



PATIENT

Willow Waddell

PRESENTING CLINICAL SIGNS

U/S for cushings
Abnormal PE/Chem/CBC/UA Results: ALK phos: 1205, LDDST: pre: 7.1, 4hr post: 3.4, 8hr post 2.9

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

BREED

Lab X

The right kidney is normal in size (7.0 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

SEX

Spayed Female

The left kidney is normal in size (6.2 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

AGE

9 Years

Adrenal Glands

The left adrenal gland is enlarged in size (2.69 cm x 0.64 cm at the cranial pole and 0.74 cm at the caudal pole. Normal shape and contour are maintained. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

WEIGHT

59 Pounds

The right adrenal gland is enlarged in size (2.19 cm x 0.77 cm at the cranial pole and 0.81 cm at the caudal pole. Normal shape and contour are maintained. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

IMAGING PERFORMED BY

Dr. Rodriguez

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. In the right caudal liver, there is a discreet, coarse, heterogeneous, slightly hyperechoic mass measuring 4.0 cm x 5.0 cm. Visible vasculature and biliary tree appear normal without distension or congestion.

HOSPITAL NAME

Foxfield Vet Services

REFERRING VET

Dr. Rodriguez

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

INVOICE

35105

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

DATE

1/26/22

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions



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per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

SPECIES

Canine

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

BREED

Lab X

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

AGE

9 Years

- Bilateral adrenomegaly – consistent with adrenal hyperplasia secondary to pituitary depending hyperadrenocorticism vs normal variant.
- Liver mass - The appearance of hepatic neoplasia with ultrasound varies, and benign versus malignant disease cannot be distinguished via ultrasound alone. Differentials for the mass include hepatocellular adenoma or carcinoma, infiltrative round cell neoplasia such as lymphosarcoma or histiocytic sarcoma, hemangiosarcoma/other sarcoma, or metastatic disease. Benign differentials are also possible, and include nodular hyperplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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Recommendations include a fine needle aspirate of the liver mass if patient's coagulation status is appropriate, as well as 3-view thoracic radiographs to rule out metastatic disease as well as to further assess cardiopulmonary status. If the patient has clinical signs of hyperadrenocorticism such as polyuria, polydipsia, polyphagia, etc., which drove the performance of the low-dose Dexamethasone suppression test, then this ultrasound is also consistent with pituitary dependent hyperadrenocorticism, and management of hyperadrenocorticism is recommended after the liver mass has been managed. In that case, a urinalysis as well as a urine culture (if indicated based on urinalysis results) as well as a blood pressure are also recommended.

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However, if the low-dose Dexamethasone suppression test was performed due to a high Alk Phos and no clinical signs of Cushing's disease, it is possible that it is a false positive test result, and reevaluation should be considered in the future after the liver mass has been addressed.

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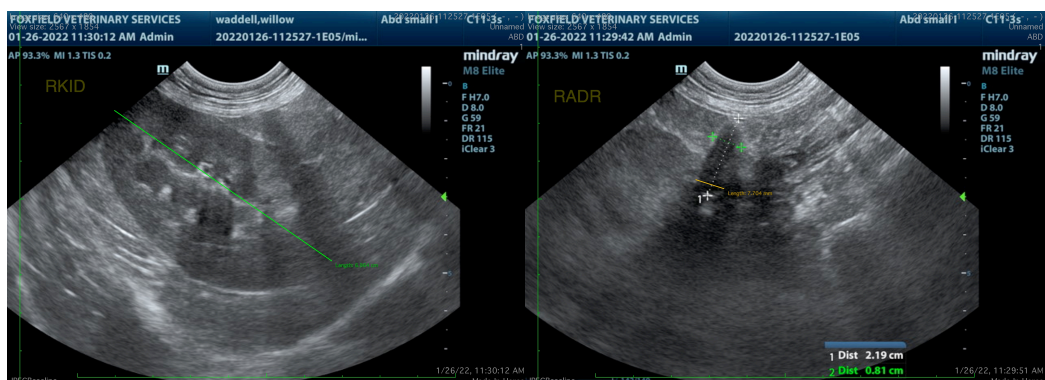
Dr. Rodriguez

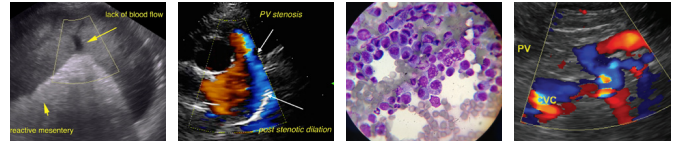
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Lab X

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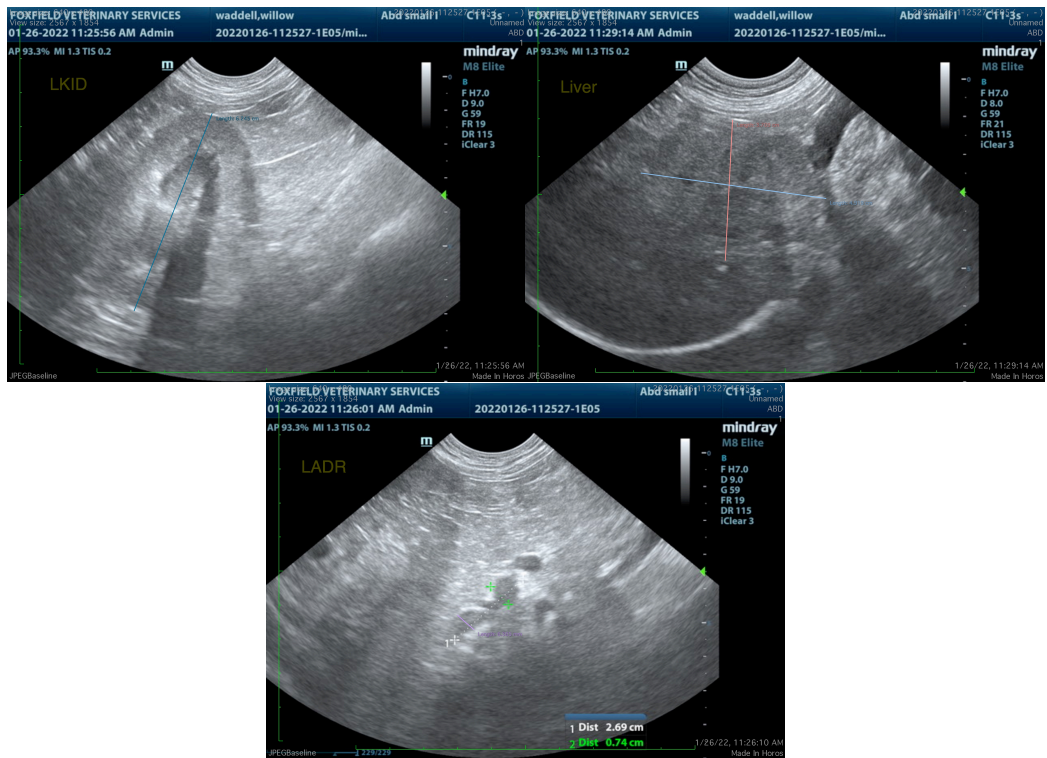
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
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