



PATIENT PRESENTING CLINICAL SIGNS

Mallick Adams

History: Patient originally presented for history of extreme, lethargy, panting on Nov. 26th. AFAST examination revealed a splenic nodule but no free fluid at this time. Thoracic radiographs were clear of any metastatic disease. Was transferred to the emergency services for overnight monitoring and stabilization. Patient remained stable and discharged with empirical oral medications. On recheck examination, patient is doing well, energy levels have improved. Eating normally. But very pu/pd (waking Os up in the middle of the night now) and has some soft serve stool. Current Medications - galliprant PO SID ; Trazodone + gabapentin (preappointment sedation)

SPECIES

Canine

BREED

Blue Heeler

Abnormal PE/Chem/CBC/UA Results: Bloodwork taking at initial emergency visit; mild hypophosphatemia, ALT 608, GGT 20, Cholesterol 8.65, amylase 1541, abnormal snap cpl, hypokalemia 3.1, Na:K 49:1, and stress leukogram. Recheck bloodwork results pending and should be back Jan. 6th. PCV 48% TP 8.2 Jan. 5th with blood draw. Radiographic Findings No evidence of metastatic lesions on initial presentation in Nov.

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

11 Years

Urinary System

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.

WEIGHT

35 kg

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

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Left kidney is normal is size (6.54 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.

IMAGING PERFORMED BY

Kelly Reschny

Right kidney is normal is size (8.37 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.

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Adrenal Glands

The left adrenal gland is enlarged (3.58 cm long x 0.99 cm at cranial pole and 1.96 cm at caudal pole) with mild heterogenous parenchymal changes. Swollen capsular expansion is noted without evident capsular escape or vascular invasion.

REFERRING VET

Bachynski

The right adrenal gland is small (flattened contour). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The right adrenal gland measures 2.38 cm long x 1.84 cm at cranial pole and 0.51 cm at caudal pole.

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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). An approximately 1.0 cm hypoechoic non-capsule-disrupting nodule was noted near the head of the spleen. Splenic vasculature appears normal.

DATE

1/9/23

Liver



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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. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

SPECIES

Canine

Gallbladder is moderately distended with anechoic bile as well as mild suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

BREED

Blue Heeler

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.

SEX

Neutered Male

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.

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The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

WEIGHT

35 kg

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.

Free Abdomen

INTERPRETED BY

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DACVIM

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

ULTRASONOGRAPHIC FINDINGS

IMAGING

PERFORMED BY

Kelly Reschny

Primary Findings

- Left adrenomegaly with a flat right adrenal gland, is suggestive of an adrenal adenoma. Adrenal hyperplasia, secondary to pituitary dependent hyperadrenocorticism is possible, but considered less likely with the flat right adrenal gland. An early pheochromocytoma or adenocarcinoma can't be ruled out but is considered less likely. This finding should be interpreted in combination with clinical signs of hyperadrenocorticism or other adrenal disease.

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Secondary Findings

- Hypo to anechoic splenic nodule – likely represents a benign lesion such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions, and cannot be ruled out.
- Mild 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.

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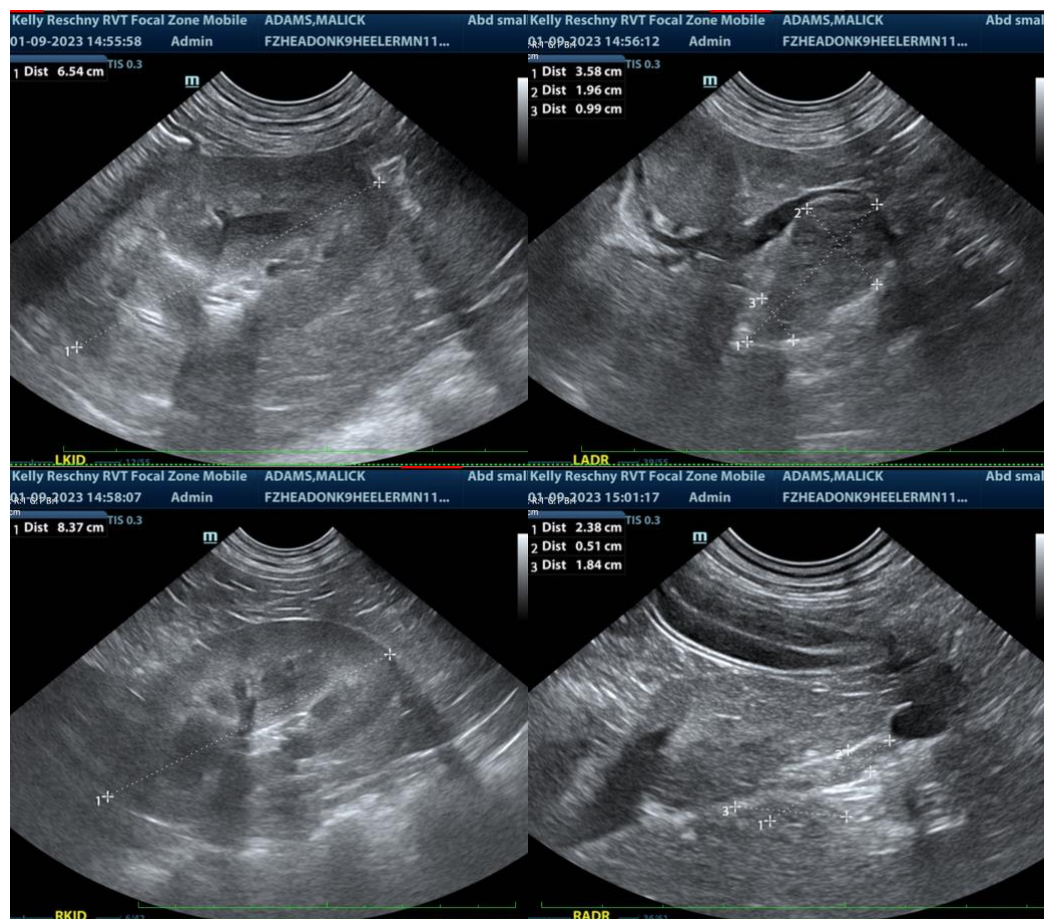
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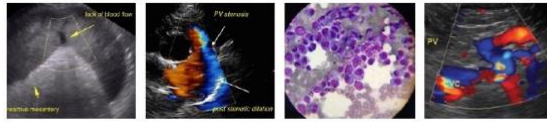
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patients reported PU/PD, and left adrenal mass, etc., further testing for hyperadrenocorticism, in the form of a LDDST is recommended. If not diagnostic for hyperadrenocorticism, urine catecholamine testing could be considered, however, pheochromocytoma is considered less likely given the concurrently flat right adrenal gland.

Additionally, if not recently evaluated, 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. A blood pressure is also recommended.

If the ALT remains increased with a normal ALP on recheck blood work, additional testing, given the atypical hepatocellular injury pattern, which isn't expected alone with hyperadrenocorticism, could include testing for Leptospirosis, as well as bile acids if bilirubin is normal, to rule out a concurrent hepatopathy that may warrant separate treatment.





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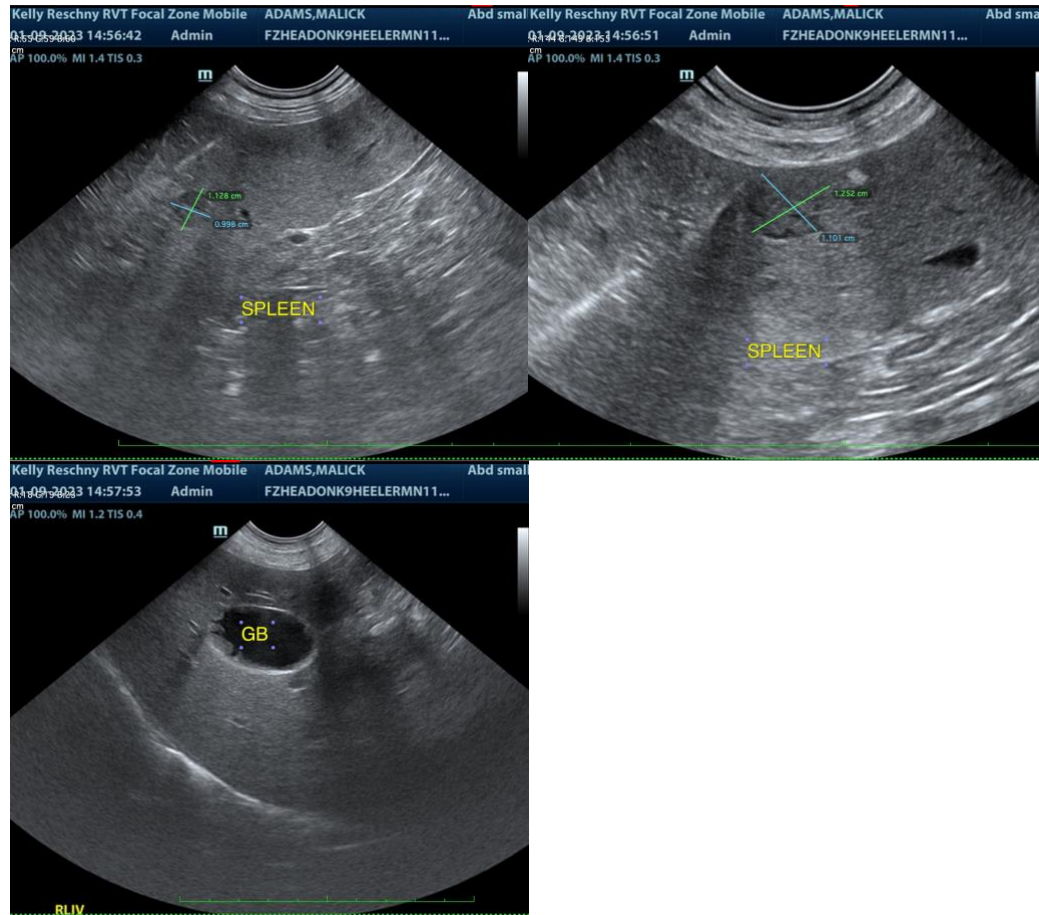
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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