



**PATIENT**

Joleena Vanderhout

**SPECIES**

Canine

**BREED**

Mini Poodle

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

14 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

Limestone Valley AH

**REFERRING VET**

Dr. El-Ghawazi

**INVOICE**

14059

**DATE**

10/29/21

**PRESENTING CLINICAL SIGNS**

History: Positive Cushing Disease on bloodwork. Abd U/S for Cushing's Disease. Would like to assess adrenal glands to rule out tumor formation.

Abnormal PE/Chem/CBC/UA Results: please see attached labs

**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 2.0 cm, are normal.

The left kidney presented normal size (4.52 cm in length); with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. 2-3 small cortical cysts are present. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney presented normal size (4.69 cm in length); with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. A few small cortical cysts are seen. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is borderline enlarged (0.55 cm at cranial pole) (0.64 cm at caudal pole) (2.09 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is upper limits of normal size (1.38 cm at cranial pole) (0.52 cm at caudal pole) (2.04 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is subjectively normal in size (0.83 cm at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is diffusely homogeneous. Numerous pinpoint to small linear hyperechoic to mineralized foci are observed throughout the organ. Splenic vasculature is normal with no evidence of thrombosis.

**Liver**

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.



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The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of echogenic dependent debris is observed within the lumen some of which is partially dependent and some of which is adhered to the mucosal surface. The cystic and common bile ducts are normal/not seen.

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**Gastrointestinal**

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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.

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**Pancreas**

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The right limb of the pancreas is prominent with slightly irregular peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

**Free Abdomen**

**WEIGHT**

14 Pounds

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

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Medicine)

**Primary Findings**

- Borderline to mild bilateral adrenomegaly
- 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 unlikely.

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**Secondary Findings**

- Gallbladder debris, non-mucocele
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The bilateral renal changes are consistent with age-related pathology with dystrophic mineralization.
- Splenic dystrophic mineralization, likely secondary to hyperadrenocorticism.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- If the patient is exhibiting signs of Cushing's disease, medical therapy (i.e., trilostane) can be considered. A baseline blood pressure measurement is also recommended.

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- Given the patients' age, consider three-view thoracic radiographs to assess cardiopulmonary status.

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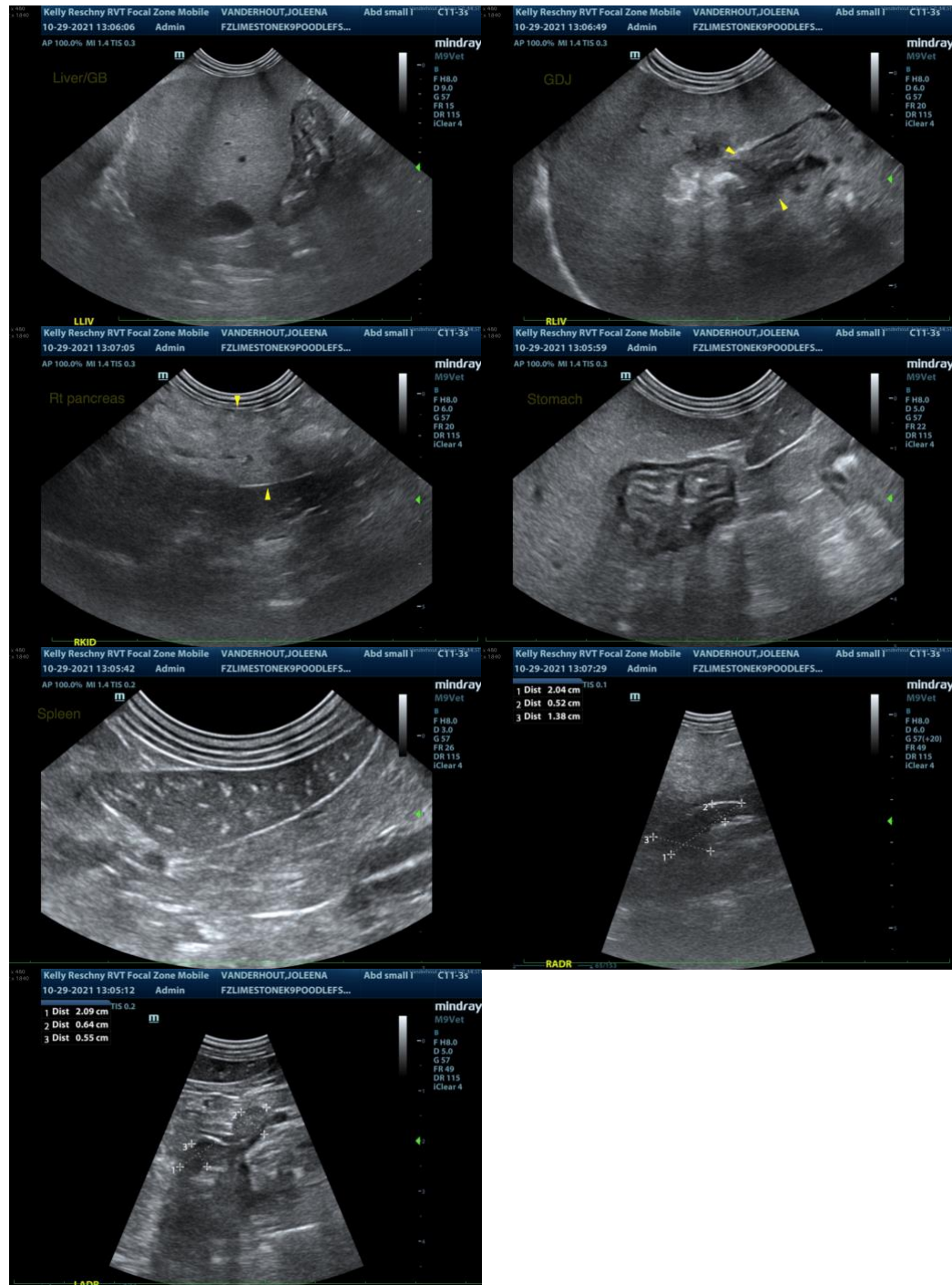
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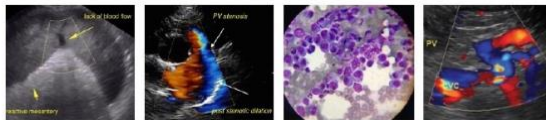
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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