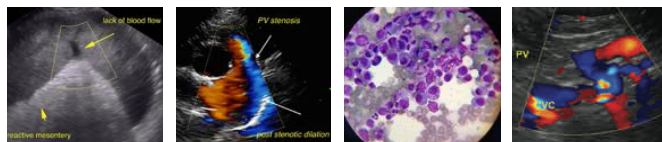


<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Lady Rivera	Elevated ALKP w/normal LDDS.
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.
Chihuahua Mix	
<b>SEX</b>	The left kidney is normal in size (4.49 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.
Spayed Female	
<b>AGE</b>	Right kidney is normal in size (4.78 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.
13 years	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
Not Given	The left adrenal gland is enlarged in size (2.4 cm long x 0.75 cm at cranial pole and 1.02 cm at caudal pole). Normal shape and contour are maintained. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
<b>INTERPRETED BY</b>	The right adrenal gland is enlarged in size (2.37 cm long x 0.83 cm at cranial pole and 0.95 cm at caudal pole). Normal shape and contour are maintained. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Shari Reffi, CVT	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.
<b>HOSPITAL NAME</b>	
Newton VH	
<b>REFERRING VET</b>	<b>Liver</b>
Dr. Bladek	Liver is subjectively enlarged with rounded margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. 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.
<b>INVOICE</b>	
95412	
<b>DATE</b>	
1/18/22	



**PATIENT** *Gastrointestinal*

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

**SPECIES** 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.

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

**BREED**

Chihuahua Mix

*Pancreas*

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

**SEX**

Spayed Female

*Free Abdomen*

**AGE**

13 years

Lymph nodes are normal with no observed enlargement.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

Not Given

- Age related kidney change – This finding is expected/consistent with age-related mild degenerative disease and should be interpreted clinically in combination with laboratory changes.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

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

**IMAGING**

**PERFORMED BY**

Shari Reffi, CVT

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

**HOSPITAL NAME**

Newton VH

- 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.

**REFERRING VET**

Dr. Bladdek

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

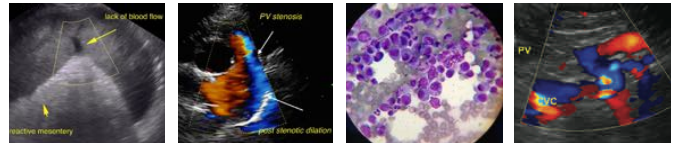
**INVOICE**

95412

These images are consistent with a history of suspected hyperadrenocorticism given the liver, gallbladder and adrenal changes. The low dose Dexamethasone suppression test was reportedly normal. Therefore, testing for atypical hyperadrenocorticism with a full adrenal panel to the University of Tennessee endocrinology lab is recommended. If that panel is negative a FNA of the liver is recommended if the patient's coagulation status is appropriate. Given the gallbladder changes a trial with an empirical therapy course of Ursodiol +/- broad spectrum antibiotics with monitoring of the ALKP and ultrasound changes can also be considered.

**DATE**

1/18/22



**PATIENT**

Lady Rivera

**SPECIES**

Canine

**BREED**

Chihuahua Mix

**SEX**

Spayed Female

**AGE**

13 years

**WEIGHT**

Not Given

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Newton VH

**REFERRING VET**

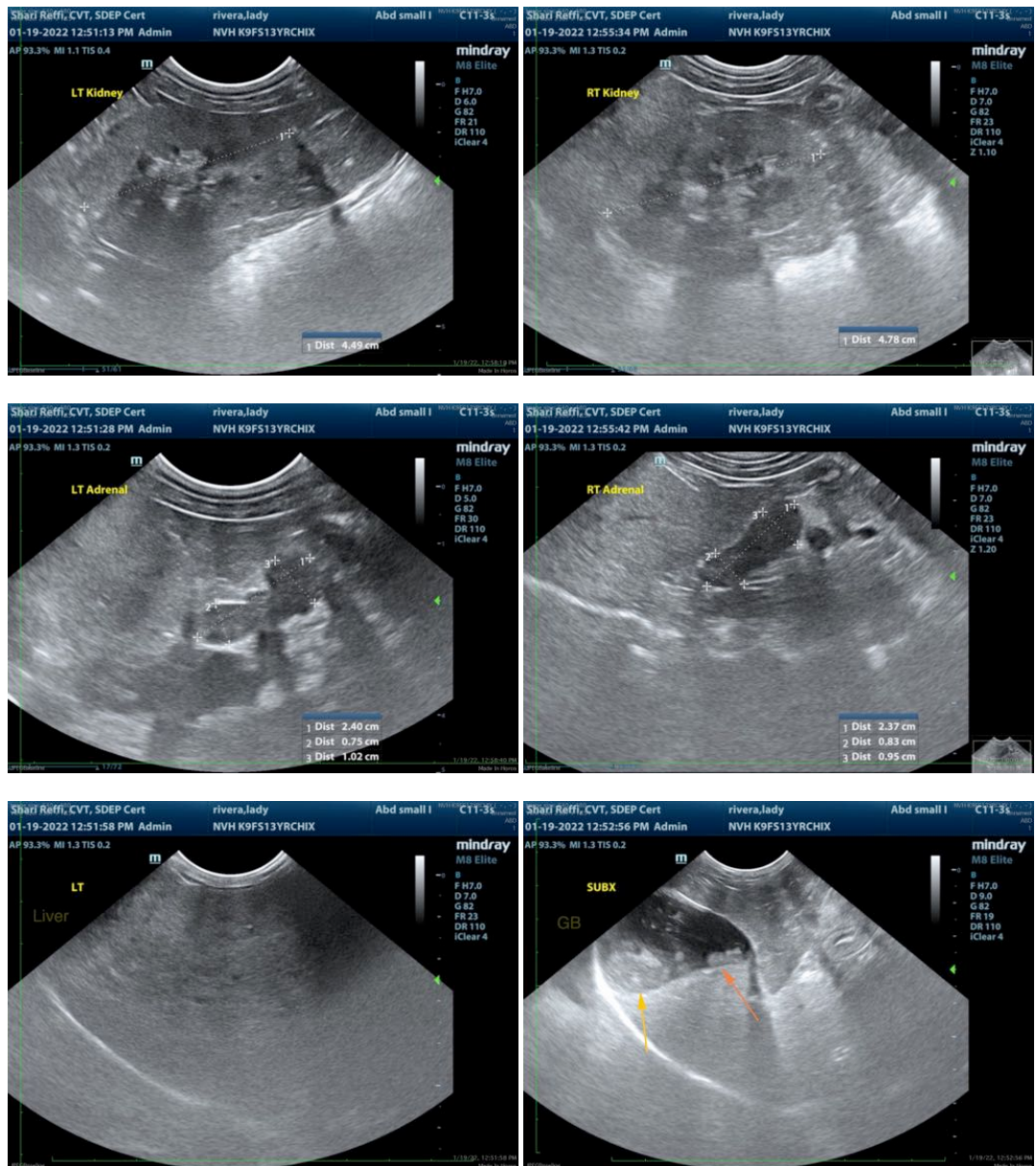
Dr. Bladek

**INVOICE**

95412

**DATE**

1/18/22



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.

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com