

**DATE PRESENTING CLINICAL SIGNS**

10/5/2021

Possible Cushing's.

PATIENT

Steven Brenneman

Lab Results & Radiographs: ACTH stimulation test was normal.

Date of Previous IntraPet Ultrasound: No previous

Sedation: Patient sedated with Tealazole.

Stat Report: Stat report not requested.

SPECIES

Canine

BREED

Maltese

SEX

Male, neutered

AGE

2011

WEIGHT

19 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Padonia VH

REFERRING VET

Dr. Youseff

INVOICE

12285

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 cm, are normal.

The prostate is normal in size (0.80 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (4.88 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. There is no evidence of infarcts or hydronephrosis.

The right kidney is normal in size (5.51 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

Adrenal Glands

The left adrenal gland is enlarged (0.66 cm at cranial pole) (0.95 cm at caudal pole) (2.28 cm in length) with an irregular shape. A 1.00 x 1.92 cm hyperechoic to slightly heterogeneous nodule is observed at the caudal pole. In addition, a 0.70 x 0.58 cm hyperechoic to heterogeneous nodule is observed at the cranial pole. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is enlarged (1.30 cm at cranial pole) (0.88 cm at caudal pole) (2.14 cm in length). A 1.50 x 1.20 cm hyperechoic to heterogeneous nodule is occupying the majority of the cranial to mid aspect of the gland. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.09 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 swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly heterogeneous with at least one ill-defined hypoechoic nodule. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate to large amount of aggregated echogenic suspended sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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 pyloric

outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The right limb of the pancreas is prominent in size with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. The mesentery effacing the serosal surface is hyperechoic. There is no evidence of peripancreatic effusion.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The bilateral adrenal changes are most consistent with nodular hyperplasia. The ACTH stimulation test provided was not consistent with hyperadrenocorticism. However, the sensitivity for this test is relatively low. Therefore, if clinical suspicion for the disease is high, a low-dose dexamethasone suppression test should be considered.
- The gallbladder changes could be consistent with early mucocele formation, cholestasis or less likely, fasting.
- 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.
- The pancreatic changes are consistent with chronic, active pancreatitis.

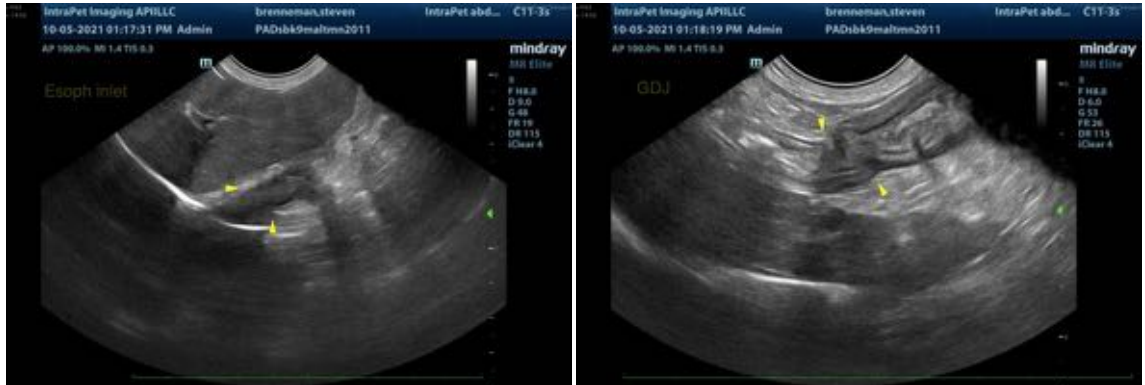
Secondary Findings:

- Bilateral age-related renal changes with dystrophic mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- See above for Cushing's testing recommendations.
- If the patient is exhibiting clinical signs of pancreatitis, supportive care should be administered. Otherwise, a prescription low fat diet is recommended to help prevent future flare ups.
- Given the gallbladder changes, a recheck ultrasound is recommended in 3-4 weeks preferably 2 hours post small meal to allow for gallbladder contraction. If the gallbladder changes are similar to the current scan, consider initiation of Ursodiol therapy.
- Given the patient's age, three-view thoracic radiographs are recommended to evaluate cardiopulmonary status.





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.

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)
Andrea.nicastro@sonopath.com