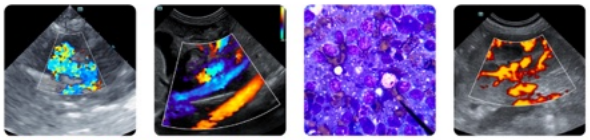


PATIENT

Coco Allen

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

14 years

WEIGHT

33.7 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Arms

HOSPITAL NAME

Gilbertsville VH

REFERRING VET

Dr. Yiannis

INVOICE

73852

DATE

3/26/26

PRESENTING CLINICAL SIGNS

- Recently diagnosed Cushing's based on LDDS and clinical signs of PU/PD, pot belly, low USG.
- Ultrasound to determine adrenal vs pituitary
- ALT 166, Alkp 236, GGT 14, chol 350, UA: 1.010, 1+p, LDDS pre 2.72, 4h post 2.77, 8h post 2.97

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended, with a thin and smooth wall. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. No calculi or evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size: 4.75×2.58 cm, with a cortical thickness of 0.45 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved.

The right kidney is normal in shape and size: 4.20×2.78 cm. Cortical thickness is not recorded. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

Adrenal Glands

Dorsoventral diameters measured in the sagittal plane (maximum of three measurements per gland): the left adrenal gland measures 0.43 cm at the cranial pole and 0.46 cm at the caudal pole, with normal shape and echogenicity.

The right adrenal gland measures 1.96×1.30 cm, with loss of normal shape, particularly at the cranial pole, which appears more heterogeneous.

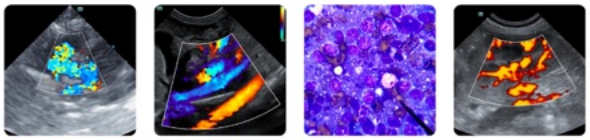
Spleen

Splenic thickness is 1.14 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The parenchyma is homogeneous and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is identified.

The gallbladder is normally distended, with a thin wall. Two small polyps are present. The contents are predominantly anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is empty and folded, with a mural thickness of 3.45 mm and preserved wall layering. The pylorus measures 6.27 mm. The duodenum measures 3.36 mm and the jejunum 4.24 mm, both with normal wall layering. No signs of inflammation, ileus, or foreign material are identified. The colon measures 0.86 mm, with a small amount of formed feces in the descending segment.

Pancreas

The evaluated pancreatic areas do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation appears normal.

PRIMARY FINDINGS

- Markedly enlarged, heterogeneous right adrenal gland with loss of normal shape.
- Contralateral adrenal gland within normal size.

SECONDARY FINDINGS

- Two small gallbladder polyps with mild biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

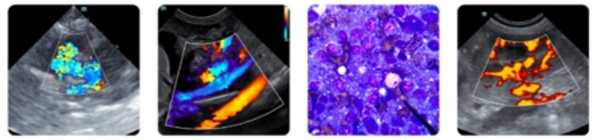
The right adrenal gland is markedly enlarged (up to 1.96 cm), well above accepted normal dorsoventral limits for dogs (<0.7 cm), and demonstrates loss of normal shape and focal heterogeneity. In contrast, the left adrenal gland is within normal size (0.43–0.46 cm) and maintains normal morphology.
In a patient with confirmed Hyperadrenocorticism based on LDDS testing, this asymmetric adrenal appearance is most consistent with adrenal-dependent hyperadrenocorticism, with the contralateral gland likely suppressed.

No obvious invasion of the caudal vena cava or intraluminal thrombus is identified on this study. However, ultrasound cannot definitively distinguish between adrenal tumor types, nor can it fully assess microscopic vascular invasion or metastatic disease.

Gallbladder polyps and mild sludge are incidental findings and commonly associated with hyperadrenocorticism and cholestasis.

Recommendations

- Further staging: Contrast-enhanced CT is recommended to assess vascular invasion (caudal vena cava) and screen for metastatic disease, particularly if surgical management is considered.
- Options include surgical adrenalectomy or medical management, depending on staging,



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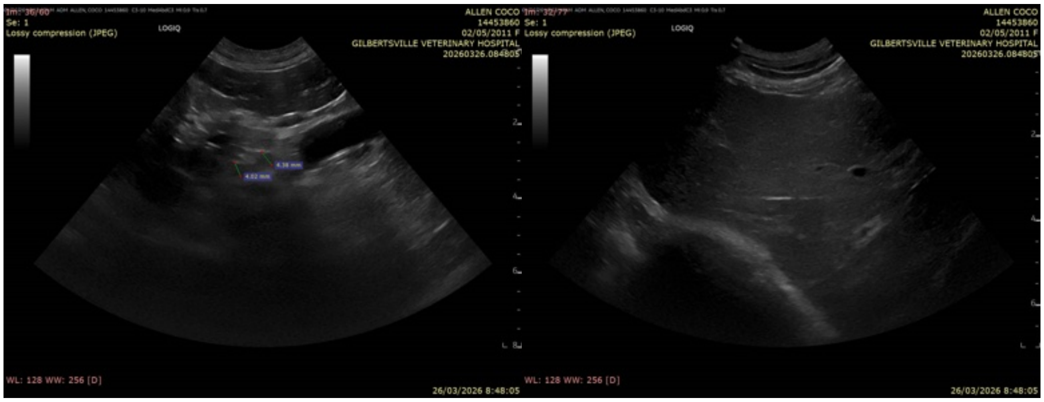
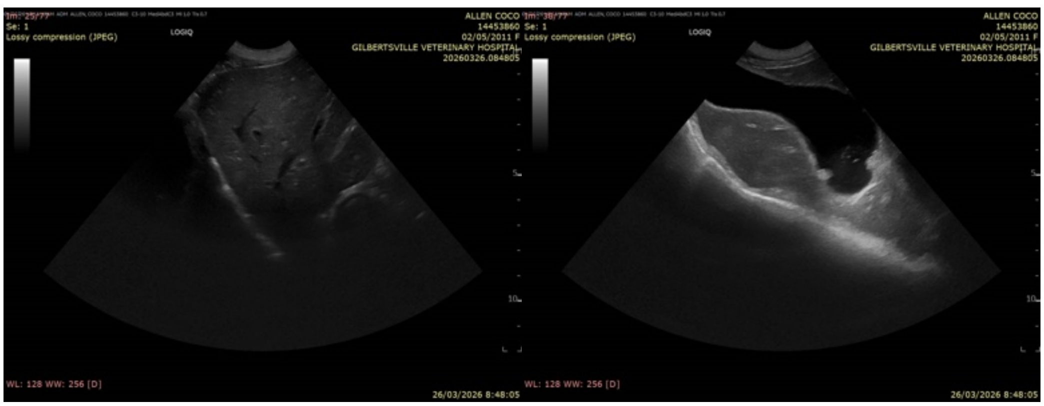
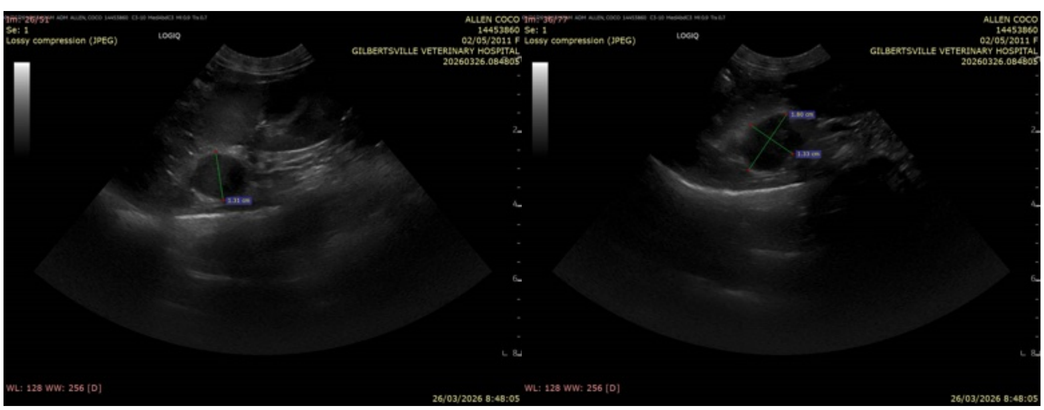
comorbidities, and clinician preference.
Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.







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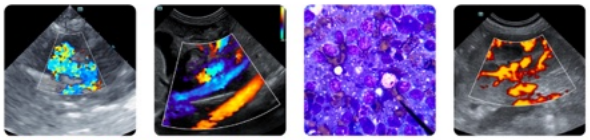

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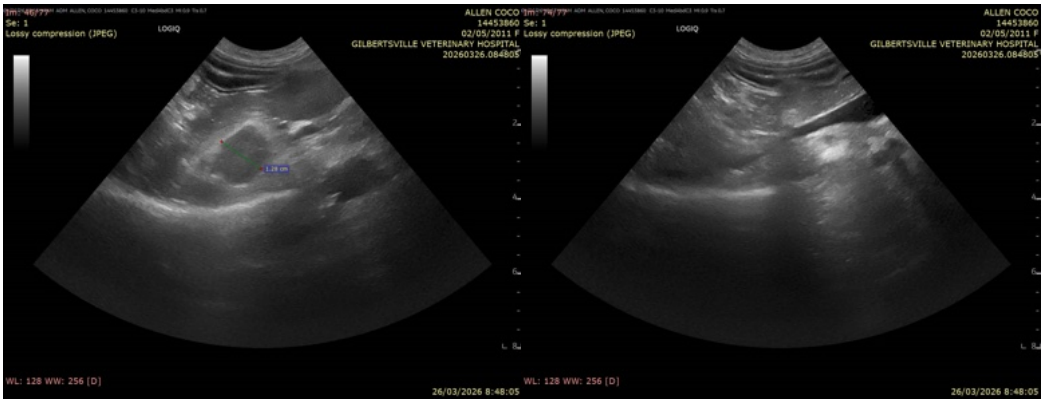

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

info@SonoPath.com