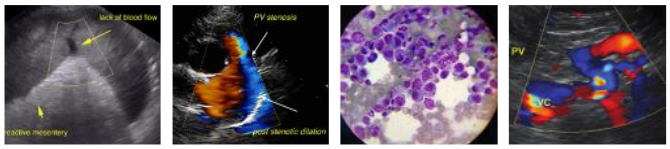
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Mellie Costa

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

10 Years

WEIGHT

18.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

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

INVOICE

16808

DATE

PRESENTING CLINICAL SIGNS

History: Recent mild increase in liver values (ALT 191, ALP 430), and an episode of lethargy. CBC / Chem / T4 / U/A otherwise unremarkable. Recent idiopathic partial facial nerve paralysis that is resolving.

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. The pelvic urethra is seen to 2.0 cm.

The left kidney is hyperechoic and exhibits poor cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measures 4.35 cm.

The right kidney is hyperechoic and exhibits poor cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The right kidney measures 4.48 cm.

Adrenal Glands

Both adrenal glands are diffusely enlarged and hyperechoic. They are identified in their normal locations and have normal phrenic vasculature. The left adrenal gland measures 1.5 cm at the cranial pole and 0.9 cm at the caudal pole. The right adrenal gland measures 1.4 cm at the cranial pole and 0.6 cm at the caudal pole.

Spleen

There are multiple hyperechoic masses within the splenic parenchyma measuring up to 1.0 cm in length, with no visible deviation of the splenic capsule. 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. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

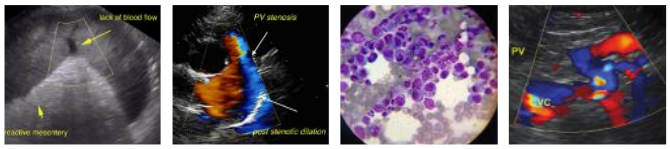
The gallbladder is markedly distended with anechoic contents and a small amount of echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is mildly distended with gas. The gastric wall is 3.8 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 5.2 mm. The jejunal wall measures up to 3.9 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.



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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

- Bilateral adrenomegaly
- Reactive hepatopathy

Secondary Findings

- Chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

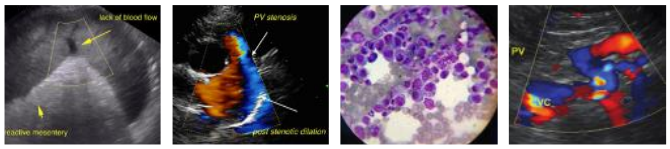
The enlarged adrenal glands could be consistent with pituitary dependent hyperadrenocorticism, hyperplastic change, or less likely bilateral neoplastic change. Recommendations include:

- testing for Cushings disease, if clinical signs are present, with either a low dose dexamethasone suppression test or ACTH stimulation test.
- blood pressure measurement to screen for pheochromocytoma.
- serial monitoring in 6-8 weeks to see whether the glands are continuing to enlarge.

The changes in the liver are non-specific and could be attributed to endocrine disease, other vacuolar hepatopathies, reactive hepatopathy, storage hepatopathy, chronic infectious or inflammatory disease (including leptospirosis), hepatic lipidosis, or less likely neoplasia. Ultrasound-guided or laparoscopic biopsies would be needed for definitive diagnosis. Recommendations include:

- screening for diabetes mellitus and hyperlipidemia if not already performed
- testing for Cushing's disease is recommended only if clinical signs support the diagnosis
- bile acid testing is recommended to further assess severity of hepatic disease - if elevated then liver biopsies should be considered
- if bile acids are normal, but the ALT is increased, then initiation of liver support therapies such as SAMe, Vitamin E and ursodiol, along with serial monitoring of liver enzyme levels every 2-3 months, could be initiated

The changes in the kidneys are consistent with chronic renal disease. Recommendations include:



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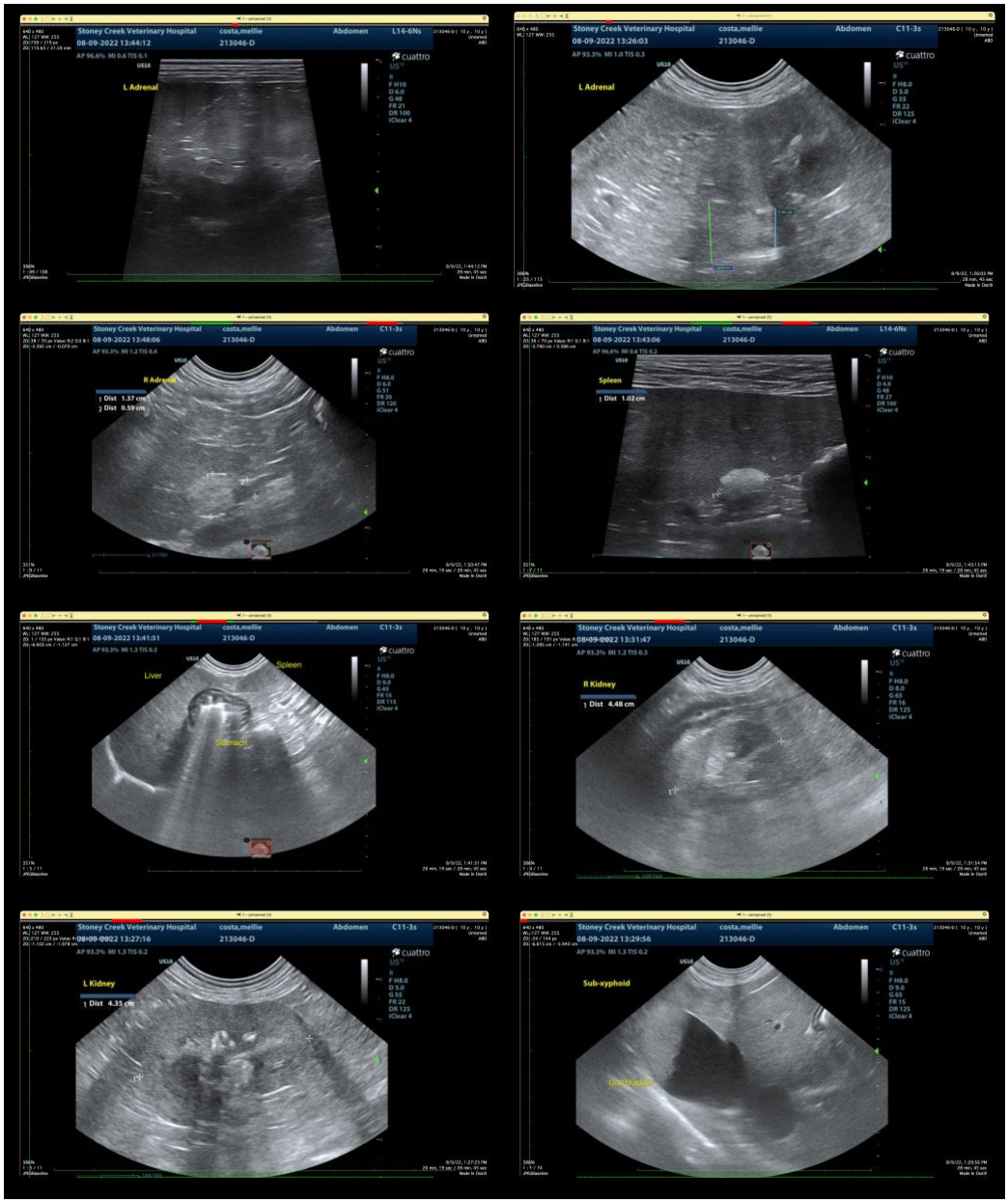
- a CBC, chemistry panel, urinalysis, urine protein creatinine ratio and blood pressure measurement are recommended
- urine culture should also be considered, particularly if urine sediment is active
- dietary and supportive care recommendations can be made, based on the staging of the disease as outlined in the IRIS guidelines



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.

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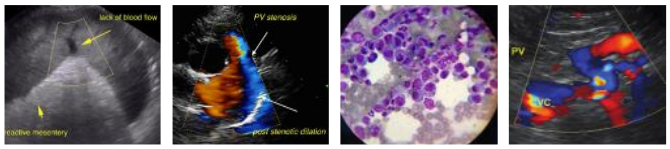

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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