



PATIENT

Bella Crockett

PRESENTING CLINICAL SIGNS

Testing for cushings. LDDST pending
Abnormal PE/Chem/CBC/UA Results: ALK: 1190, Ca: 12, Chol: 381, Trig: 729, USG: 1.024, Urine protein: 2+. Urine blood +2. WBC: 21-50.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Spaniel

Urinary System

Urinary bladder is moderately distended with anechoic contents. The cranial ventral urinary bladder wall is diffusely thick. The mucosa is mildly irregular and contains multiple, small, pedunculated masses that extended into the lumen. This is consistent with polyps. The largest, most prominent polyp extends into the lumen 1.0 cm and has a 0.56 cm base. No cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a small mucosal surface.

SEX

Spayed Female

AGE

11 years

Left kidney is normal in size (5.8 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (6.1 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

WEIGHT

59 lbs

Adrenal Glands

Left adrenal gland is enlarged in size (1.0 cm at cranial pole and 1.5 cm at caudal pole). Normal shape and contour are maintained. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. A small, hypoechoic adrenal nodule was noted in the caudal pole. Nodule does not disrupt normal shape and/or architecture.

Right adrenal gland is enlarged in size (2.3 cm long x 1.0 cm at cranial pole and 0.68 cm at caudal pole). Normal shape and contour are maintained. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield

Spleen

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

REFERRING VET

Dr. Rodriguez

Liver

Liver is subjectively enlarged with rounded margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. The largest, discrete, hypoechoic nodule appears to be forming an early mass and measured 3.0 cm in diameter. The mass is hypoechoic, irregular in shape and just cranial to the stomach. Visible vasculature appears normal. GB is moderately distended with anechoic bile and gravity dependent echogenic sediment. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

INVOICE

95102

DATE

1/10/22


PATIENT

Bella Crockett

Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.

SPECIES

Canine

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

BREED

Spaniel

Colon is normal in wall thickness (< 0.2 cm) and layering.

Pancreas
SEX

Spayed Female

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

AGE

11 years

Free Abdomen

Lymph nodes are normal with no observed enlargement.

WEIGHT

59 lbs

ULTRASONOGRAPHIC FINDINGS
Primary Findings
INTERPRETED BY

 Beth Johnson, DVM
DACVIM

Bilateral adrenomegaly – consistent with adrenal hyperplasia secondary to pituitary depending hyperadrenocorticism vs normal variant.

IMAGING PERFORMED BY

Dr. Rodriguez

Small hyperechoic left adrenal nodule – Differentials include primary adrenal cortical adenoma or adenocarcinoma, pheochromocytoma, myelolipoma, adrenal hyperplasia secondary to pituitary disease or metastatic disease. Ultrasound alone cannot differentiate between functional and non-functional nodules and/or between benign and malignant disease. Lesions greater than 2 cm are generally primary adrenal neoplasia (benign or malignant) vs hyperplasia with lesions greater than 4 cm being more predictive of malignant neoplasia. Small nodules without other evidence of abdominal disease (to suggest metastatic disease) and/or clinical signs (to suggest hyperadrenocorticism) are most often incidental and should be monitored.

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Heterogenous liver – Differentials for hepatic changes include both benign steroid (vacuolar) hepatopathy or extramedullary hematopoiesis as well as infiltrative round cell or metastatic neoplasia.

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Larger, more discrete hypoechoic mass just cranial to the stomach. Differentials include benign steroid hepatopathy or extramedullary hematopoiesis, but are more concerning for infiltrative disease such as round cell or metastatic neoplasia or primary hepatic neoplasia.

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Canine Gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

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Minor polypoid cystitis. Infiltrative urinary bladder neoplasia cannot be ruled out, but is considered less likely given the appearance and location of the polyps.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include the low-dose Dexamethasone suppression test to rule out hyperadrenocorticism as is reportedly already pending. If the test is positive then ultrasound findings are most consistent with pituitary dependent hyperadrenocorticism. Other recommendations given the suspicion for hyperadrenocorticism as well as the urinary bladder changes include urine culture. If the urine culture is negative then recommendations include a urine protein to creatinine ratio to better quantify the reported proteinuria. Blood pressure measurements are recommended given the suspicion for hyperadrenocorticism. Finally given the mild hypercalcemia an ionized calcium is recommended followed potentially by a malignancy panel including PTH and PTHrP as well as a FNA of the liver mass if the patient's coagulation status is appropriate. If not already evaluated three view thoracic radiographs are recommended to further assess cardiopulmonary status and rule out any other concern for metastatic disease.

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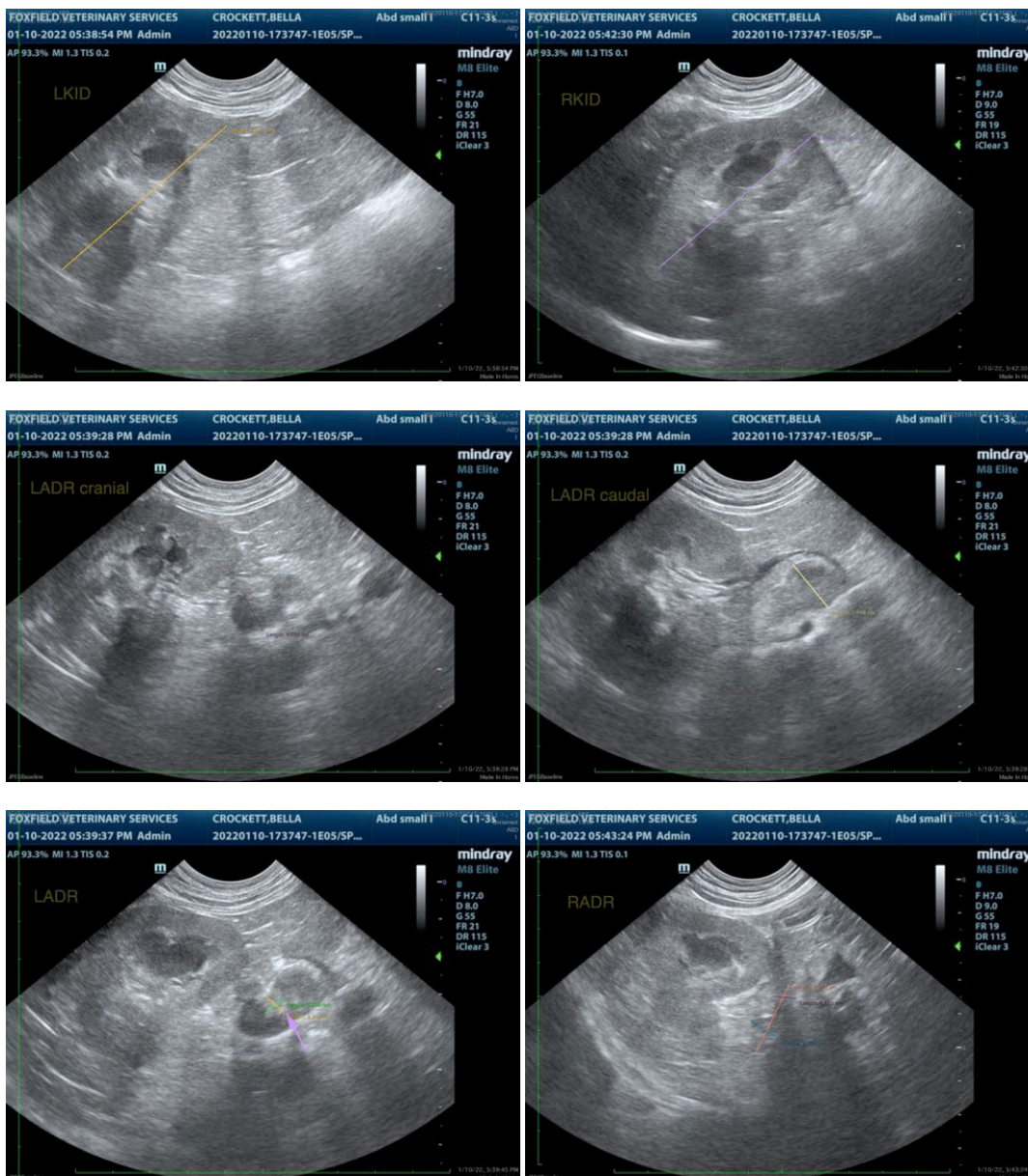
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SPECIES

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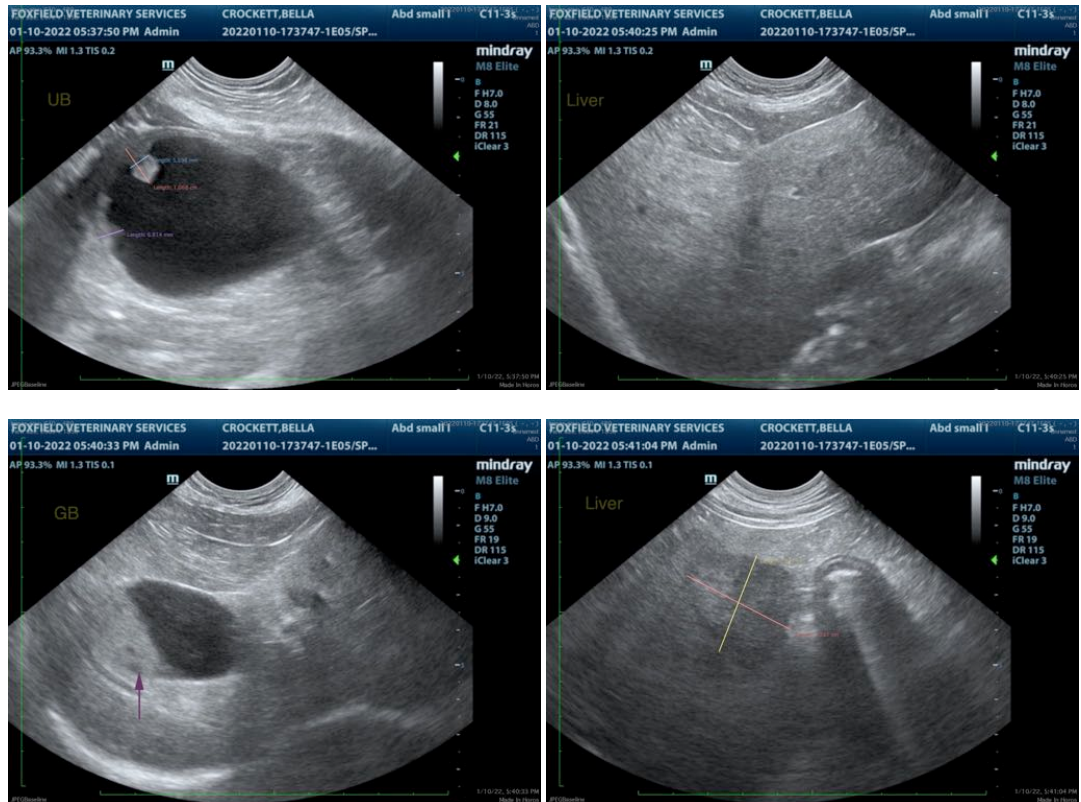
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DACVIM

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.

IMAGING PERFORMED BY

Dr. Rodriguez

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