

**DATE PRESENTING CLINICAL SIGNS**

10/21/21 History: Elevated liver values, ruled out Cushings Disease.  
Lab Results & Radiographs: Attached.

**PATIENT** Date of Previous IntraPet Ultrasound: No previous.  
Lola Lenz Sedation: Not needed.  
Stat Report: Not requested.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine

**BREED**

Pit Bull Terrier

**SEX**

Spayed Female

**AGE**

2009

**WEIGHT**

76 Pounds

**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.

Right kidney is normal in size (7.6 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.

Left kidney is normal in size (7.11 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.

**Adrenal Glands**

The left adrenal gland is enlarged in size (3.16 cm long x 0.82 cm at the cranial pole and 1.11 cm at the caudal pole). Normal shape and contour are maintained. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The right adrenal gland is enlarged in size (3.14 cm x 1.12 cm at the cranial pole and 0.87 cm at the caudal pole). Normal shape and contour are maintained. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**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 with rounded margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature appears normal. (Note: see other)

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.

**Gastrointestinal**

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. Pyloric outflow tract appears patent.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**HOSPITAL NAME**

Lake Shore Pet  
Hospital

**REFERRING VET**

Dr. Anderson

**INVOICE**

26580

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 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***

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.

### ***Free Abdomen***

There is no evidence of peritoneal effusion. No appreciable lymphadenopathy (see other).

### ***Other***

There is an approximately 7.0 cm round, hyperechoic, coarse/heterogeneous mass just caudal to the right liver between the liver and the right kidney.

## **ULTRASONOGRAPHIC FINDINGS**

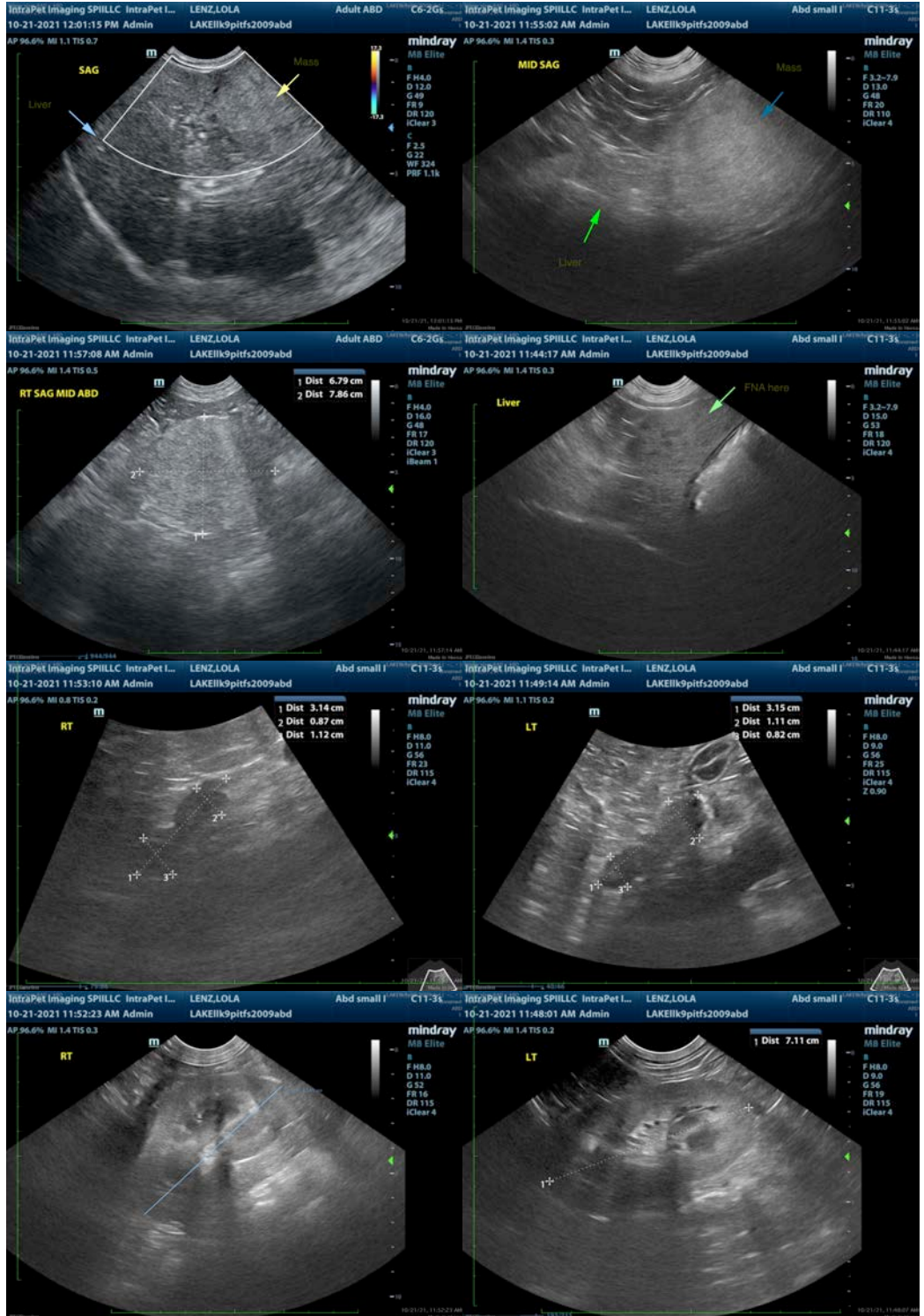
- Bilateral adrenomegaly – consistent with adrenal hyperplasia secondary to pituitary depending hyperadrenocorticism vs normal variant.
- Heterogenous liver – Differentials for hepatic changes include both benign steroid (vacuolar) hepatopathy or extramedullary hematopoiesis as well as infiltrative round cell or metastatic neoplasia.
- Hyperechoic, coarse mass caudal to the right liver – A caudal right liver mass is suspected and cannot be ruled out, but definitive attachment to the liver also cannot be determined. Other differentials such as an enlarged lymph node or mesenteric mass, granuloma, lipoma, etc. are also differentials.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the patient's increased ALP and bilateral adrenomegaly, hyperadrenocorticism remains a differential. The low dose Dexamethasone suppression test was performed and was normal. If clinical signs of hyperadrenocorticism such as PU/PD, polyphagia, pot belly, panting, etc. are present, recommendations include a full adrenal panel to the University of Tennessee to look for atypical hyperadrenocorticism.

The more significant findings, however, are the liver changes and the cranial abdominal mass of unknown tissue origin. Recommendations include a fine needle aspirate of the liver as well as of the mass if patient's coagulation status is appropriate. If a diagnosis is not obtained from a fine needle aspirate of the mass, then surgical excisional biopsy is recommended.

Prior to surgery, thoracic radiographs to further assess cardiopulmonary status and look for metastatic disease are recommended.



**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.

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