



PATIENT PRESENTING CLINICAL SIGNS

Gemma Gardella History: 10yr FS English Bulldog – several-month history of progressive PU/PD along with weight loss PE - 36lbs BCs 4/9 but with epaxial muscle loss (5lb weight loss in 3 months), worn teeth, gingival hyperplasia, large bladder on abdominal palpation. CBC - nsf Chem 17 with electrolytes - ALP 471, otherwise nsf u/a - spgr 1.004, neg protein, neg glucose/ketones, neg sediment LDDS - baseline cortisol 4.1 (1-6); 4hr post 3.6, 8hr post 3.3 - interpretation support diagnosis of HAC but cannot differentiate between pituitary or adrenal dependent disease Ultrasound recommended prior to starting Vetoryl to try to identify pituitary vs adrenal dependent HAC and look for other underlying causes of weight loss

SPECIES

Canine

BREED

Bulldog

SEX

Female Spayed

AGE

10 years

WEIGHT

36 lbs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (5.67 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (5.65 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with 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 (0.98 cm at cranial pole) (0.98 cm at caudal pole) with a slightly irregular shape. 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 mildly enlarged (0.73 cm at cranial pole) (0.86 cm at caudal pole) with a normal shape. The parenchyma is slightly hypoechoic with some loss of glandular detail. Surrounding vasculature appears normal.

INTERPRETED BY

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REFERRING VET

Dr. Erika Gallisdorfer

Spleen

The spleen is normal in size (0.99 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 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. A moderate amount of aggregated echogenic debris/sludge is observed within the lumen (most of which is partially dependent and some of which is adhered to the luminal surface). The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with retention of normal layering. There is evidence of mucosal striations in a few segments. Discreet masses are



PATIENT not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.

Gemma Gardella

Pancreas

SPECIES

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.

Canine

Free Abdomen

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

BREED

Bulldog

ULTRASONOGRAPHIC FINDINGS

Primary Findings

SEX

Female Spayed

- The bilateral adrenomegaly, in conjunction with the patient's clinical history could be consistent with pituitary-dependent hyperadrenocorticism.
- Suspected benign diffuse hepatopathy. Vacuolar hepatopathy (i.e., idiopathic/endocrine) is suspected with a lower possibility of a more insidious hepatic pathology, particularly in light of the liver enzyme pattern.
- The mucosal striations in some small intestinal segments is suggestive of lymphangiectasia and/or an inflammatory process (i.e., inflammatory bowel disease).

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Secondary Findings

- Mild bilateral chronic renal changes
- The gall bladder sludge could be consistent with cholestasis, fasting, or an emerging mucocele.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the PU/PD and isosthenuria, consider a urine culture and sensitivity to assess for an occult urinary tract infection. Also consider pre-and postprandial serum bile acids to assess for hepatic function.
- Regarding the weight loss, consider the following:
 1. Three-view thoracic radiographs to evaluate for occult neoplasia in the chest
 2. Fecal evaluation for internal parasites
 3. Texas GI panel including serum cobalamin and folate, TLI and PLI
 4. Initiation of a low-fat hypoallergenic diet
 5. +/- endoscopic or surgical GI biopsies

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Depending on the above results, consider medical management for Cushing's Disease (i.e., trilostane).

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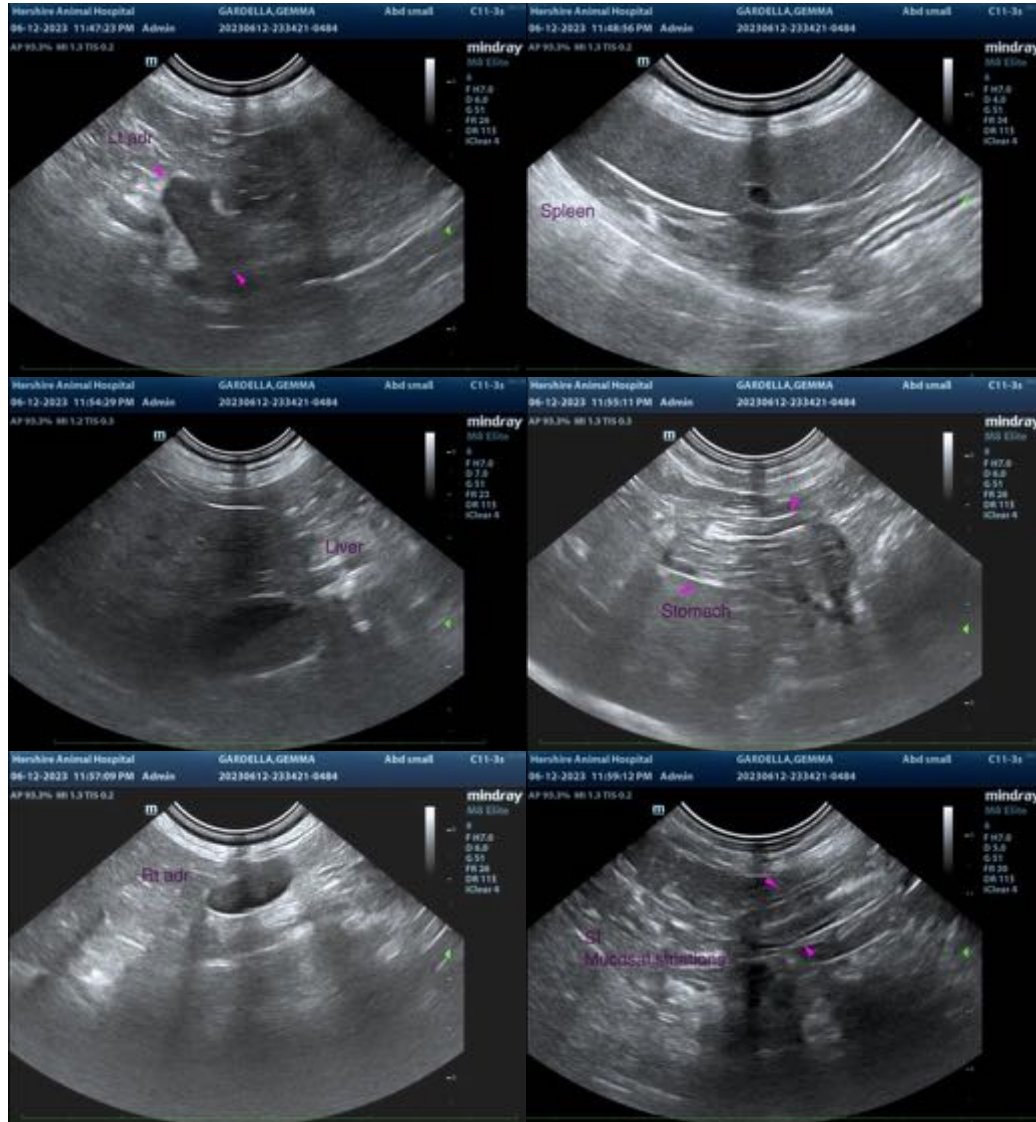
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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