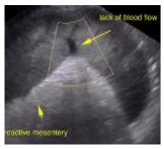
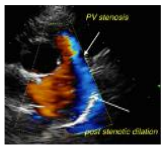
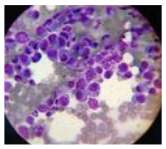
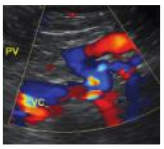
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Romeo Giampietro

SPECIES

Canine

BREED

Rottweiler

SEX

Neutered Male

AGE

9 Years

WEIGHT

118 Pounds

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Whippany VH

REFERRING VET

Dr. Smith

INVOICE

20543

DATE

1/13/23

PRESENTING CLINICAL SIGNS

History: pu/pd for 2 months, losing hair, vomiting/regurgitation; pacing and panting for 3-4 months.

Abnormal PE/Chem/CBC/UA Results: LDDST from 12/20.22ndoes not support Cushings. 12/16/22 ALKP 352, t bili 0.3, PPSL 276. USPG 1.011, pH 8.5.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to ( ) cm.

The prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins.

Both kidney exhibit decreased corticomedullary differentiation with irregular cortical margins, consistent with prior infarcts. There is also multifocal pinpoint cortical mineralization in both kidneys. There is no evidence of nephrolithiasis, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 6.6 cm in length. The right kidney is 6.7 cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. There is a small isoechoic nodule arising from the cranial pole of the right adrenal gland, measuring 1.8 cm. They are otherwise normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 4.5 mm at the cranial pole and 6.5 mm at the caudal pole. The right adrenal gland height is 1.8 cm at the cranial pole and 7.8 mm at the caudal pole

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is diffusely hyperechoic with a coarsely mottled parenchyma. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

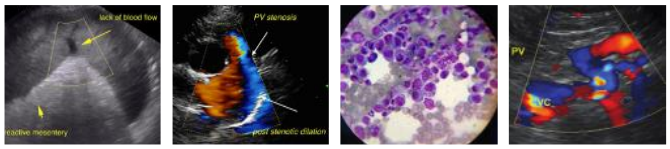
The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is empty. The gastric wall is 5.9 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures 5.5 mm. The jejunal wall measures up to 4.6 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.2 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.



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

PATIENT

Romeo Giampietro

SPECIES

Canine

BREED

Rottweiler

SEX

Neutered Male

AGE

9 Years

WEIGHT

118 Pounds

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Whippany VH

REFERRING VET

Dr. Smith

INVOICE

20543

DATE

1/13/23

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- A right adrenal nodule
- Chronic renal changes, with infarcts and cortical mineralization

Secondary Findings

- Reactive hepatopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

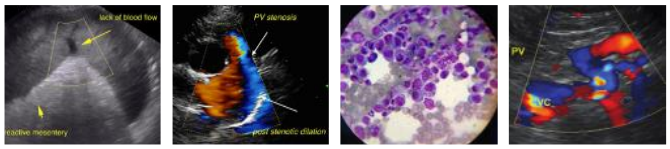
The reported clinical signs, adrenal nodule, and pinpoint mineralization in the kidneys, all potentially support an endocrinopathy. Since there was a recent LDDST that was normal, an ACTH stim test could also be considered to further determine whether Cushings disease is a consideration. It is also possible that the chronic renal changes could be causing PU/PD, so a urinalysis, culture, and blood pressure measurement could be considered to further investigate this possibility.

The changes in the liver are nonspecific, and can be seen with endocrine disease, vacuolar hepatopathies, storage hepatopathy, and regenerative nodules. If there is evidence of hepatic dysfunction, then liver biopsy would be recommended for a definitive diagnosis.

If it is found that the adrenal nodule is not associated with Cushings disease, then other differentials include benign hyperplasia, a benign adrenal adenoma, or an early malignancy, such as pheochromocytoma or adenocarcinoma. Recommendations include:

- Blood pressure measurement to screen for pheochromocytoma
- Monitoring the nodule for changes in size or appearance via serial ultrasounds at 6–8-week intervals.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Romeo Giampietro

SPECIES

Canine

BREED

Rottweiler

SEX

Neutered Male

AGE

9 Years

WEIGHT

118 Pounds

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Whippany VH

REFERRING VET

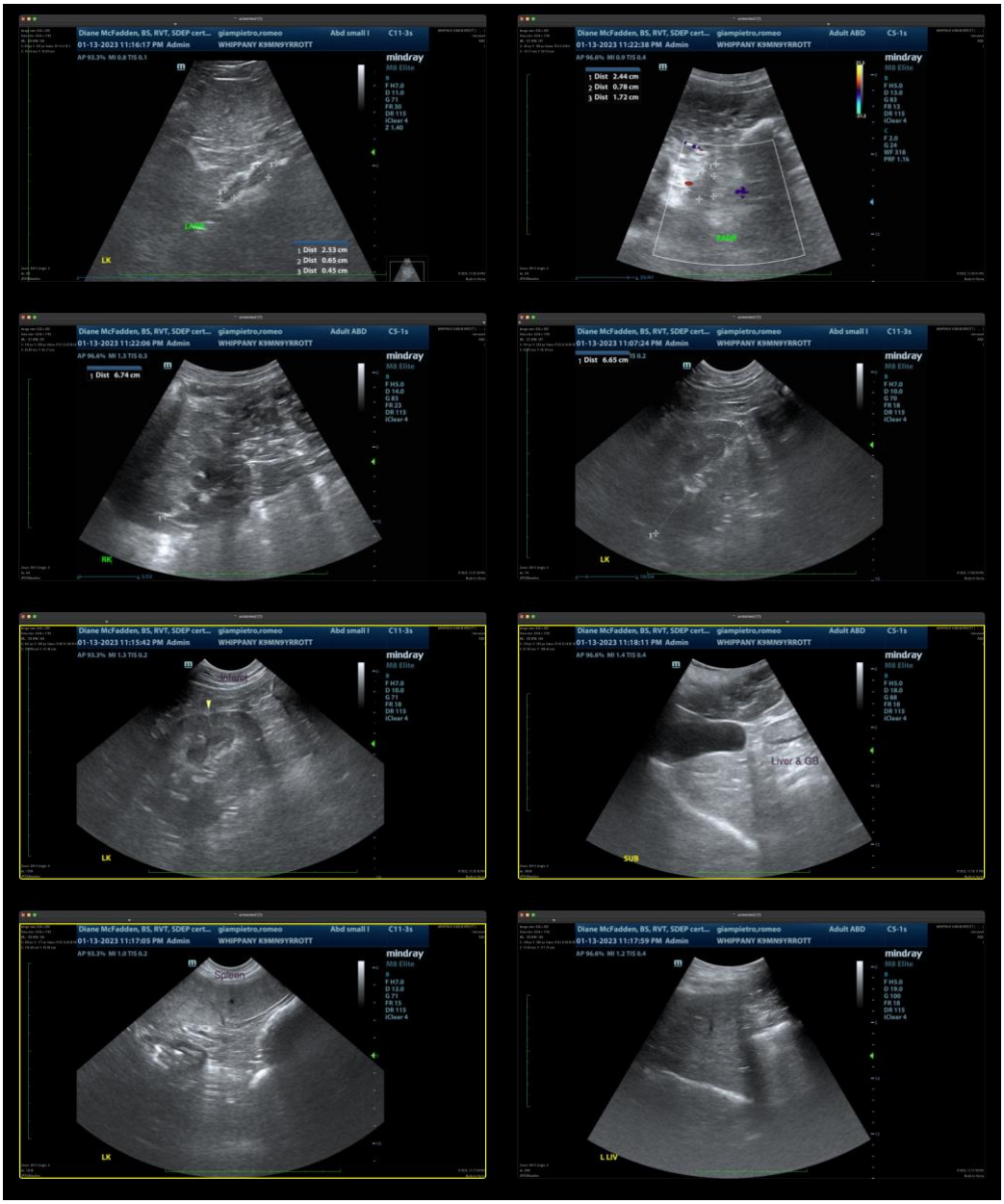
Dr. Smith

INVOICE

20543

DATE

1/13/23



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.

Tam Mengine, DVM, DABVP (canine/feline practice) info@SonoPath.com