



PATIENT PRESENTING CLINICAL SIGNS

Rio Burke
History: Chief Concern / Provisional Diagnosis: Polydipsia, Hyperadrenocorticism Relevant Medical History and Physical Exam findings: Rio has a history of polydipsia and hind end weakness that continues to progress. He has a history of IVDD but suspect neuropathy vs IVDD associated with hind end weakness. Routine labwork showed elevation in liver values, USG 1.010 with 1+ Proteinuria. UTI was suspected at the time based on bacteria and pyuria. LDDS consistent with hyperadrenocorticism but cannot differentiate between pituitary vs adrenal gland. Recent Diagnostics: Relevant

SPECIES

Canine

BREED

Bulldog Mix

SEX

Neutered Male

AGE

11 years

WEIGHT

26 Pounds

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM (Small
Animal Internal
Medicine)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1 cm, are normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney presented normal size (5.50 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

The right kidney presented normal size (5.35 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

Adrenal Glands

The left adrenal gland is enlarged (0.91 cm at cranial pole) (0.82 cm at caudal pole) (2.58 cm in length); with a slightly irregular shape. The parenchyma is subtly heterogenous with some loss of glandular detail. No distinct focal lesions are observed. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is enlarged (1.72cm at cranial pole) (1.18 cm at caudal pole) (2.76 cm in length); with an irregular shape. The parenchyma is heterogenous in appearance with loss of glandular detail.. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.69 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly heterogenous in appearance. A 0.88 cm ill-defined hyperechoic nodule is observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Mountainview AH

REFERRING VET

Dr. Sarah Kalivoda

INVOICE

10230

DATE

1/27/22



PATIENT

Rio Burke The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

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Canine

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal (xxx cm) with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

BREED

Bulldog Mix

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

SEX

Neutered Male

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

AGE

11 years

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

WEIGHT

26 Pounds

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The bilateral adrenomegaly is most consistent with hyperplastic change associated with pituitary-dependent hyperadrenocorticism.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Initiation of medical treatment for pituitary-dependent hyperadrenocorticism (i.e, Trilostane)
- A baseline blood pressure measurement and UPC (if proteinuria is present) should also be considered.

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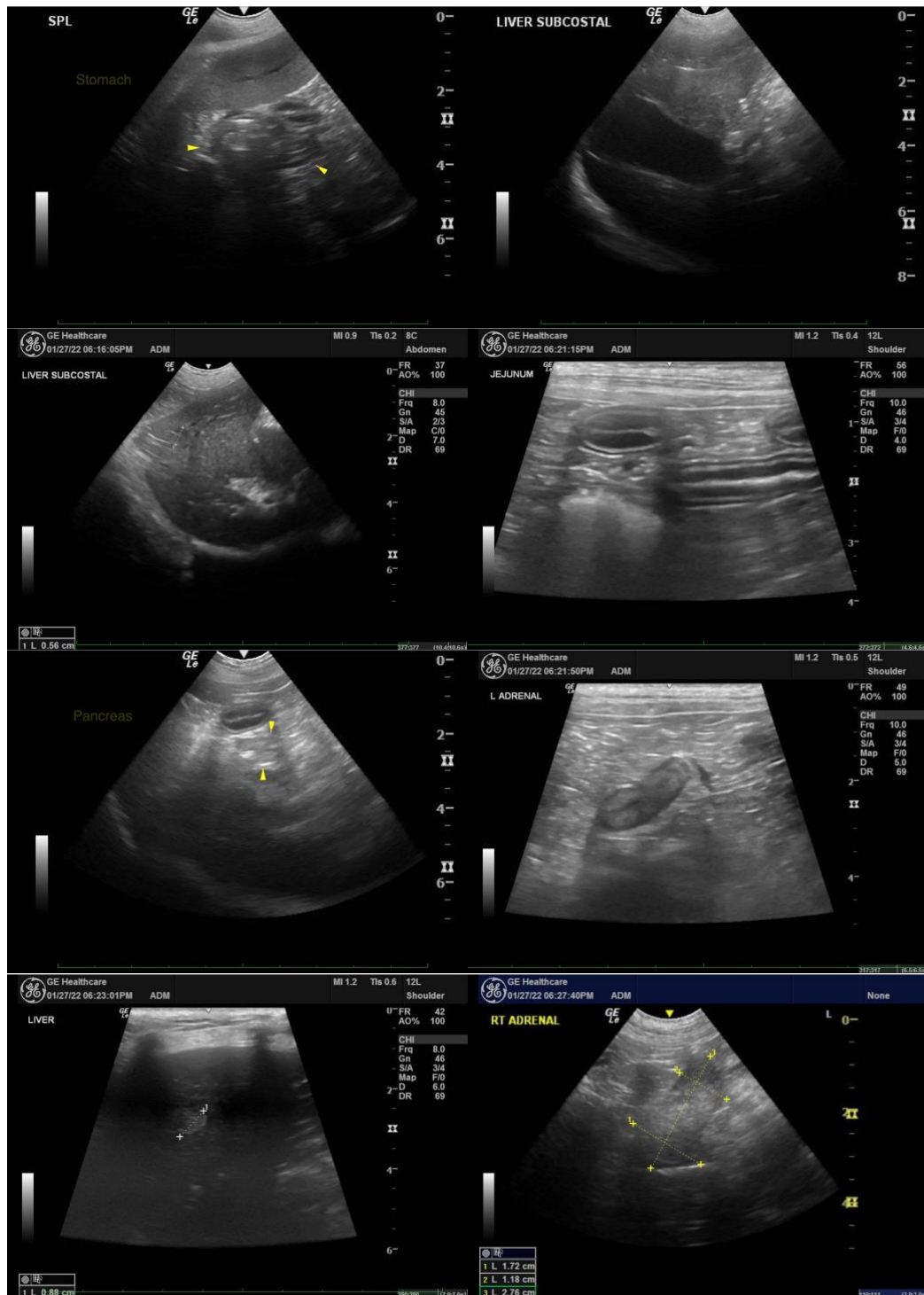
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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