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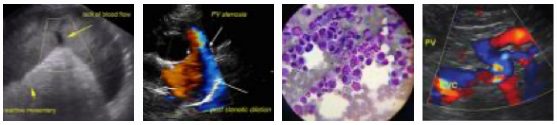


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Poe Meadows

SPECIES

Canine

BREED

Heeler Mix

SEX

Spayed Female

AGE

11 years

WEIGHT

37.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr. Remcho

DATE

8.2.22

INVOICE

11312

PRESENTING CLINICAL SIGNS

History: P is PU/PD with dilute urine. P has very sensitive GI tract (chronic) with frequent bouts of diarrhea and poor appetite along with diet sensitivities. P has recently been diagnosed with Cushing's disease.

Abnormal PE/Chem/CBC/UA Results: Low dose Dex Suppression test: Resting cortisol: 9.2, 4 hour: 13.9, 8 hour: 30.7 Current Medications Recently treated with Metronidazole and Cerenia for possible HGE

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 (6.04 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. A hyperechoic medullary band is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (7.18 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. A hyperechoic medullary band is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

One still image of the **left adrenal gland** is available for interpretation. The gland is enlarged (1.09 cm at cranial pole) (1.08 cm at caudal pole) (2.86 cm in length); with a slightly irregular shape. The parenchyma subtly heterogenous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

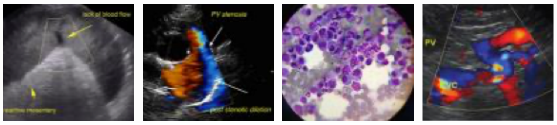
One still image of the **right adrenal gland** is available for interpretation. The gland is enlarged (0.97 cm at cranial pole) (1.20 cm at caudal pole) (3.35 cm in length); with a slightly irregular shape. The parenchyma subtly heterogenous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The **spleen** is normal in size (1.20 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.



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The **gall bladder** lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated, echogenic debris/sludge is adhered to the luminal surface. The cystic and common bile ducts are normal.

Gastrointestinal

The **gastric lumen** is moderately distended with ingesta. 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. 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

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

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The bilateral adrenomegaly is most consistent with hyperplastic change secondary to pituitary-dependent hyperadrenocorticism.
- The hepatic parenchymal changes are most consistent with a steroid/vacuolar hepatopathy. Other hepatopathies (i.e., inflammatory disease, infiltrative neoplasia) are also possible but considered less likely. Correlation with the patient's liver values is recommended.

Secondary Findings

- Bilateral chronic, age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Regarding the pituitary-dependent hyperadrenocorticism, consider the following:

1. Baseline blood pressure measurement
2. UPC (if proteinuria is present)
3. Initiation of medical therapy (i.e., trilostane or mitotane).

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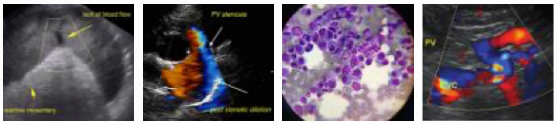

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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