

**PATIENT PRESENTING CLINICAL SIGNS**

Magnolia Dawson

History: Elevated liver values, obese, HBP, 2/6 murmur. Seasonal allergies. ALT is 176, ALP is 1294. Low dose Dex was performed in July and was equivocal. 4DX and T4 are negative/normal. Hepatomegaly was noted on radiographs.

**SPECIES**

Canine

Medication: Telmisartan, Amlodipine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Basset Hound

*Urinary System*

The urinary bladder, trigone, and pelvic urethra are 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.

**SEX**

FS

The left kidney is normal size (7.65 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

**AGE**

12 years

The right kidney is normal size (7.71 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

**WEIGHT**

69 Pounds

*Adrenal Glands*

The left adrenal gland is severely enlarged (3.76 cm at cranial pole) (1.00 cm at caudal pole) (5.59 cm in length) with an irregular shape and a mass-effect (4.99 x 4.00 cm) at the cranial aspect. The mass-effect is heterogeneous in appearance and causes capsular expansion and loss of glandular detail. The parenchyma at the caudal aspect is also heterogeneous. A 0.41 cm hyperechoic to mineralized focus is observed at the caudal pole. There is no obvious evidence of vascular invasion.

The right adrenal gland is severely enlarged (2.79 cm at cranial pole) (1.89 cm at caudal pole) (4.01 cm in length) with an irregular shape. A 3.84 x 2.51 cm heterogeneous mass-effect is observed at the cranial aspect. There is loss of glandular detail in this region. Within the caudal aspect, the parenchyma is heterogeneous and also has slight loss of glandular detail. There is no obvious evidence of vascular invasion.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

**HOSPITAL NAME**

Good Hope AH

*Spleen*

The spleen is normal in size (1.95 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Several, ill-defined, myelolipomas are observed at the medial aspect. Splenic vasculature is normal.

**REFERRING VET**

Dr. Weekes

*Liver*

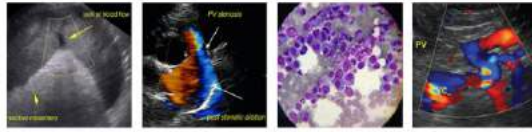
The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gall bladder is dilated 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.

**INVOICE**

11720kk

**DATE**

8.27.2021



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***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.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

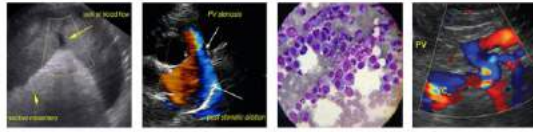
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- Bilateral adrenomegaly with mass-effects at the cranial poles. Differentials include severe, bilateral, nodular hyperplasia, bilateral neoplasia, unilateral neoplasia with contralateral nodular hyperplasia, and other.

**Secondary Findings:**

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Gall bladder debris - incidental

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

1. If the patient is exhibiting clinical signs of Cushing's disease, consider further testing (i.e., an ACTH stimulation test +/- full adrenal panel (performed like an ACTH stimulation test, send to the University of Tennessee Endocrinology Lab) +/- an endogenous ACTH level).
2. Also consider blood/urine catecholamine levels to further assess for pheochromocytoma.
3. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.



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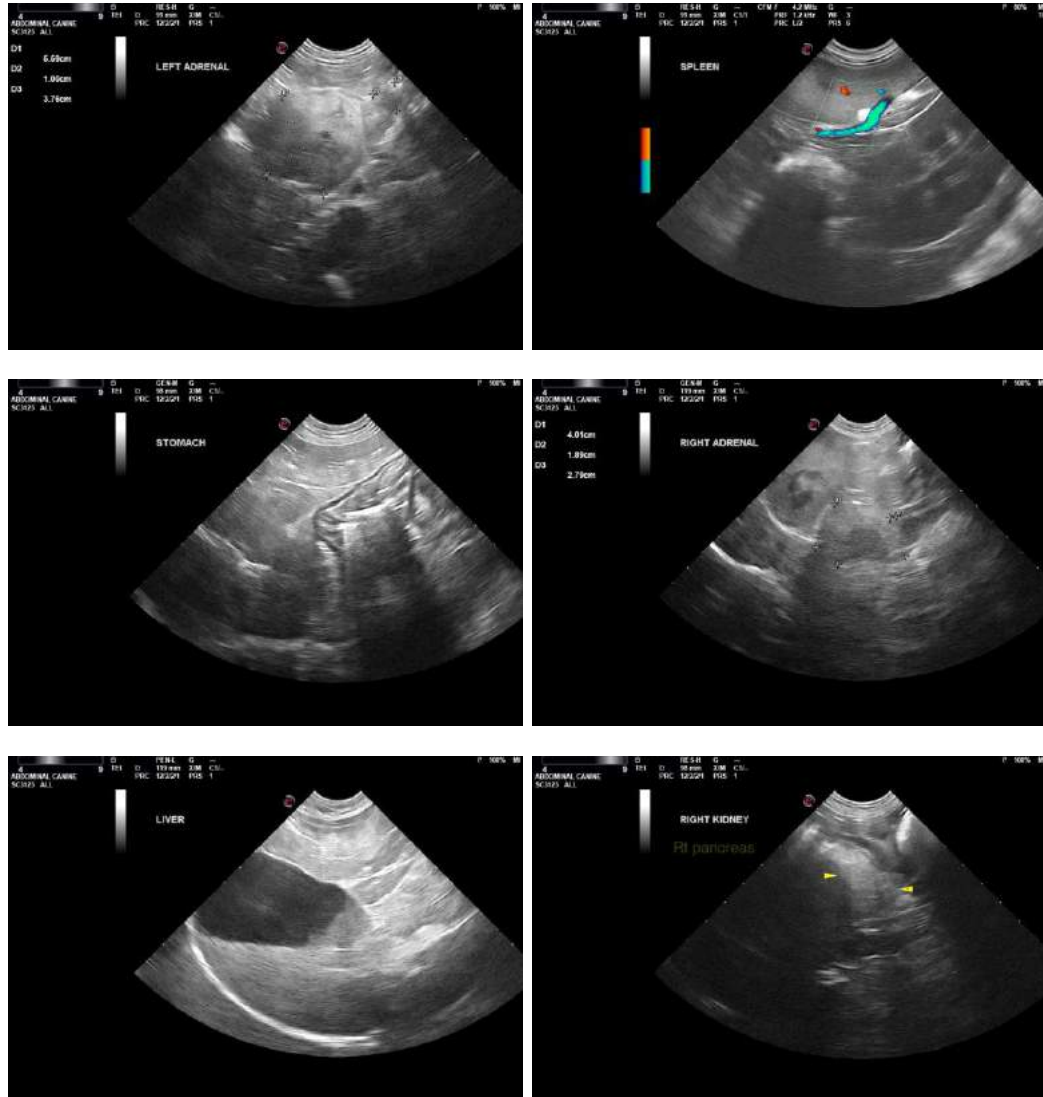
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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