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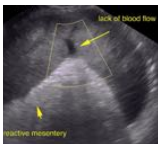
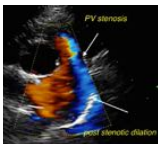
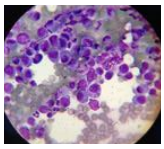
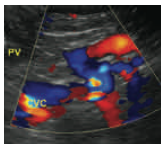

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Finn Stevens

SPECIES
Canine

BREED
Portugese Water Dog

SEX
Neutered male

AGE
9 years

WEIGHT
84 lbs

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Isabel Plourde

HOSPITAL NAME
Total Bond VH

REFERRING VET
Dr. Rowan

INVOICE
92543

DATE
10/21/21

PRESENTING CLINICAL SIGNS

History: Finn is a 9yr old, MN, portugese water dog that presented a week ago for anorexia, soft stool, and 1x vomiting. He was sent home with SQ fluids, Cerenia, Metronidazole, and Proviable. This cleared the diarrhea but today he is still lethargic at home, drinking a lot, not eating much, and lost 2.5 lbs. He has a history of Cushing disease and is on Trilostane. His resting cortisol was normal today. His bloodwork from 1 week ago was also unremarkable. We are performing an ultrasound to see if we can find answers elsewhere.
Abnormal PE/Chem/CBC/UA Results: BW WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

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

Left kidney is normal in size (6.56 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (6.6 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Adrenal Glands

Left adrenal gland is enlarged in size (0.87 cm at cranial pole and 1.0 cm at caudal pole). Normal shape and contour are maintained. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Right adrenal gland is enlarged in size (3.47 cm long by 1.1 cm at cranial pole and 0.86 cm at caudal pole). Normal shape and contour are maintained. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively enlarged in size with rounded margins but intact capsule. Parenchyma is homogenously coarse/mottled in echotexture and normal to hypoechoic in echogenicity. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged. Margins are smooth but round. 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. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion. GB is moderately distended with anechoic bile and gravity dependent echogenic sediment. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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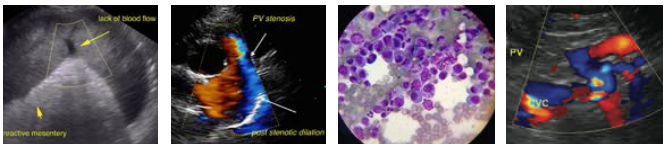

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Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach lumen is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

The 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 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.

Colon is normal in wall thickness (< 0.2 cm) and layering.

Pancreas

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

Free Abdomen

Lymph nodes are normal with no observed enlargement.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

Bilateral adrenomegaly – consistent with the reported, previously diagnosed hyperadrenocorticism and Trilostane therapy.

Coarse splenomegaly – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis (leave amyloidosis out if canine) as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

Hyperechoic hepatomegaly canine– most consistent with benign steroid (endocrine) hepatopathy or reactive or idiopathic hepatopathy. Infiltrative neoplasia such as round cell neoplasia is also possible, but considered less likely.

Canine 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations, given the improvement in some signs, but the development of new signs over the past week such as PU/PD include recheck CBC and serum chemistry profile with electrolytes to assess for any changes especially given the history of hyperadrenocorticism.

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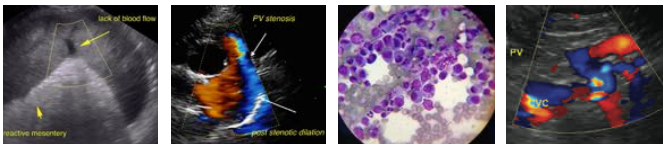

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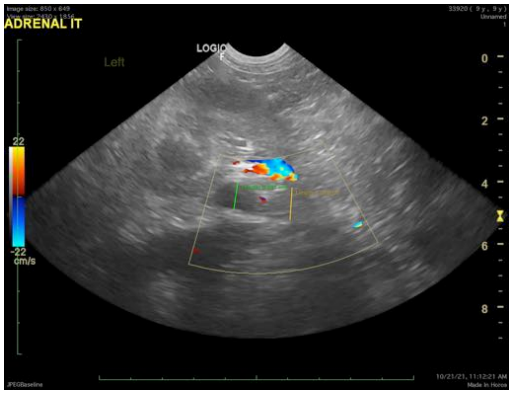
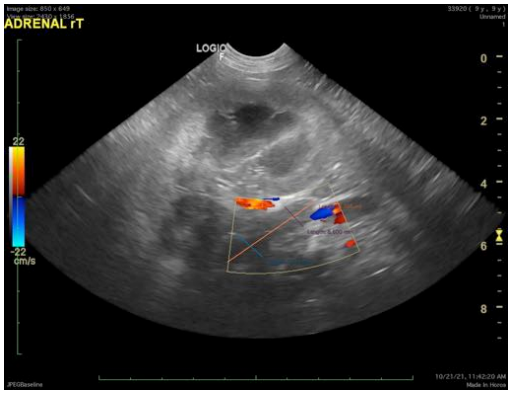
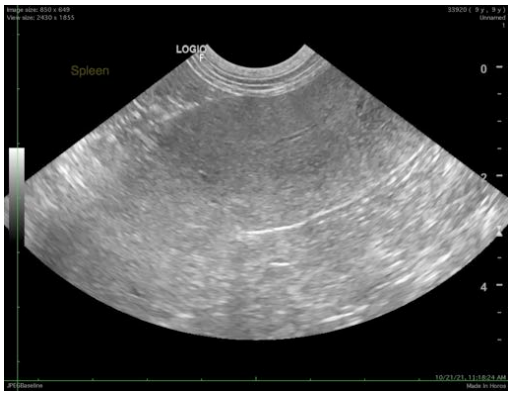
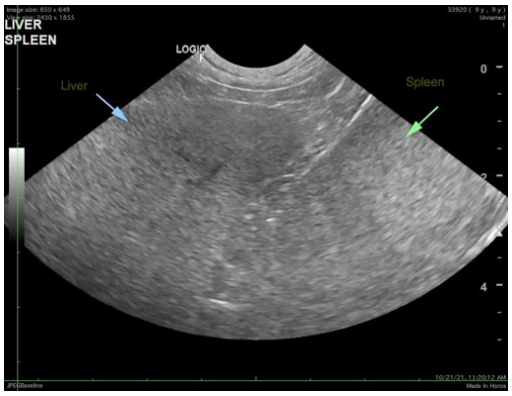
Other recommendations include a short term discontinuation of Trilostane if the patient is not eating and not feeling well with plans to restart it when GI signs resolve if cortisol is normal. other diagnostic recommendations include a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory given the patient's GI signs and weight loss followed by a FNA of the spleen +/- liver if the patient's coagulation status is appropriate. Therapeutic recommendations include as previously mentioned short term discontinuation of Trilostane as well as continued supportive care of the nausea and inappetence pending diagnostic results.









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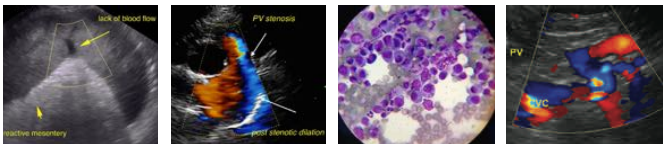

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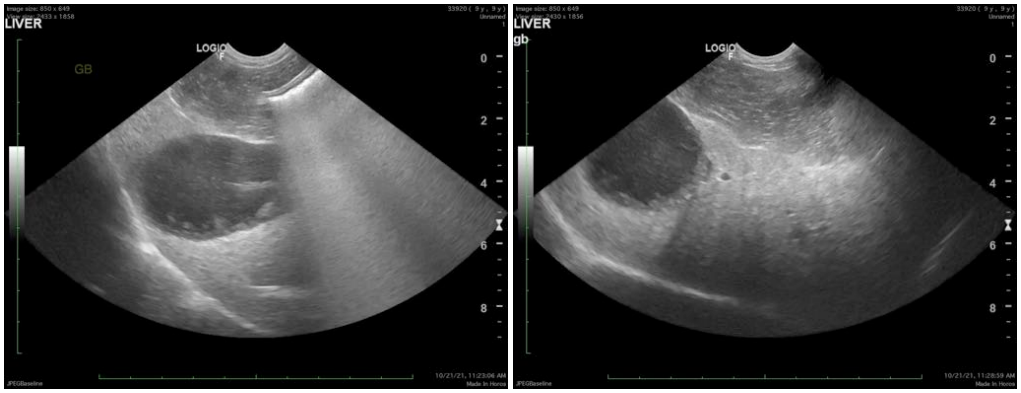

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Beth.Johnson@SonoPath.com