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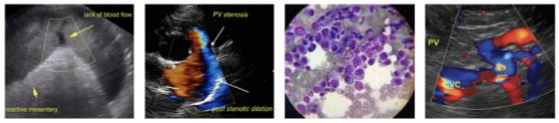


Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Dixie Lux

SPECIES

Canine

BREED

Shetland Sheepdog

SEX

Spayed Female

AGE

5/21/2009

WEIGHT

25.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Southside AH

REFERRING VET

Dr.

INVOICE

13232

DATE

12/30/21

PRESENTING CLINICAL SIGNS

History: Dog has clinical signs of Cushing's Dz, and now supporting lab evidence. Is PU/PD with inappropriate urination. On Denamarin & Galliprant
Lab findings:

Cortisol Baseline (3.4).
Cortisol 4h Post (2.0).
Cortisol 8h Post (2.3).

CBC - Abnormal values:
Increased HCT (57.9%).
Decreased Retic Hgb (24.1).
Lymphopenia (673)

CHEMISTRY - Abnormal values.
Increased K+ (5.5).
Decreased Na:K (26).
Increased ALT 170 (prev 120), ALKP 613 (645), and GGT 24 (21).

URINALYSIS - pH 8.0, proteinuria 2+

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

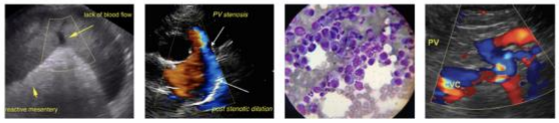
The left kidney presented normal size (5.24 cm in length); with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is borderline small in size (xxx cm in length); with an irregular shape. The cortex is variably thickened and there is mild to moderate loss of corticomedullary distinction. Cortical infarcts are suspected. Hyperechoic shadowing diverticular foci are seen. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (1.02 cm at cranial pole) (1.16 cm at caudal pole) (3.53 cm in length); with an irregular shape. The parenchymal is diffusely heterogeneous with loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature appear normal.

The right adrenal gland is enlarged (1.00 cm at cranial pole) (0.90 cm at caudal pole) (3.52 cm in length); with a slightly irregular shape. The parenchyma is subtly heterogeneous with mild loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature appear normal.



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Spleen

The spleen is normal in size (1.61 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Several ill-defined hyperechoic nodules are observed throughout the organ. Splenic vasculature is normal.

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 focal distinct lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is distended. The wall is normal in thickness. A moderate to large amount of aggregated echogenic suspended sludge in a partially-stellate pattern is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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 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 or overt infiltrative disease is noted.

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

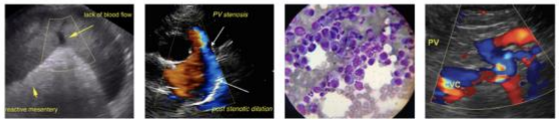
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

Other:
A brief visualization of the heart reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral adrenomegaly (left side larger than right side), consistent with pituitary-dependent hyperadrenocorticism
- The gallbladder changes are consistent with a developing mucocele.
- 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 unlikely.



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Secondary Findings

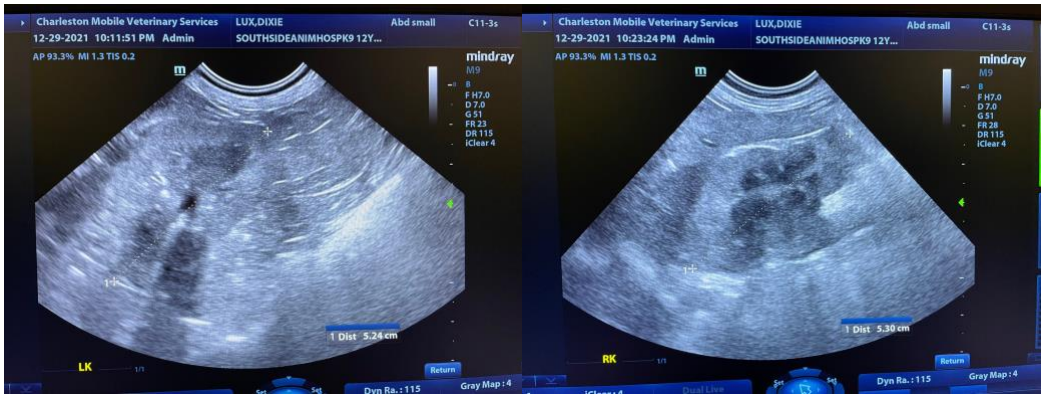
- Bilateral age-related renal changes with dystrophic mineralization and suspected right cortical infarcts.
- The hyperechoic splenic nodules are most consistent with benign pathology (i.e., myelolipomas or lymphoid hyperplasia).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Medical therapy for a pituitary-dependent hyperadrenocorticism (i.e., trilostane) is recommended.
- Also consider a baseline blood pressure measurement and UPC.
- Given the patient's age, three-view thoracic radiographs are recommended to assess cardiopulmonary status.
- Regarding the developing gallbladder mucocele, considerations include the following:

1. Medical management with ursodiol therapy and serial sonographic monitoring (i.e., every 4-6 weeks) to assess for progression to a fully-formed mucocele or…
2. A prophylactic cholecystectomy. If surgery is pursued, referral to a board-certified surgeon is recommended due to the potential for perioperative complications.

   *It should be noted that gall bladder mucoceles can become infected and rupture at any point, resulting in bile/septic peritonitis.



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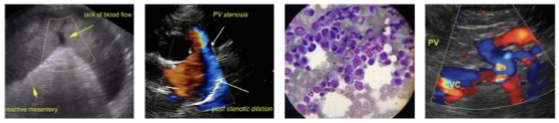

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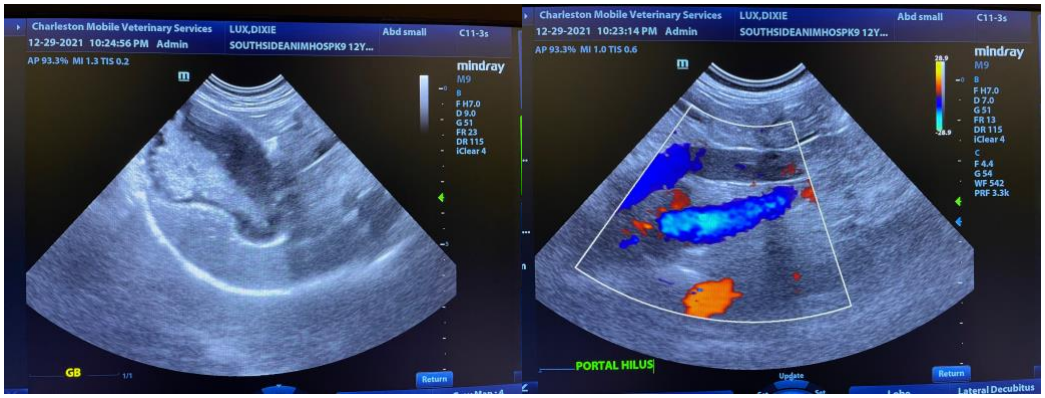

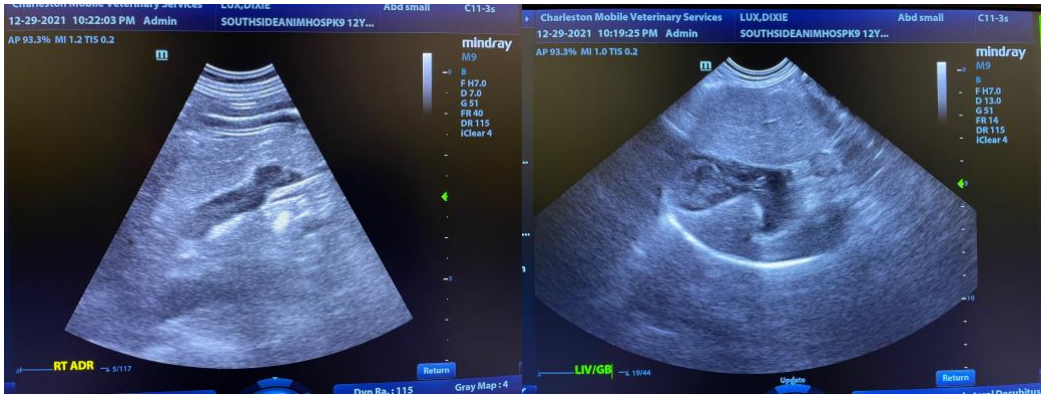

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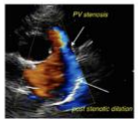
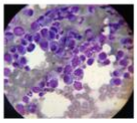
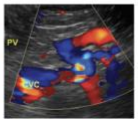

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)

Andrea.Nicastro@CharlestonMobile.net