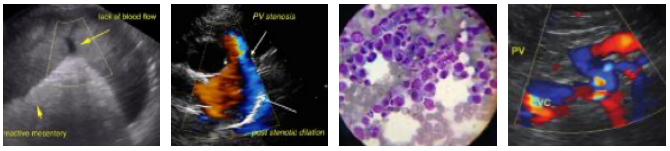


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Samson Dutcher

SPECIES
Canine

BREED
Dachshund

SEX
Male, intact

AGE
11 Yrs.

WEIGHT
13 lbs.

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

IMAGING PERFORMED BY
Kim Liedberg

HOSPITAL NAME
SVS Imaging WI

REFERRING VET
Dr. Baum

INVOICE
14394

DATE
12/21/22

PRESENTING CLINICAL SIGNS

History: Patient presented with distended abdomen and PU/PD. Cortisol test came back high. Suspicious of Cushing's. Patient sedated with midazolam and Butorphanol.
Abnormal PE/Chem/CBC/UA Results: ACTH 23.9 HIGH USG 1.008 Low Bun 5 low Creatine 0.4 low Platelet count 1614 high HGB 21.5 high HCT 21.5 high Amylase 280

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is 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 enlarged (1.71 cm in width) with normal curvilinear peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and slightly heterogeneous in appearance with a few small cystic areas, the largest measuring 0.46 cm in diameter. The prostatic urethra is not overtly dilated.

The left kidney is normal size (4.58 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (5.27 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (0.72 cm at cranial pole) (0.72 cm at caudal pole); 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.

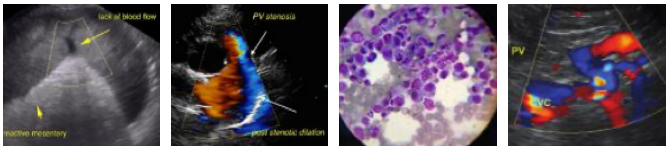
The right adrenal gland is enlarged (0.73 cm at cranial pole) (0.73 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is overall normal in size (1.33 cm in width at the level of the hilus). A 2.69 cm hypoechoic to heterogeneous mass with hyperechoic to mineralized foci is observed at the caudolateral aspect. The lesion causes capsular expansion. The remaining splenic parenchyma is homogeneous. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively normal to slightly prominent in size with normal curvilinear peripheral contours.



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The parenchyma is isoechoic 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. 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/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 visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic 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.

Free Abdomen

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

Other

The testicles are subjectively normal in size (left 2.47 x 1.21 cm; right 2.60 x 1.34 cm) with normal shape and homogeneous parenchyma.

ULTRASONOGRAPHIC FINDINGS

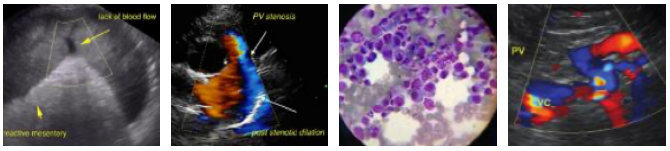
Primary Findings:

- Splenic mass. Neoplasia (i.e., sarcoma, round cell tumor) is a top differential. However, a benign process (i.e., myelolipoma, focus of lymphoid hyperplasia) cannot be completely excluded.
- Bilateral adrenomegaly. This finding, in conjunction with the patient's clinical history, is consistent with pituitary-dependent hyperadrenocorticism.

Secondary Findings:

- Mild bilateral, age-related renal changes.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The prostate changes are most consistent with benign prostatic hyperplasia with parenchymal cysts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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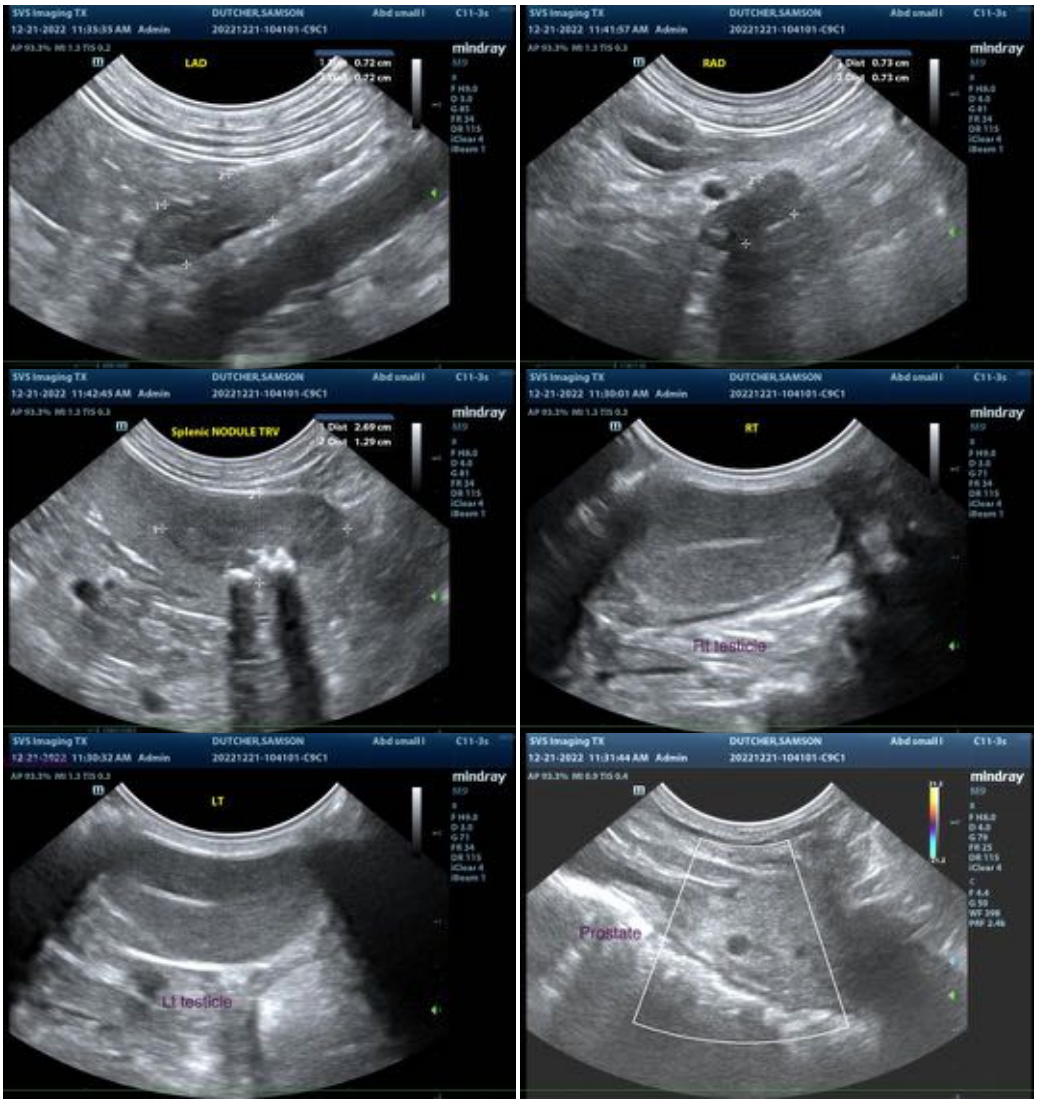
- Regarding the splenic mass, consider the following:
  1. Fine needle aspirate, if clotting status is normal. A 25-gauge needle should be used.
  2. Thoracic radiographs to assess for pulmonary metastatic disease.
- Regarding the concern for pituitary-dependent hyperadrenocorticism, consider initiation of medical therapy (i.e., trilostane). Also consider a baseline blood pressure measurement to assess for systemic hypertension.



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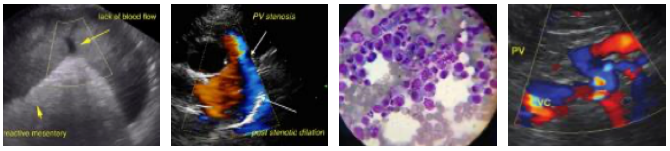

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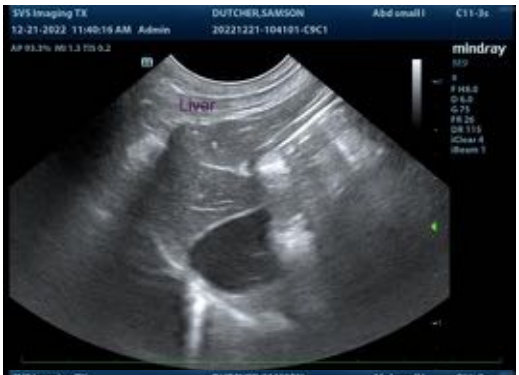

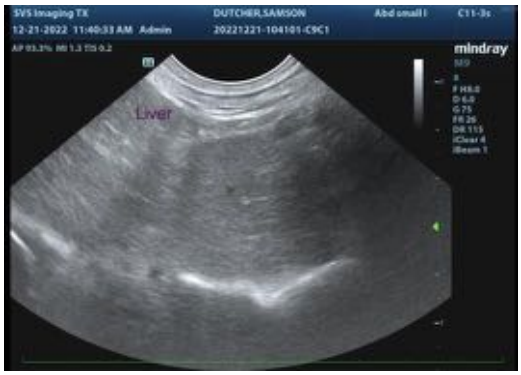

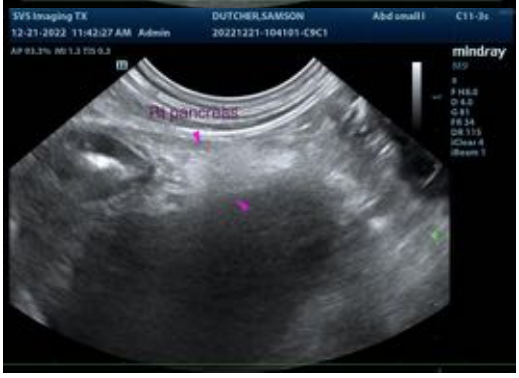

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com