

PATIENT PRESENTING CLINICAL SIGNS

Mia Solderitch Hypothyroid, Cushings, panting Thyroxine .6 BID, Gabapentin, Carprofen, Trilostane 60 BID, Tramadol, Amantidine 50 BID ALP 2263, BUN 34, Crea 0.9, Amylase 1549, Precision PSL 354, unremarkable CBC. T4 2.5, LDDST pre 5.5, 4 hr 3.0, 8 hr 1.8.

SPECIES

Canine

BREED

Australian Shepherd

SEX

Spayed Female

AGE

2007

WEIGHT

51 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Mill Pond VC

REFERRING VET

Dr. Thayer

INVOICE

37776

DATE

5/19/22

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. Lack of urine distention prohibited full evaluation of the urinary bladder walls.

Ventral apical rinary bladder wall measured 0.68 cm. Mild anechoic urine present. The urethra was normal to a depth of 3.0 cm.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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. Mild pyelectasia noted in the right kidney. Small cortical cysts noted in both kidneys. The left kidney measured 7.2 cm. The right kidney measured 5.4 cm.

Adrenal Glands

Both adrenal glands exhibited variable enlargement with non-homogeneous to hyperechoic nodular, non-mineralized parenchyma. The left adrenal gland overall measured 1.0 cm at the cranial pole and 1.65 cm at the caudal pole. Example of caudal left adrenal nodule measured 0.93 cm in diameter. No overt evidence of vascular invasion. Overall the right adrenal gland measured 1.1 cm at the cranial pole, 0.61 cm at the caudal pole. A nodular in the mid to cranial right adrenal gland measured 1.1 cm diameter.

Spleen

The spleen was overall normal in size. Subtle splenic parenchyma heterogeneity noted with benign myelolipomas in the medial parenchyma, adjacent to the hilus. A solitary, mildly expansive, non-homogeneous nodule noted in the caudal spleen, measuring 2.1 cm diameter.

Liver

The liver was enlarged with maintained symmetrical capsule contour. Non-homogeneous to echogenic hepatic parenchyma noted, exhibiting parenchymal remodeling. A solitary cyst was noted dorsal to the gallbladder. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. No evidence of peripheral gallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor pyloric ingesta/chyme present.

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.



PATIENT *Pancreas*

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

SPECIES *Free Abdomen*

Canine No overt lymphadenopathy or peritoneal effusion was present.

BREED **ULTRASONOGRAPHIC FINDINGS**

Australian Shepherd

- Possible cystitis
- Nodular to irregular bilateral adrenal glands – functional/non-functional adenomatous change, benign hyperplasia, potential for left, right or bilateral emerging neoplasia.
- Non-specific caudal splenic nodule – hyperplasia, hematopoiesis, granuloma, small hematoma, inflammation, neoplasia possible.
- Bilateral chronic renal changes with mild right kidney pyelectasia
- Chronic vacuolar hepatopathy pattern with intraparenchymal cyst
- Minor gallbladder debris (non-mucocele)
- Heterogeneous pancreas – age related remodeling, potential for low-grade to chronic pancreatitis possible.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

ACTH stimulation test could be considered if not recently done for further assessment of hyperadrenocorticism control. Assuming normal clotting status, ultrasound guided FNA of the caudal splenic nodule +/- liver using 25-gauge needle could be considered for screening cytology. Systemic BP suggested to assess for evidence of hypertension, which may allude to an adrenal neoplastic process.

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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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Sonographic monitoring of the bilateral adrenal glands for evidence of progressive enlargement or nodular change is suggested.

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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/>.

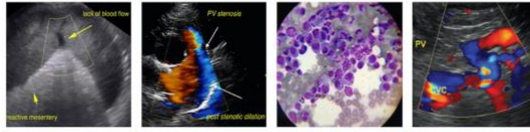
One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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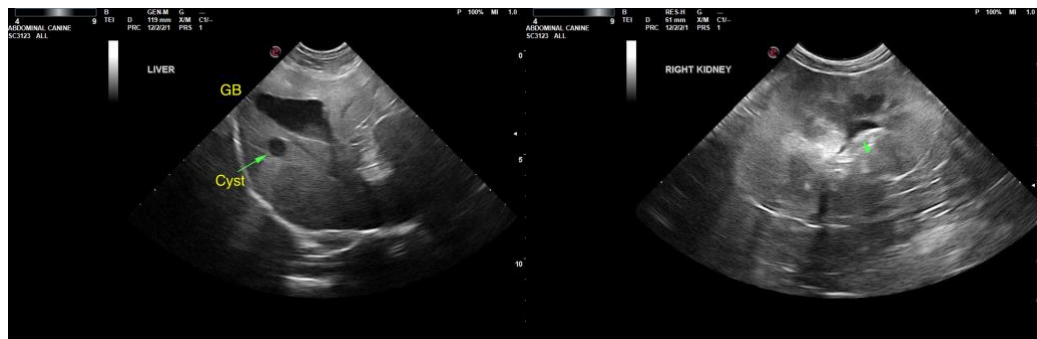
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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