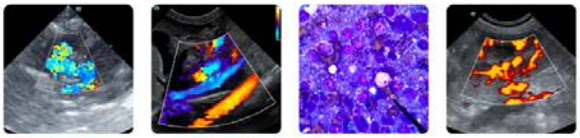


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Toby Meen

SPECIES

Canine

BREED

Bichon x

SEX

Neutered Male

AGE

12 Years

WEIGHT

12.2 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Governors Road Animal Hospital

REFERRING VET

Dr. Farooq

INVOICE

72543

DATE

1/28/26

PRESENTING CLINICAL SIGNS

Hx of Cushings dz. PU/PD. Grade 1-2 heart murmur

Current Medications: Vetoryl 20mg SID in the morning, Vetoryl 10mg SID at night

Abnormal PE/Chem/CBC/UA Results: USG: 1.007, pH: 7.0 labs attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately 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.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

Kidneys are overall normal in size 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 cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measures 6.05 cm. Right kidney measures 6.21 cm.

Adrenal Glands

The right adrenal gland is normal in size (1.4 cm at cranial pole and 0.65 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. A hyperechoic nodule is noted in the cranial pole measuring 1.2 cm in diameter. Nodule does not disrupt normal shape and/or architecture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.64 cm at cranial pole and 0.68 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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.

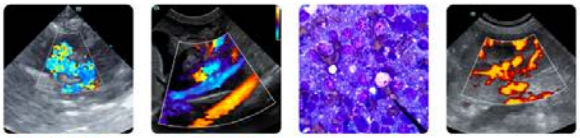
Liver

Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Hyperechoic adrenal nodule (cranial pole right adrenal gland) – 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. Small nodules without other evidence of abdominal disease (to suggest metastatic disease) and/or clinical signs (to suggest adrenal disease) are most often incidental and should be monitored.
- Mild age related kidney changes.
- Hepatobiliary changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

A blood pressure is also recommended.

If patient's cortisol levels are normal but patient's clinical signs have returned, there could be an adrenal component or even a precursor to cortisol hormone component, given the nodule in the cranial pole of the right adrenal gland. Therefore, further evaluation of precursor hormones via full adrenal panel to the University of Tennessee could be considered. Alternative medications such as Mitotane and/or even ultimately an adrenalectomy may be warranted if Trilostane/Vetoryl is not effective at an appropriate dose, and another cause for the reported PU/PD is not found. Consultation with and/or referral to a veterinary internist could be considered.

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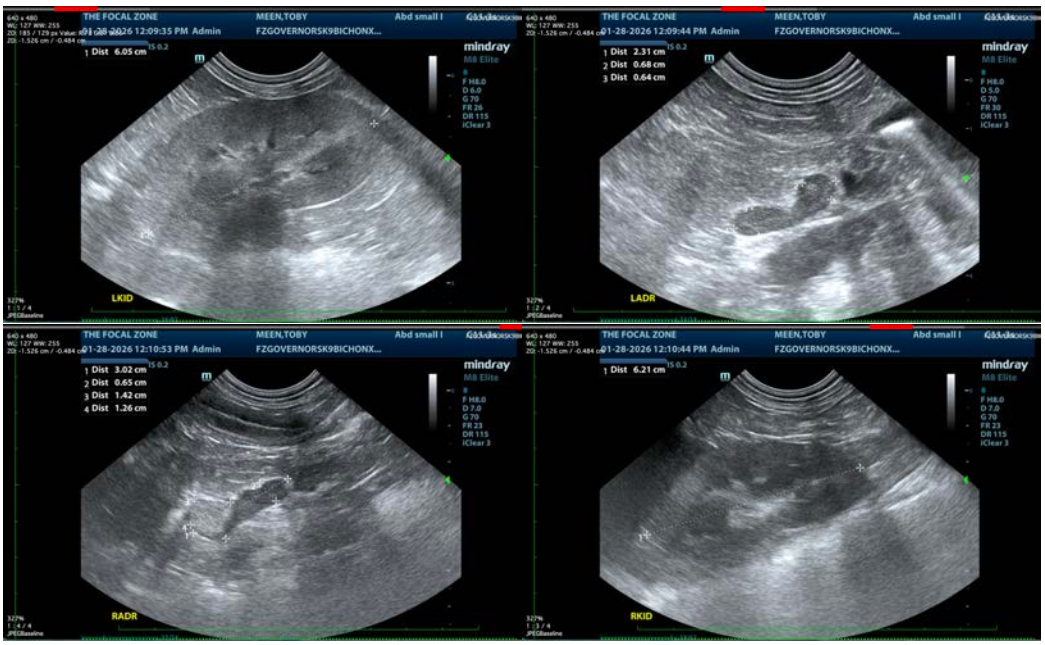

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com