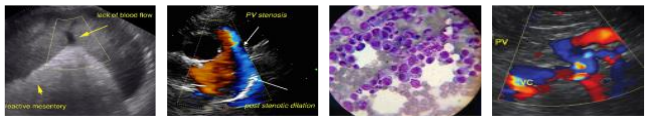


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Pullo Spratt

SPECIES

Canine

BREED

Dachshund

SEX

MN

Age

14 years

WEIGHT

13 #

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Banfield Altamonte Springs

REFERRING VET

Dr Martinez

INVOICE

303903

DATE

2/16/23

PRESENTING CLINICAL SIGNS

History: Progressive elevation in liver enzyme activity. Previous history of adrenomegaly – treated with trilostane but discontinued as had low cortisol levels and normal ACTH stimulation test.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: N/A.

Radiographic Findings: N/A.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness appearance of the wall. Normal anechoic urine with no sediment evident. Small uroliths present (0.3 cm).

Normal trigone area, proximal urethra (0.4 cm), and iliac blood vessels.

Normal iliac lymph nodes (0.7 cm). Ureters not visualized.

Normal renal size (left 4.6 cm, right 4.7 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. Bilateral non-obstructive nephroliths (0.2 cm). Two cortical cysts (1.1 cm) in the right kidney.

Reproductive System

Small hypoechogenic prostate (0.5 cm).

Adrenal Glands

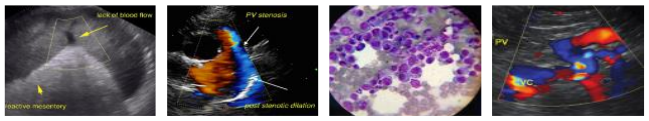
Normal position, echogenic appearance, and shape but enlarged. Left 0.8/0.64 cm, right 0.7/0.86 cm. Hyperechogenic parenchymal nodule (0.4 x 0.6) and anechoic cyst (0.4 x 0.6 cm) in the cranial pole of the right adrenal,

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Enlarged with rounded edges, hyperechogenic and nodular appearance, some loss of portal markings, and regular curvilinear capsule. Nodules are hypoechogenic, parenchymal, and up to 0.9 x 1.7 cm in size. No masses evident. FNA taken with no obvious aspirate hemorrhage. Full gall bladder containing moderate amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.2 cm).



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Gastrointestinal

Normal appearance of the stomach, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (colon 0.16 cm) and peristaltic activity, and no distension of the lumen. Thickening of the duodenum (0.56 cm) and small intestine (0.51 cm) with no loss of layering. Ingesta within the stomach.

Pancreas

Enlarged (left 0.8 cm, right 2.1 cm) with a diffuse hyperechogenic appearance and irregular capsule. Multiple hypoechogenic parenchymal nodules (0.4 cm) in the right lobe. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes (1.1 cm)
No ascites.
Mesenteric cyst (0.5 x 1.3 cm).

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Nodular hepatopathy.
- Nodular pancreatitis.
- Bilateral adrenomegaly.
- Right adrenal nodule.
- Enteropathy.

Secondary Findings:

- Gall bladder sediment.
- Age-related renal changes.
- Uroliths.
- Mesenteric and adrenal gland cyst.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

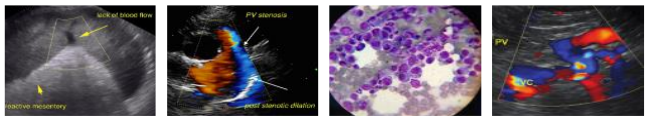
Etiologies for the liver would be nodular hyperplasia, chronic hepatitis, granulomatous disease, and neoplasia.

Etiologies for the pancreas would be chronic pancreatitis, fibrosis, hepatitis, granulomatous disease, and neoplasia.

Etiologies for the adrenomegaly would be disease stress and pituitary-dependent Cushing's.

Etiologies for the adrenal nodule would be incidental non-functional adenoma, functional adenoma, and emerging carcinoma.

Etiologies for the enteropathy would be inflammatory bowel disease, parasitic enteritis, dietary hypersensitivity, and granulomatous disease with neoplasia, a less likely differential diagnosis.



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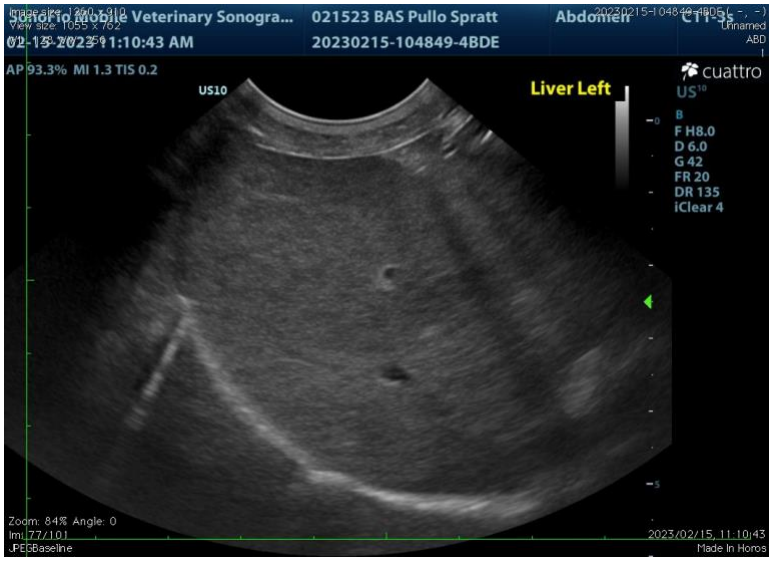
Further assessment needs to be based on the pending cytology results but could include urine and fecal analyses, cPL/PSL assay, FNA cytology of the pancreas, adrenal function testing (ACTH stimulation/LDDS test), and endoscopy of the upper GI tract gastroscopy with biopsies. A Tru-Cut/wedge biopsy of the liver may be required for a final etiological diagnosis.

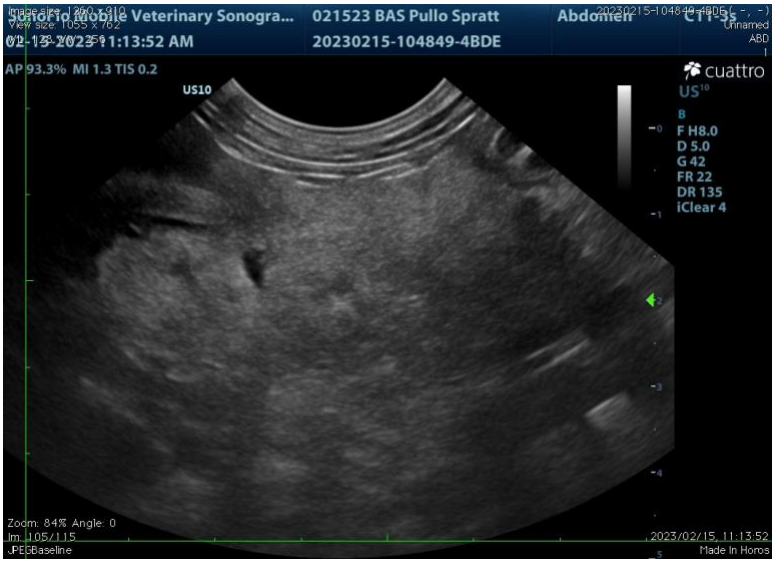
Specific therapy would be dependent on an etiological diagnosis.

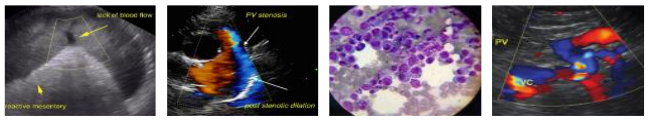
IMAGES

Liver



Pancreas





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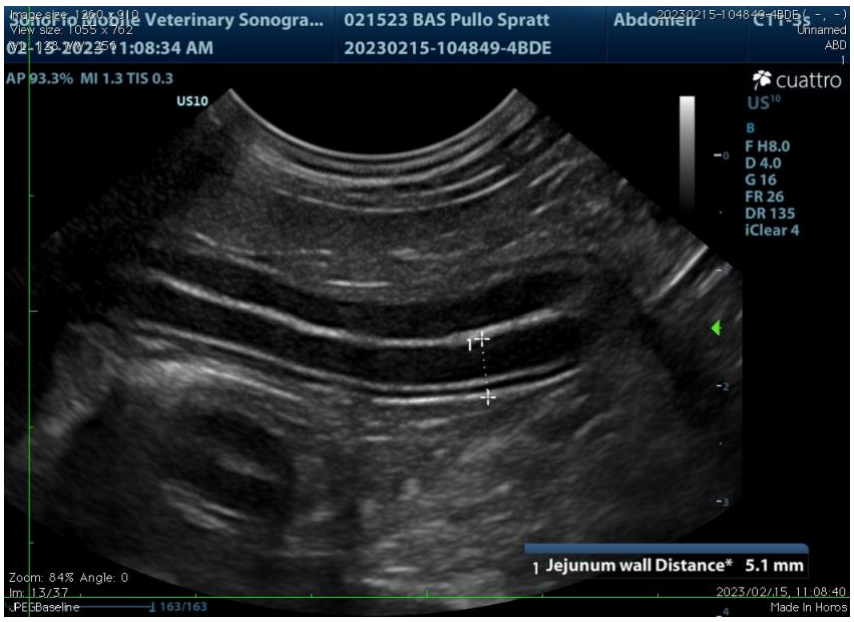
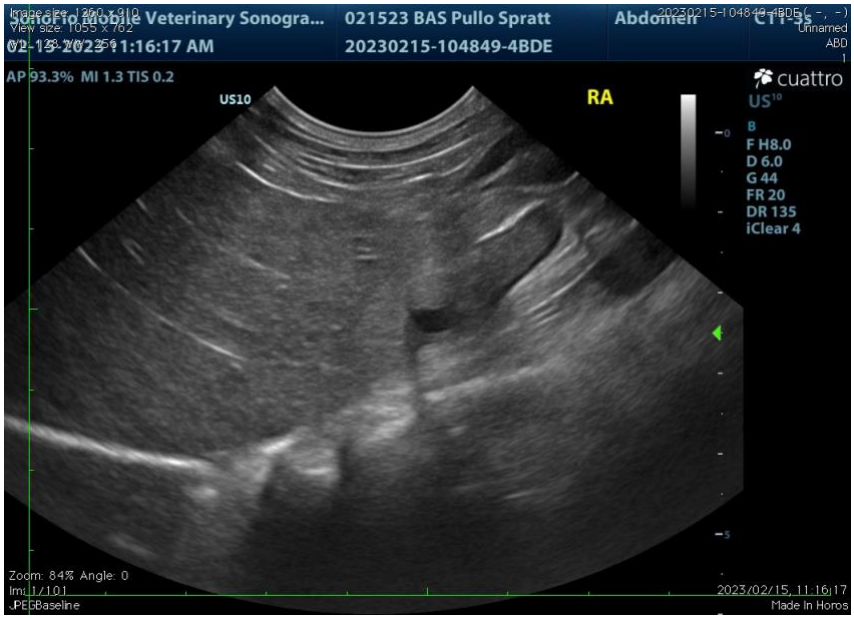
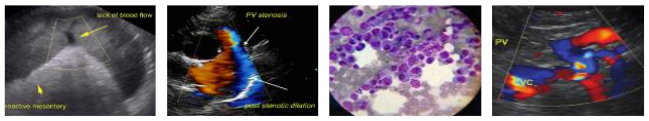
Small intestine



Right adrenal





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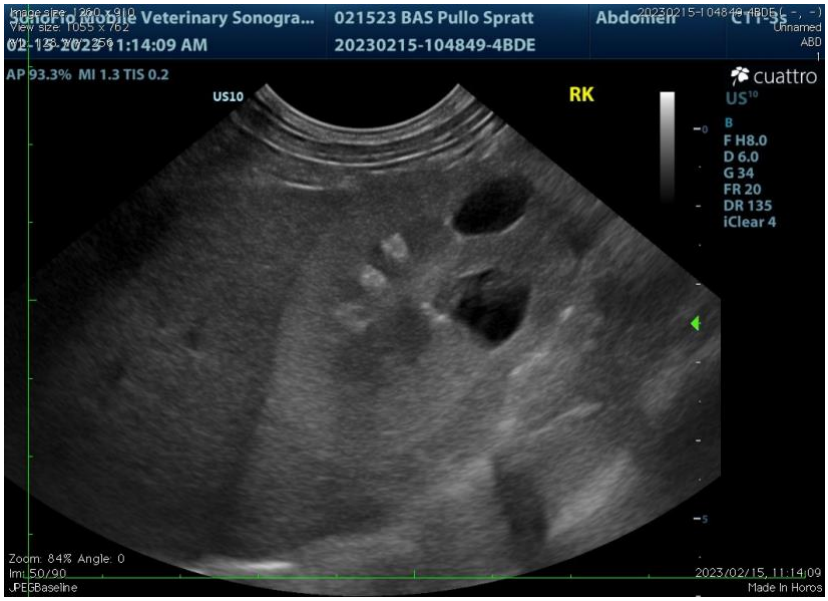
Right kidney



The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
rlobetti@mweb.co.za