

PATIENT

Jojo Scott

SPECIES

Canine

BREED

Fr Bulldog

SEX

Intact Female

AGE

9.13.2013

WEIGHT

20.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

SE Vet Derm & Ear Clinic,
LLC

REFERRING VET

Dr. Randall Thomas

INVOICE

11263

DATE

7.25.22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Presented to us on 7/14/22 for multifocal firm plaques on the skin and truncal alopecia. Strong suspicion that these plaques were calcinosis cutis and alopecia was related to endocrinopathy. Some secondary pyoderma was noted at time of this exam.

ACTH stim results from that day were elevated (see below). We recommended abdominal ultrasound as next step.

Abnormal lab-work values: Lab-work from RDVM on 4/13/22 was essentially normal. No change in Alk Phos or other liver enzymes; platelets elevated, but CBC WNL; Urine sp. gr = 1.030 at that time. T4 was normal at 1.8. We did ACTH stim on 7/14/22: Pre-4.9 (n=0.5-5); 1 hour post : 25.2 (N=6-18). Current Medications: Cefpodoxime 50 mg daily; DMSO topical for calcinosis cutis

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 **left kidney** is normal size (4.73 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 (5.23 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** enlarged (0.79 cm at cranial pole) (0.95 cm at caudal pole) (2.69 cm in length); with a slightly irregular shape. The parenchyma is subtly heterogeneous with minor loss glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is normal size (1.27 cm at cranial pole) (0.89 cm at caudal pole) (2.52 cm in length); with a slightly irregular shape. The parenchyma is subtly heterogeneous with minor loss glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

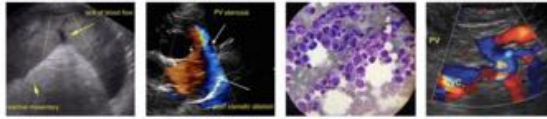
Spleen

The **spleen** is normal in size (1.25 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 portal vein to caudal vena cava ratio is approximately 1: 1.

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated, echogenic, gravity dependent, debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

The **stomach and intestine** are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly fluid-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 ileocecolic junction and colonic wall are normal. Thickened lumen of the descending colon contains shadowing fecal material. 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.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral adrenomegaly. Considerations include pituitary-dependent hyperadrenocorticism versus early hyperplastic change versus early bilateral adrenal tumors (unlikely).
- 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

- Minor bilateral, age-related renal changes
- Gravity dependent debris/sludge, non-mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider rechecking liver values and a urinalysis to assess for ALP elevation and isosthenuria, respectively. These findings would further support a diagnosis of Cushing's disease. A low-dose dexamethasone suppression test should also be considered to further confirm a Cushing's diagnosis.
- Given the history of pyuria, consider a urine culture and sensitivity.



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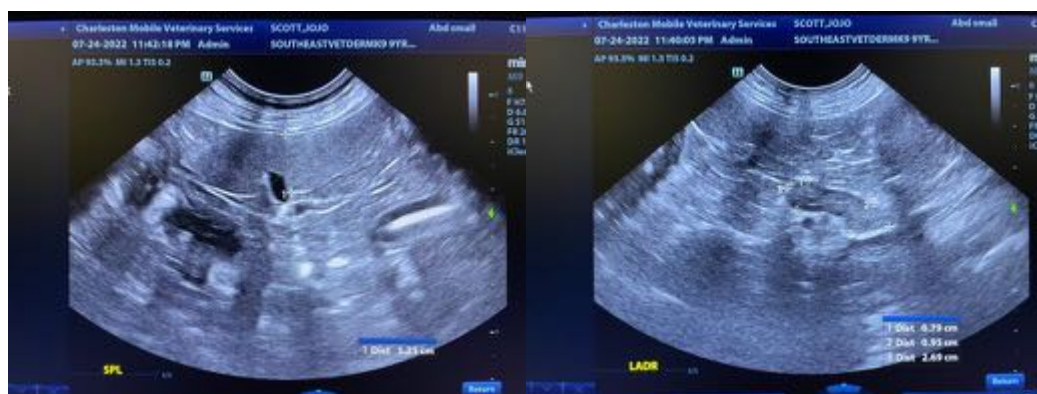
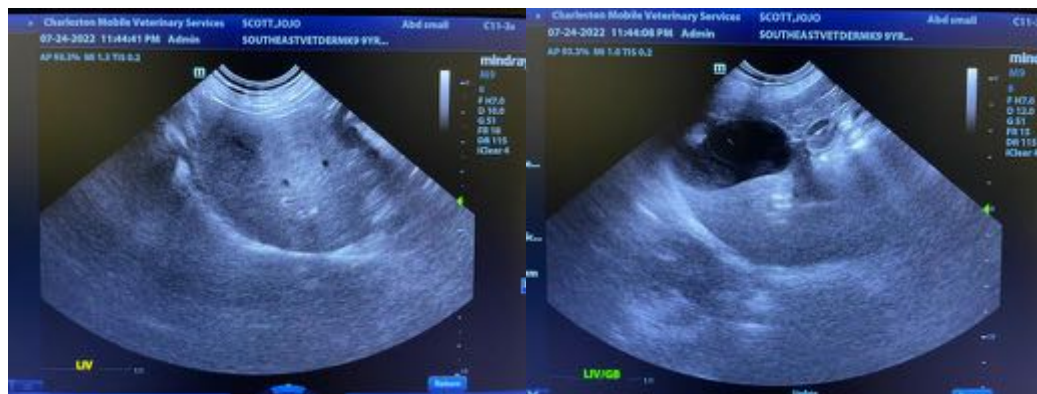
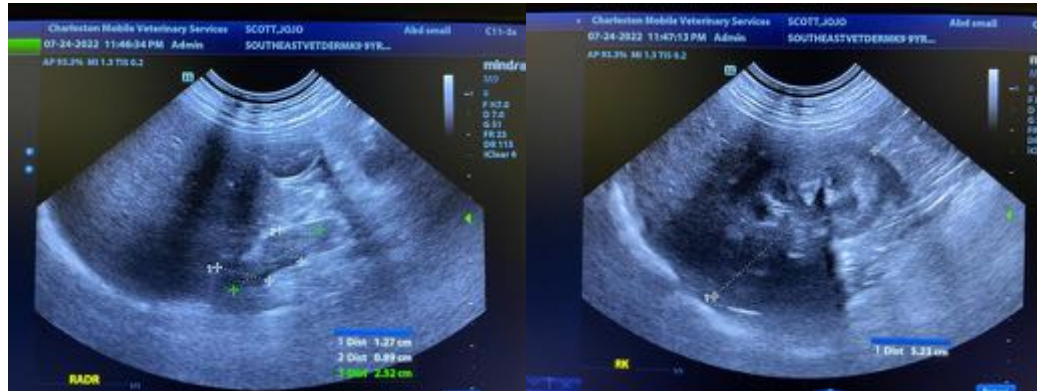
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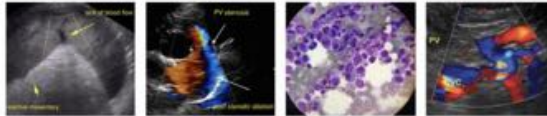
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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