**PATIENT**

Poppy Truban

SPECIES

Canine

BREED

English Bulldog

SEX

Spayed Female

AGE

9 years, 4 mos

WEIGHT

48.2 lbs

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

IMAGING PERFORMED BY

PMVUltrasound

HOSPITAL NAME

Shenandoah AH

REFERRING VET

Dr. Cathy Jarrett

INVOICE

10919

DATE

5/18/22

PRESENTING CLINICAL SIGNS

History: Hx of Pu/Pd for 2 months, gradual decrease in appetite, LDD confirmed we had Cushing's syndrome. Currently on Trilostane.

Abnormal PE/Chem/CBC/UA Results: (05/05/2022) CHEM: ALKP 953. U/A: USG 1.002, pH 7.5, Trace Protein.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (5.77 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (6.27 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (0.92 cm cranial; 0.89 cm caudal; 2.76 cm length) with a slightly irregular shape. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is enlarged (0.85 cm cranial; 0.91 cm caudal; 2.89 cm length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

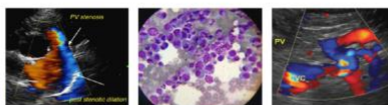
Spleen

The spleen is normal in size (1.38 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 enlarged with slightly swollen peripheral contours. The parenchyma is hypoechoic 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. A small amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

The gastric lumen is not distended. The gastric wall in the region of the fundus is mildly thickened (up to 0.61 cm) with a prominent muscularis layer. There is retention of the normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS**Primary Findings**

- Mild, bilateral adrenomegaly, consistent with the previous diagnostics of pituitary-dependent hypoadrenocorticism.
- The mild hepatomegaly is likely secondary to a benign age-related process. However, underlying pathology (i.e., infiltrative neoplasia) cannot be completely excluded. Inflammatory disease is considered less likely given the normal ALT.
- The mild thickening of the gastric wall may be a normal variant for this patient or may be secondary to an inflammatory process or hypertrophy.

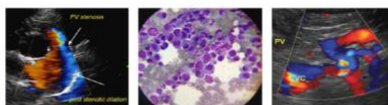
*An obvious cause for the patient's inappetence is not identified in this study. Considerations include excessive cortisol suppression due to Trilostane therapy, primary gastrointestinal disease, underlying metabolic issue (i.e., hepatic disease), occult neoplasia, other.

Secondary Findings

- Minor, bilateral, age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- An ACTH stimulation test is recommended to assess the patient's cortisol levels.
- Consider thoracic radiographs to assess for occult neoplasia in the chest.
- Other diagnostic considerations include the following:
 1. Pre-and post-prandial serum bile acids to assess for hepatic dysfunction
 2. Malabsorption panel
 3. Depending on the results of the above diagnostics, further GI work-up (i.e., biopsies) may be warranted.



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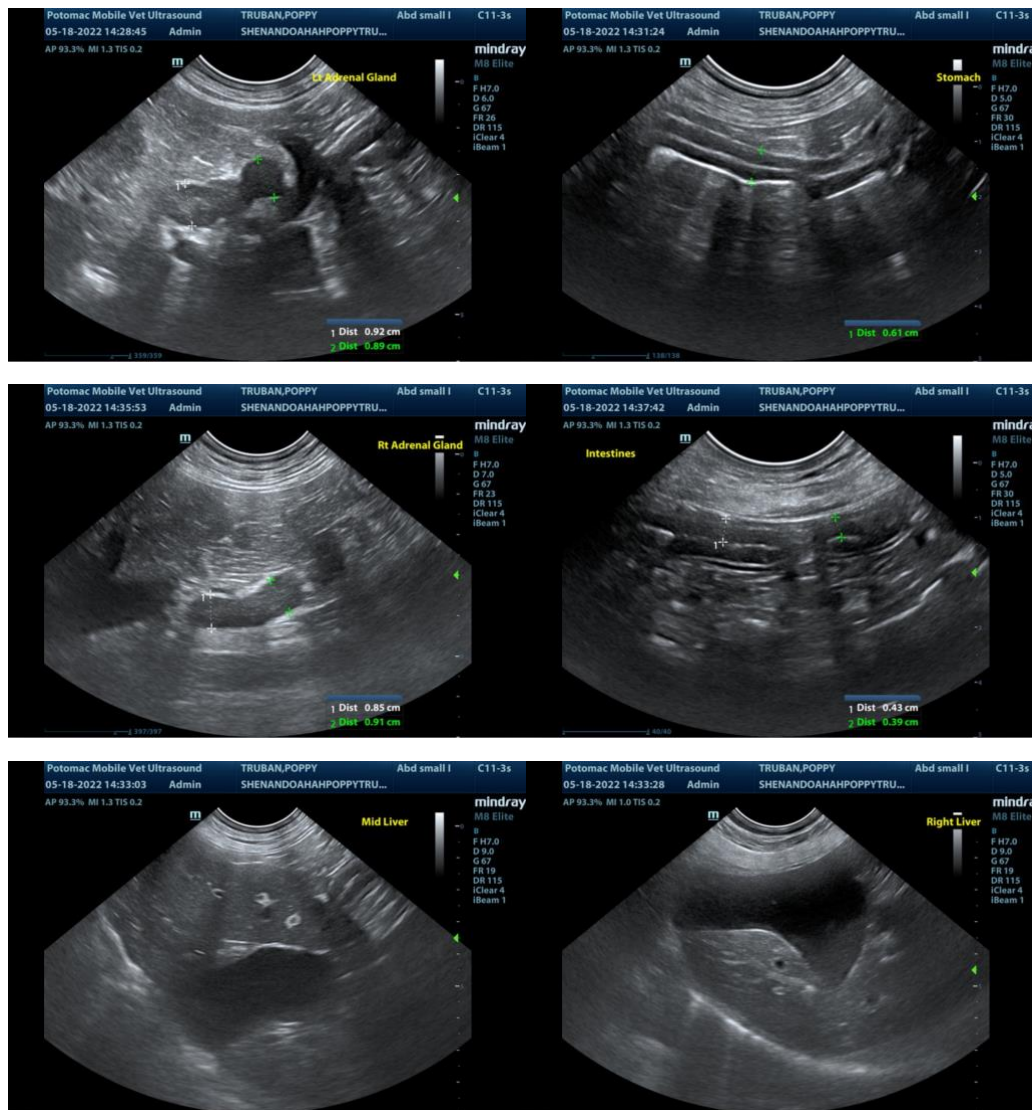
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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