



PATIENT

Sweetpea Carver

SPECIES

Canine

BREED

Toy Poodle

SEX

Female, spayed

AGE

11 years 4 months

WEIGHT

12.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Potomac Mobile
Veterinary Ultrasound

HOSPITAL NAME

Banfield Leesburg
Village

REFERRING VET

Dr. Jarrett

INVOICE

12704

DATE

PRESENTING CLINICAL SIGNS

History: Suspicion of Cushing's disease. (PU/PD, distended abdomen, polyphagic)
Abnormal PE/Chem/CBC/UA Results: ALKP > 2000. ALT 290. GGT 29. CHOL 426. BUN 32.
(11/20/21)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A 0.46 cm aggregation of mineralized sand (vs tiny calculi) is observed within the lumen as well as a small amount of echogenic debris. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (4.05 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Several non-obstructive nephroliths are visualized. Trace pyelectasia is present (0.14 cm in the transverse plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.30 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Several non-obstructive nephroliths are visualized. Trace pyelectasia is present (0.14 cm in the transverse plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.54 cm at cranial pole) (0.50 cm at caudal pole) (1.94 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 enlarged (0.74 cm at cranial pole) (2.20 cm at caudal pole) (3.63 cm in length). A 2.98 x 2.22 cm hyperechoic to slightly heterogeneous mass is observed at the caudal pole. The parenchyma at the cranial aspect is slightly heterogeneous with some loss of glandular detail. There was no obvious evidence of vascular invasion.

Spleen

The spleen is normal in size (1.03 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. An ill-defined myelolipoma is observed in the region of the hilus. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and heterogeneous in appearance with a few ill-defined hyperechoic nodules/areas. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is distended. The wall is normal to mildly thickened (up to 0.25 cm), hyperechoic



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and slightly irregular. A large amount of aggregated echogenic suspended sludge in a partially stellate pattern is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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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 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.

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Pancreas

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The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Right adrenal mass. Differentials include neoplasia (i.e., adenoma, adeno carcinoma, pheochromocytoma) vs benign nodular hyperplasia. This lesion is larger compared to the previous sonogram (August 2020).
- The gallbladder changes are consistent with a developing mucocele. Concurrent cholecystitis and/or benign age-related hyperplasia is also suspected. The gall bladder changes have progressed since the previous sonogram (August 2020).
- 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.

Secondary Findings:

- Age-related pancreatic remodeling/fibrosis +/- low-grade inflammation, particularly if the patient is uncomfortable on cranial abdominal palpation. Correlation with clinical findings is recommended.
- Bilateral age-related renal changes with non-obstructive nephrolithiasis.
- Urinary bladder sand vs tiny calculi.

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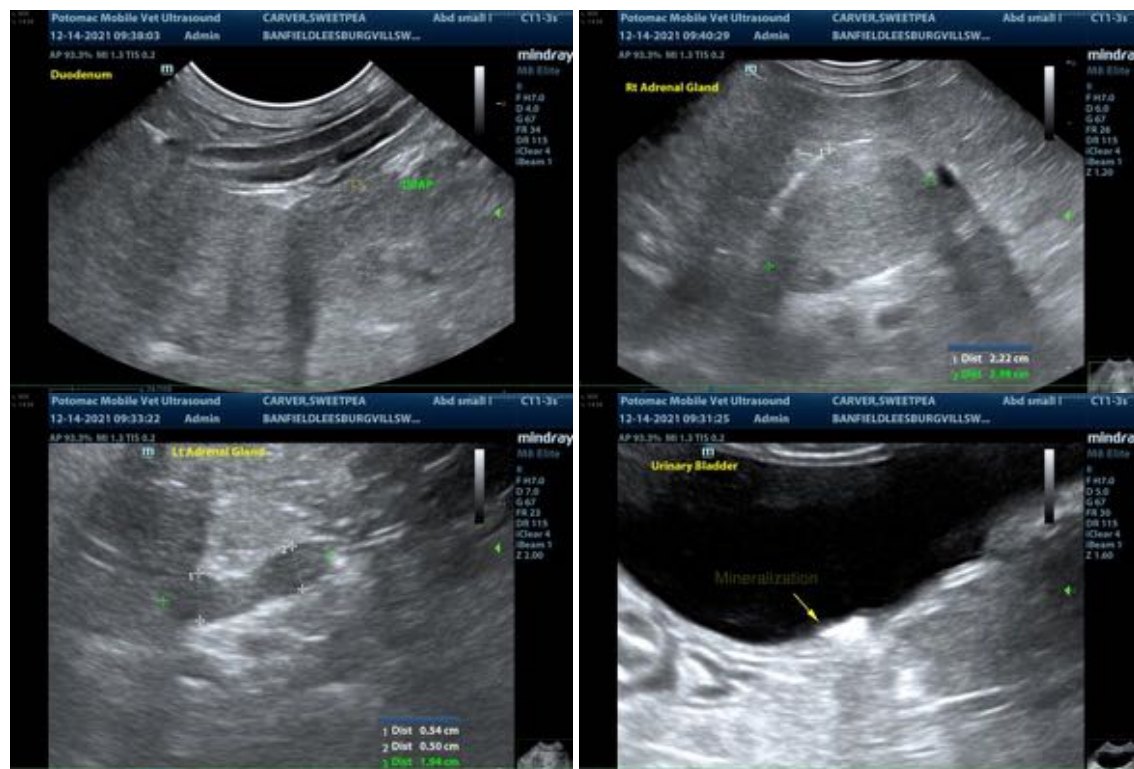
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- To further assess for a functional right adrenal tumor, consider a low dose Dexamethasone suppression test and urine/blood catecholamine levels as well as a baseline blood pressure measurement.
- Three-view thoracic radiographs are recommended to assess for pulmonary metastatic disease.
- If proteinuria is present, a UPC should be considered.
- Given the gallbladder changes a cholecystectomy with submission of the gallbladder for histopathology can be considered. If surgery is pursued, referral to a board certified surgeon is recommended due to the potential for perioperative complications. A right adrenalectomy can also be considered concurrently. An abdominal CT scan would be useful in pre-surgical planning. Adrenalectomies run a relatively high risk of perioperative complications.
- If a more conservative approach to the gallbladder is desired, consider initiation of Ursodiol therapy with serial sonographic monitoring (i.e., every 4-6 weeks) to assess for progression. It should be noted that gallbladder mucocoeles have the potential to rupture at any point, resulting in bile/septic peritonitis.
- Regarding the urinary bladder sand/stones, consider abdominal radiographs to further determine if distinct calculi are present.





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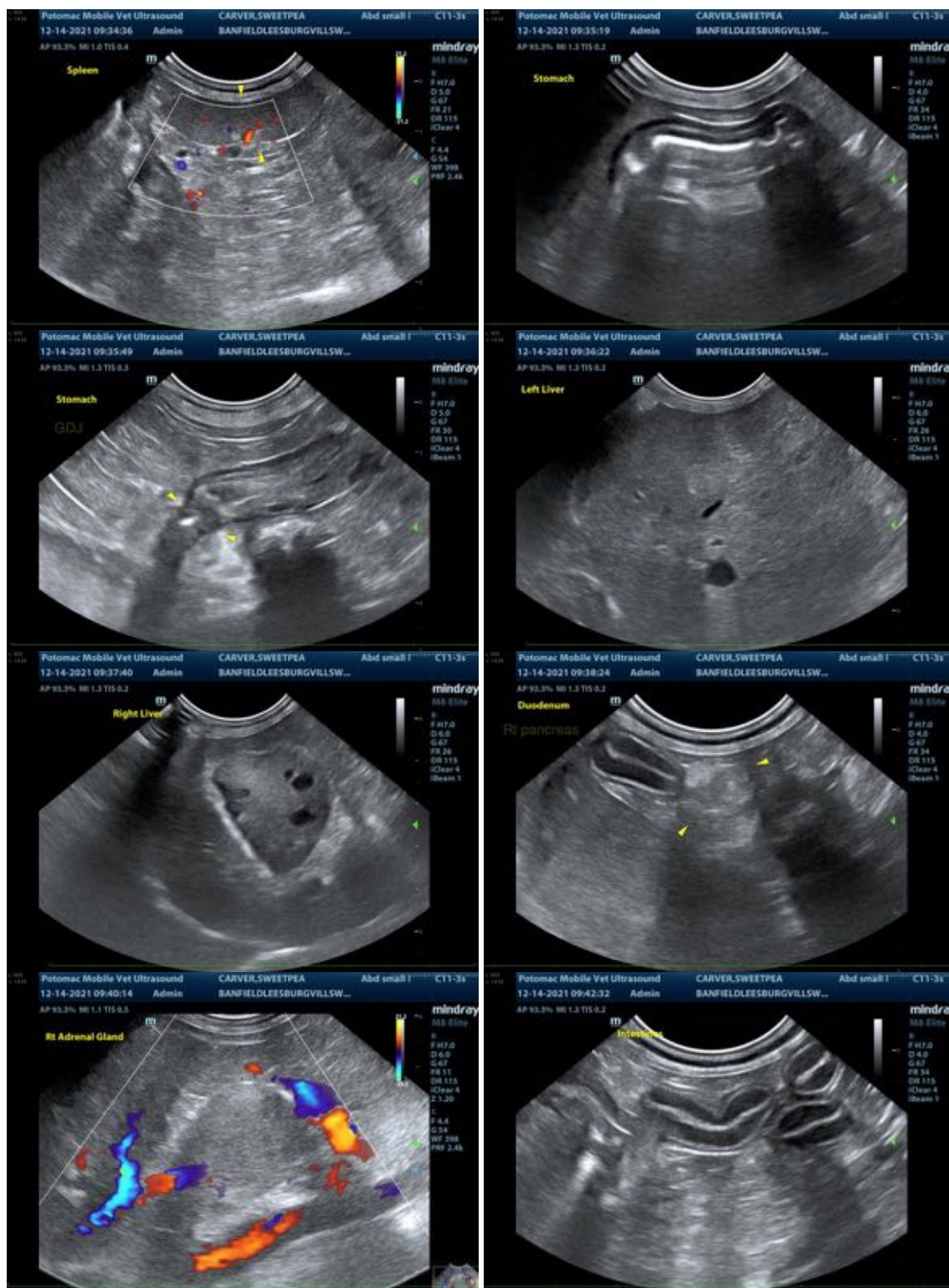
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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