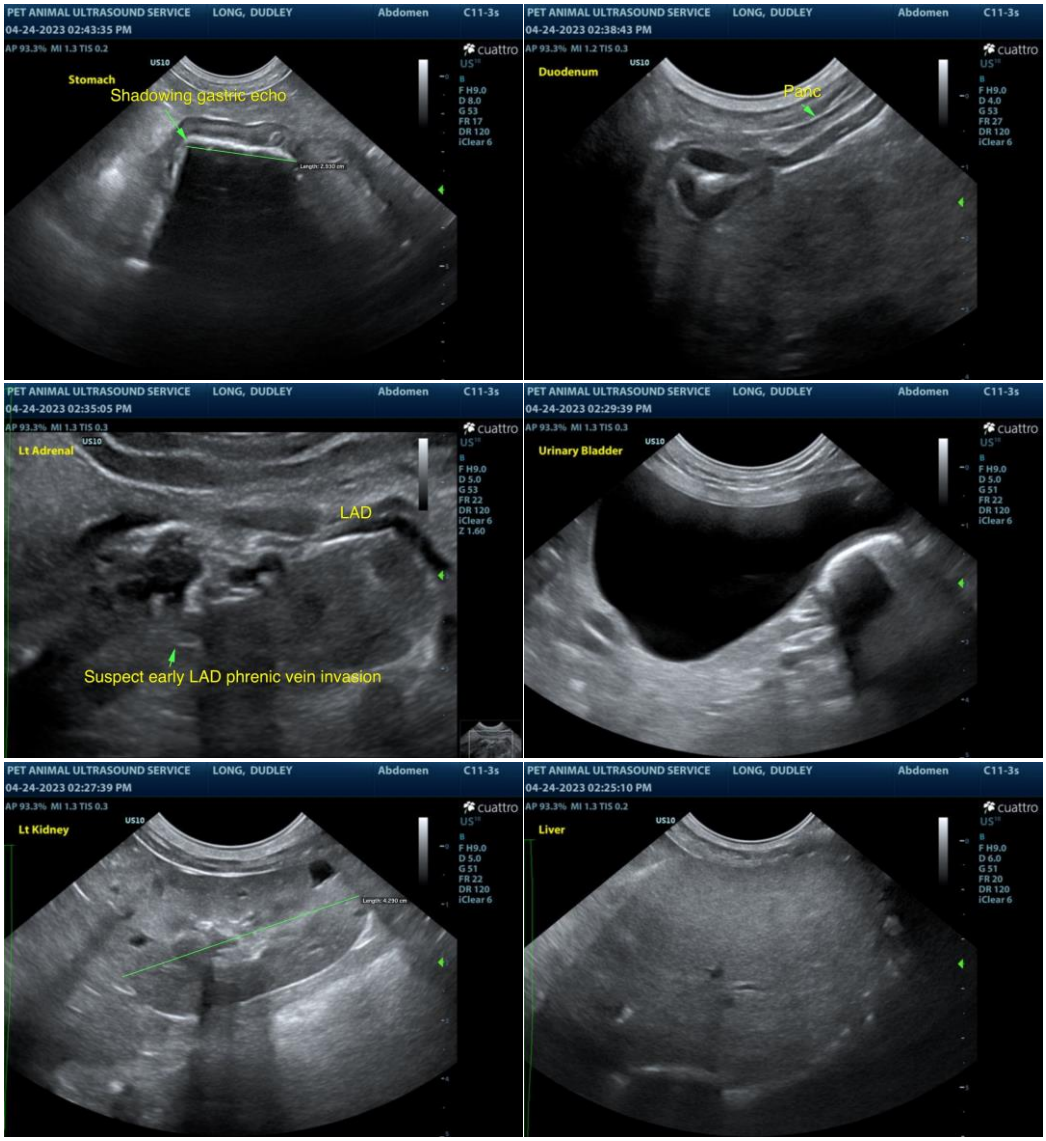

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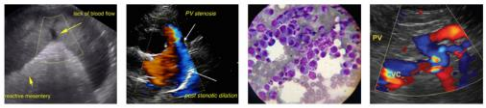

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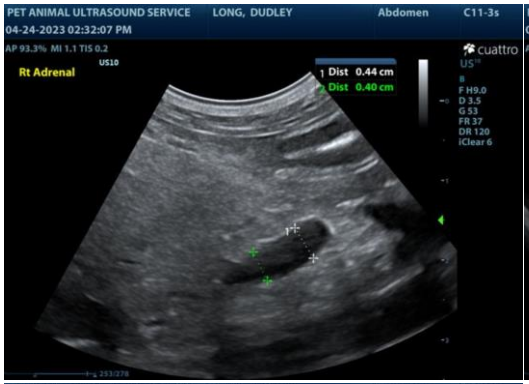

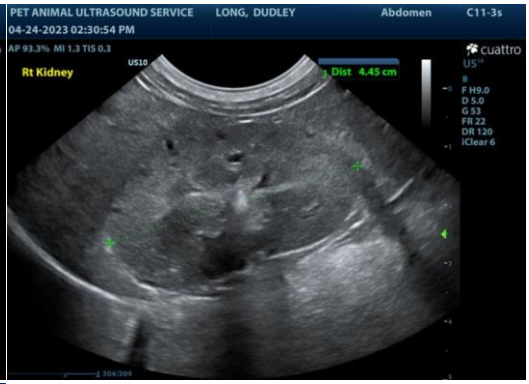

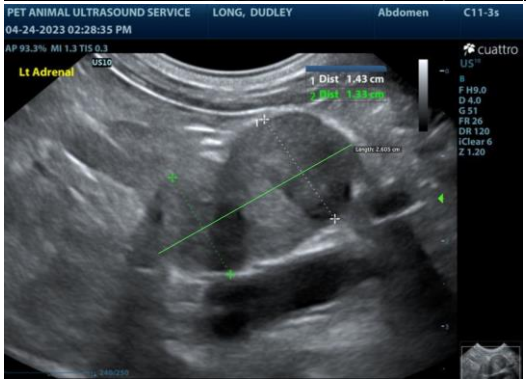

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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