



PATIENT PRESENTING CLINICAL SIGNS

Daisy Walton 13 yr FS Springer Spaniel presented for increased urination suddenly. History of elevated ALP for several years - most recently in 11/21 779, USG 1005, 2+ protein, UPC 1.8, rest wnl. Neg UC/S performed when O reported urinary accidents in house, O then realized also drinking a lot more and recommended LDDS. Discussed UCC vs. LDDS to start bc cost concerns with her age, ultimately did LDDS - Pre 9.7, 4 hr 1.5, 8 hr 4.4 - could be AT vs PDH - rec ultrasound to differentiate and started on Trilostane 12 mg BID - plan to recheck cortisol in 3-4 weeks send out 1 hour before pill given. O concerned cancer elsewhere bc of age and acuteness of urinary accidents

SPECIES

Canine

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Springer Spaniel

Urinary System

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.

SEX

Spayed Female

The right kidney is normal in size (6.31 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.

AGE

13 Years

The left kidney is normal in size (5.7 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.

WEIGHT

49.3 Pounds

Adrenal Glands

The left adrenal gland is enlarged in size (2.09 cm x 0.9 cm at the cranial pole and 1.64 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

The right adrenal gland is enlarged in size (3.26 cm x 1.6 cm at the cranial pole and 1.32 cm at the caudal pole). Normal shape and contour are maintained. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME

TotalBond VH

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). A 1.0 cm x 0.5 cm non capsule disrupting, hypoechoic nodule was noted in the mid body. Splenic vasculature appears normal.

REFERRING VET

Dr. Aine Schanche

Liver

Liver is subjectively enlarged with rounded margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. A 1.0 cm cyst is noted in the right liver. Visible vasculature appears normal.

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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.

DATE

1/6/22



PATIENT *Gastrointestinal*

Daisy Walton The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

SPECIES Pyloric outflow tract appears patent.

Canine 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 per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

BREED

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

SEX

Pancreas

Spayed Female 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.

AGE

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

WEIGHT

49.3 Pounds

- Bilateral adrenomegaly – consistent with adrenal hyperplasia secondary to pituitary depending hyperadrenocorticism vs normal variant.
- 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.
- Hyperechoic splenic nodule – most consistent with benign extramedullary hematopoiesis, lymphoid hyperplasia, hematoma, etc.

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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. Given concurrent bilateral adrenomegaly, benign liver changes including an incidental benign liver cyst are most likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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These findings are most consistent with the previously diagnosed pituitary dependent hyperadrenocorticism. The other changes are considered incidental and benign. No evidence of neoplasia. Given the hyperadrenocorticism, if not already performed, a blood pressure is recommended, and continued therapy of pituitary dependent hyperadrenocorticism as is already reportedly being administered is also recommended.

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Daisy Walton

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Spayed Female

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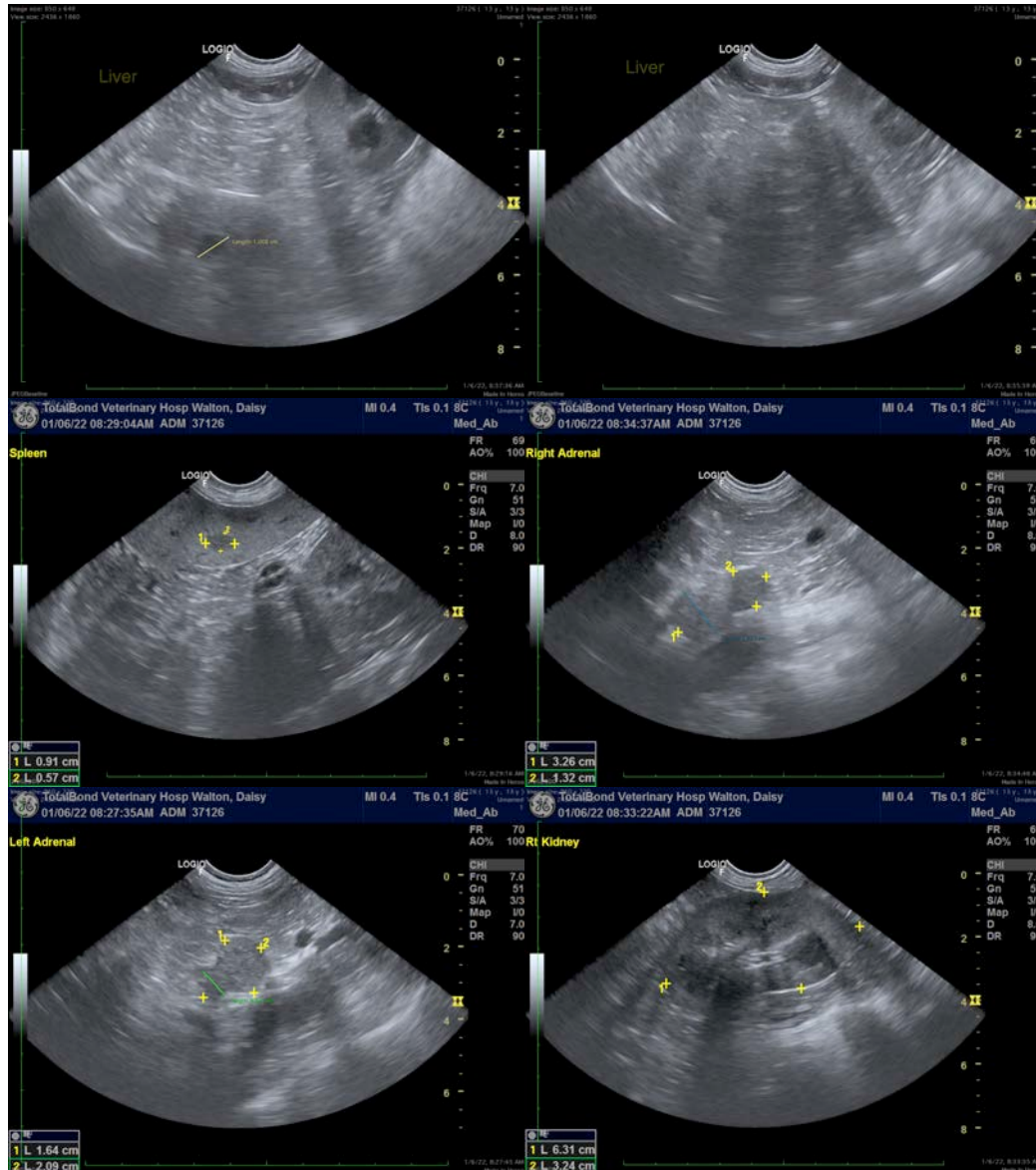
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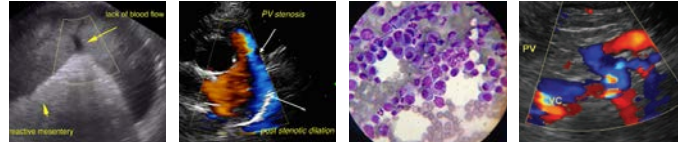
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PATIENT

Daisy Walton

SPECIES

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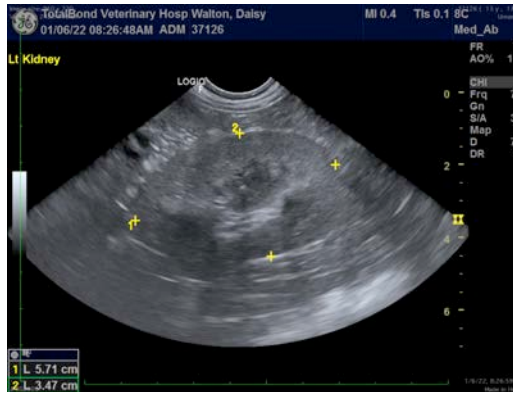
Spayed Female

AGE

13 Years

WEIGHT

49.3 Pounds



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.

SEX

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.

AGE

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com

WEIGHT

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