**PATIENT**

Boo McGraw

**SPECIES**

Canine

**BREED**Cavalier Cocker  
Spaniel Mix**SEX**

Spayed female

**AGE**

9 years

**WEIGHT**

32 Pounds

**INTERPRETED BY**Beth Johnson, DVM  
DACVIM**IMAGING  
PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Shannon

**INVOICE**

42452

**DATE**

1/31/23

**PRESENTING CLINICAL SIGNS**

History: Visit on 1/24: belly is hard and painful, had trouble getting out of car yesterday, is eating and drinking, no vomiting or diarrhea, was seen at VA about 6 weeks ago and tx with metro and endosorb and fortiflora and was told that Boo was just fat Visit today: Increase in abdomen size. Panting, unable to get comfortable. Walking as if in discomfort.

Abnormal PE/Chem/CBC/UA Results: 1/24/23: right lateral rad showed hepatomegaly and mild ascites, DV radiograph shows diffusely enlarged liver blood work showed normal WBC but bands possible, ^ SAP Today's visit: pancreatitis (cPL abnormal)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. Several small cystoliths are present. The largest of which measures just under 0.4 cm in size. No masses are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The kidneys are normal in size, 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. Small cortical cysts were noted bilaterally. The left kidney measured 5.62 cm. The right kidney measured 6.35 cm.

**Adrenal Glands:**

The left adrenal gland is small (flattened contour). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The left adrenal gland measured 1.77 cm long, 0.3 cm at the cranial pole and 0.49 cm at the caudal pole.

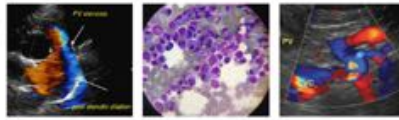
The right adrenal gland is enlarged (3.75 cm long, 2.63 cm at the cranial pole and 0.6 cm at the caudal pole) with mild heterogeneous parenchymal changes. Swollen capsular expansion is noted without evident capsular escape or vascular invasion.

**Spleen:**

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 subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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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.

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**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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Spaniel Mix

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.

**SEX**

Spayed female

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

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**Pancreas:**

The observed pancreas 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.

**WEIGHT**

32 Pounds

**Free abdomen:**

There is no evidence of free peritoneal effusion noted in these images.

**INTERPRETED BY**Beth Johnson, DVM  
DACVIM

There is no apparent lymphadenopathy noted in these images.

**ULTRASONOGRAPHIC FINDINGS****IMAGING  
PERFORMED BY**

Sarah Pender, CVT

**Primary Findings**

- **Right adrenal mass** – consistent with adenoma or possibly hyperplasia. An adenoma is much more likely than hyperplasia given the concurrently flat left adrenal gland. Early carcinoma or less likely pheochromocytoma cannot be ruled out. Interpret in combination with clinical signs of hyperadrenocorticism or other adrenal disease.
- **Hyperechoic hepatomegaly**– This appearance is non-specific and most consistent with a benign steroid (endocrine) or vacuolar hepatopathy or reactive or idiopathic hepatopathy. Inflammatory and/or infiltrative disease (such as round cell neoplasia) are also possible, but considered less likely.

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**Secondary Findings**

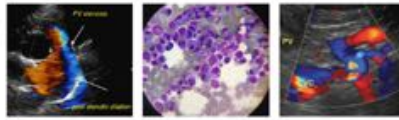
- Several small, urinary bladder cystoliths.
- Incidental bilateral renal cortical cysts.

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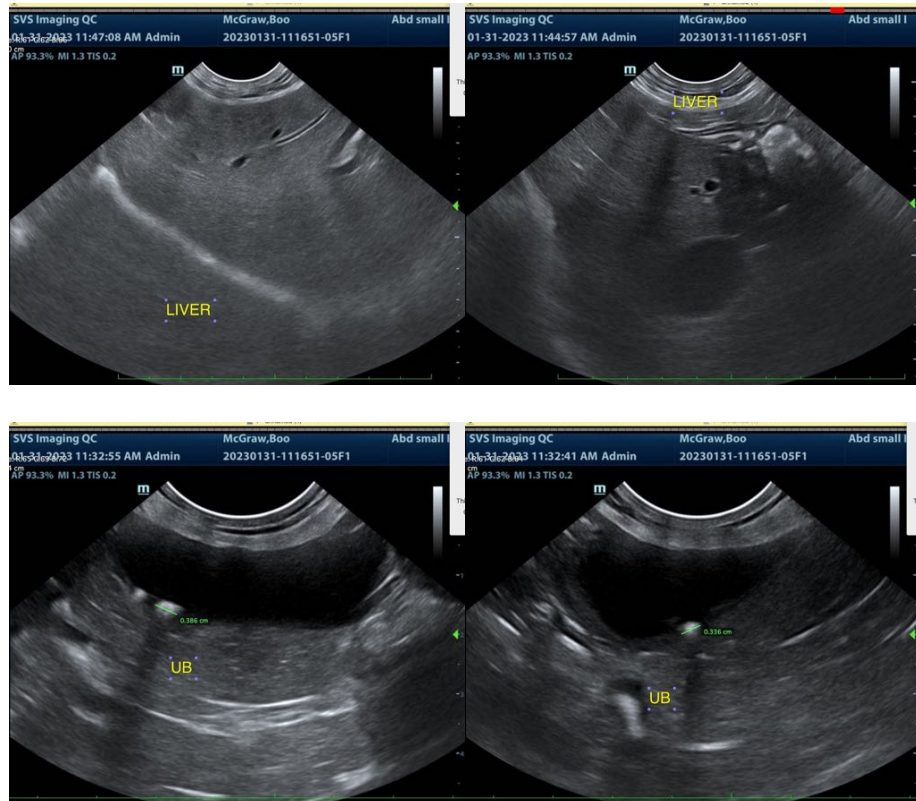
1/31/23

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If not recently evaluated:

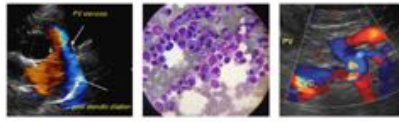
1. Urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.
2. Low-dose Dexamethasone suppression test is recommended to definitively diagnose suspected adrenal dependent hyperadrenocorticism.
3. Additionally as was reportedly already evaluated blood pressure monitoring is recommended.

Pending results of low-dose Dexamethasone suppression test, ultimate therapy for an adrenal mass is adrenalectomy. If an adrenalectomy is pursued a presurgical abdominal CT scan can be considered to definitively rule out vascular invasion, etc.



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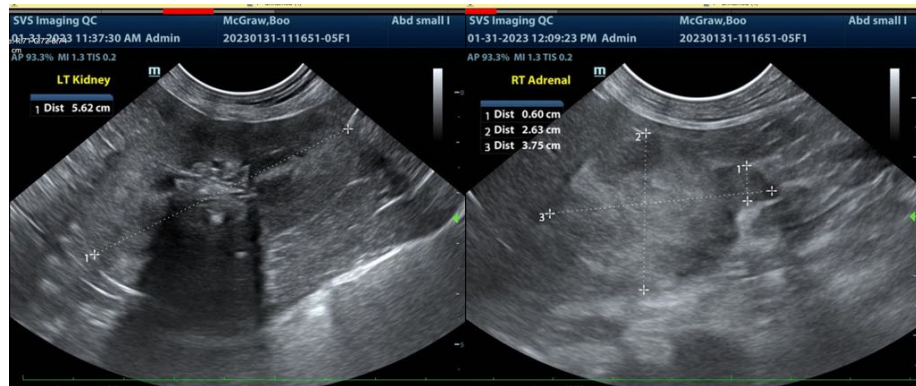
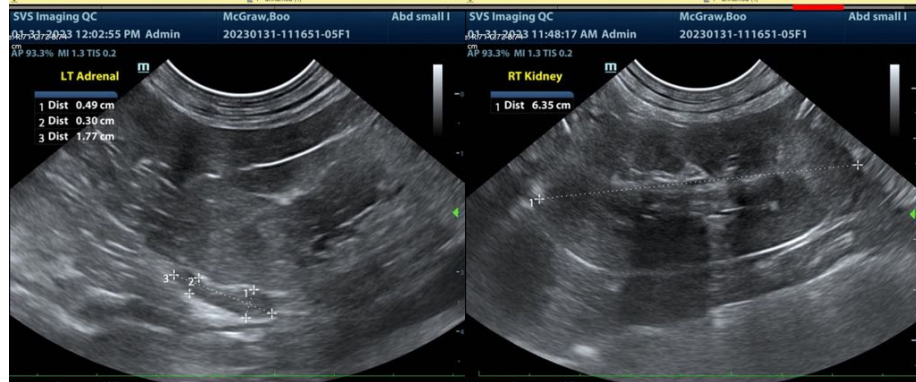
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**

Beth.Johnson@SonoPath.com