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Clinical Sonography & Telecytology
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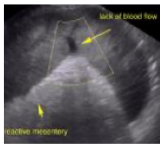
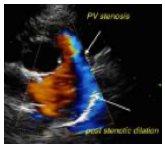
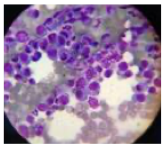
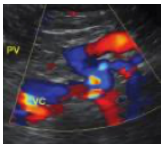

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Findley Randazzo

SPECIES

Canine

BREED

WH Terrier

SEX

Neutered Male

AGE

14 mos

WEIGHT

8.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Governors Road AH

REFERRING VET

Dogar

INVOICE

12925

DATE

5.1.23

PRESENTING CLINICAL SIGNS

History: Anxious. HR 140 RR 24. Normal heart and lungs. Hard to examine oral cavity. M2 gum recession on back teeth. No obvious masses noticed. Uncomfortable in cranial abdomen and L-S area. Slightly slow proprioception in R hid leg. Current Medications Cerenia, Denamarin, sulcrate, Gabapentin

Abnormal PE/Chem/CBC/UA Results: ALT: 3336 Elevated TP and ALB, ALKP and CHOL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. A small amount of echogenic luminal sediment is present, which is freely-movable. 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 3.0 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 kidneys are hyperechoic and exhibit moderately decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 4.6 cm in length. The right kidney is 4.2 cm in length.

Adrenal Glands

Both adrenal glands are diffusely enlarged and hyperechoic. They have normal phrenic vasculature and are found in the normal location. The left adrenal gland height is 1.2 cm at the cranial pole and 9.0 mm at the caudal pole. The right adrenal gland height is 1.4 cm at the cranial pole and 1.1 cm at the caudal pole. The right adrenal gland is surrounded by hyperechoic omental fat.

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 and subjectively enlarged. There is a 1.9 cm x 2.7 isoechoic mass arising from the left caudal lobe. 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 4.7 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 4.6 mm. The jejunal wall measures up to 2.7 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.7 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

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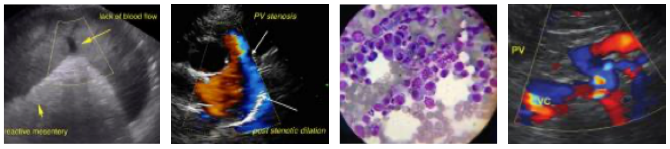

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Pancreas

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

- Bilaterally enlarged adrenal glands, suggestive of either pituitary-dependent Cushing's Disease, or possibly bilateral adrenal gland neoplasia.

Secondary Findings

- Reactive liver with a small mass, most typical of a benign hepatoma
- Bilateral chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no obvious explanation on today's ultrasound for the marked elevation in ALT. Given the size and appearance of the mass, it is unlikely that this would be contributing to any clinical signs. Although it is possible that adrenal disease could cause and ALT elevation, it would be surprising for it to be this profoundly elevated from adrenal disease alone. Additional recommendations include:

- Low-dose dexamethasone suppression test or ACTH stimulation test to further screen for Cushing's Disease.
- Bile acid testing to further assess severity of hepatic disease
- Empirical treatment with Denamarin, as already started, and additionally, Ursodiol
- Broad-spectrum antibiotic therapy, such as a combination of amoxicillin or amoxiclav, in combination with a fluoroquinolone would be recommended to rule out the possibility of a bacterial hepatitis. If recheck lab values in one week show significant improvement, then a 4-6-week total course of antibiotics is recommended.
- Fine-needle aspirate or core biopsy of the liver would be necessary for definitive diagnosis of the underlying hepatopathy.
- The changes in the kidneys are consistent with chronic renal disease. Findings should be correlated with laboratory values, IRIS staging and clinical signs.

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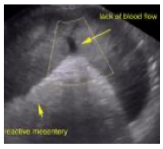
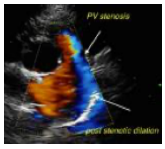
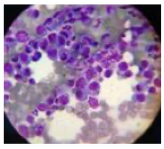
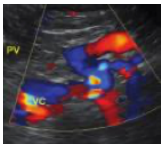

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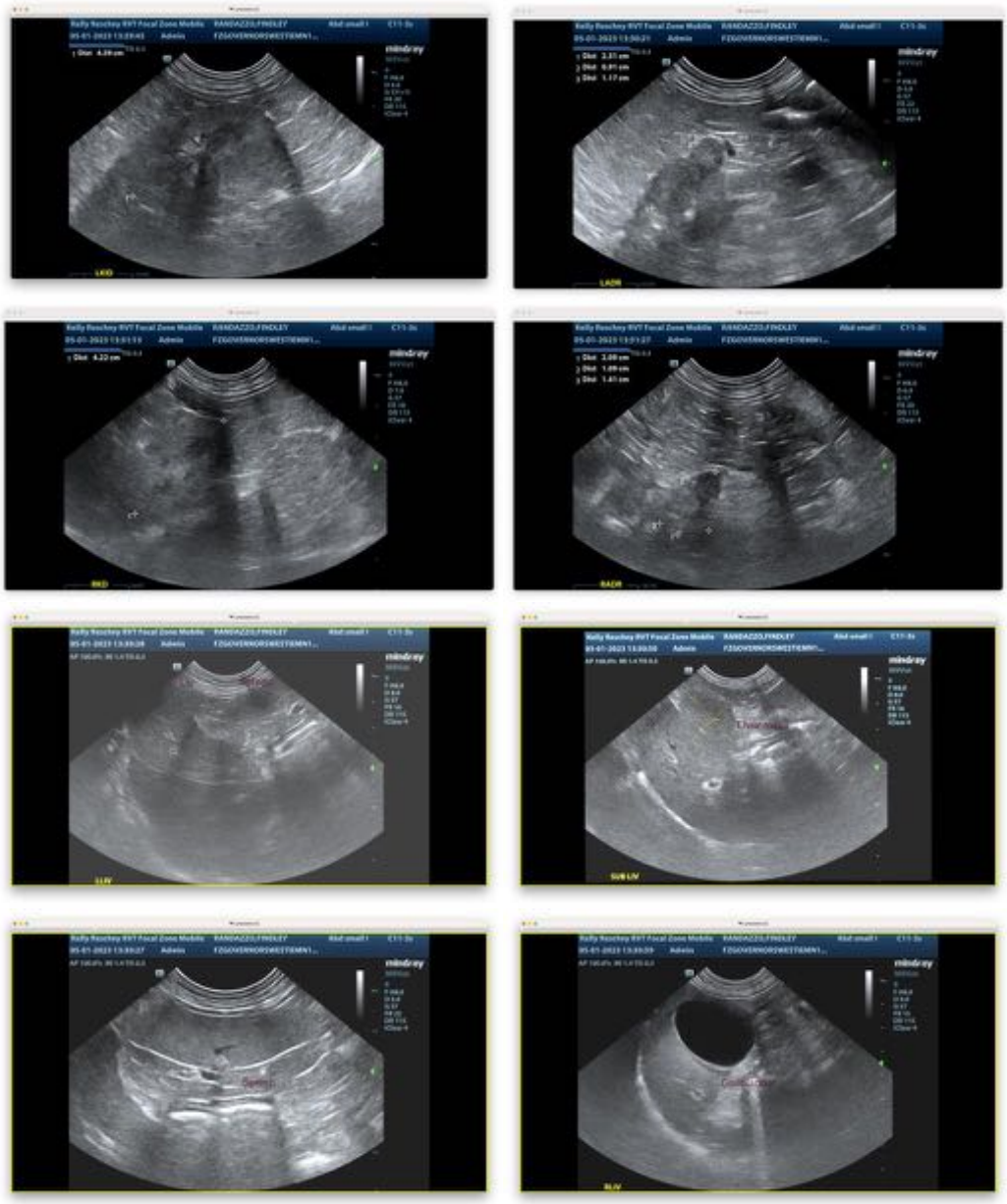

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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