



## PATIENT

Camz Vuong

## SPECIES

Canine

## BREED

Poodle Mix

## SEX

Male

## AGE

11

## WEIGHT

17

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway AH

## REFERRING VET

Dr. Ascot

## INVOICE

35399

## DATE

11/4/25

## PRESENTING CLINICAL SIGNS

History: Elevated ALP Hx Cushings recent stim suggests oversuppression R/O additional underlying dz  
Current meds Vetoryl 10mg AM.

Abnormal PE/Chem/CBC/UA Results: CBC WNL Chem BUN 29 Creat 1.3 ALP 1613 ACTH stim pre 1.03 Post 1.27.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### 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.

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

Kidneys are overall normal in size 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 cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of mineral or infarcts observed. Trace pyelectasia is noted bilaterally. The left kidney measures 4.03 cm. The right kidney measures 4.79 cm.

### Adrenal Glands

The right adrenal gland is mildly plump in size. Normal shape and contour are maintained without evidence of capsular invasion. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The right adrenal gland measures 1.1 cm at the cranial pole and 0.8 cm at the caudal pole.

Left adrenal gland is normal in size, shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal. The left adrenal gland measures 0.64 cm at the cranial pole and 0.62 cm at the caudal pole.

### 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 mildly irregular margins. Parenchyma is mildly heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as 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.

### Gastrointestinal



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The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with primarily fluid as well as some echogenic non-shadowing luminal contents and gas consistent with normal chyme. There is no evidence of obstruction, foreign material, or infiltrative disease. Pyloric outflow tract appears patent.

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.

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

### **Pancreas**

The pancreas that is observed 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**

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

- The mildly plump right adrenal gland and largely normal appearing left adrenal gland should be interpreted in combination with patient's hormone testing, given the reported diagnosis of hyperadrenocorticism, as both hyperplasia and adenoma versus other are differentials.
- Mildly heterogenous liver- These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.
- 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.

### **Secondary Findings**

- Age-related kidney changes with trace bilateral pyelectasia.

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



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Given the patient's reported ACTH stimulation test results, at least short-term discontinuation of vetoryl may be indicated, especially in the face of concurrent electrolyte abnormalities, and/or clinical illness, etc.

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In the meantime, additionally, if not recently evaluated, urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

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When or if patient's clinical signs of hyperadrenocorticism return, a decrease in total daily dose may be indicated, but split into twice per day dosing, as many patients clinically respond better to twice per day dosing even with a decrease in the total daily dose. Alternatively, an alternative medication may be indicated if patient is not responding clinically in the face of oversuppressed cortisol levels.

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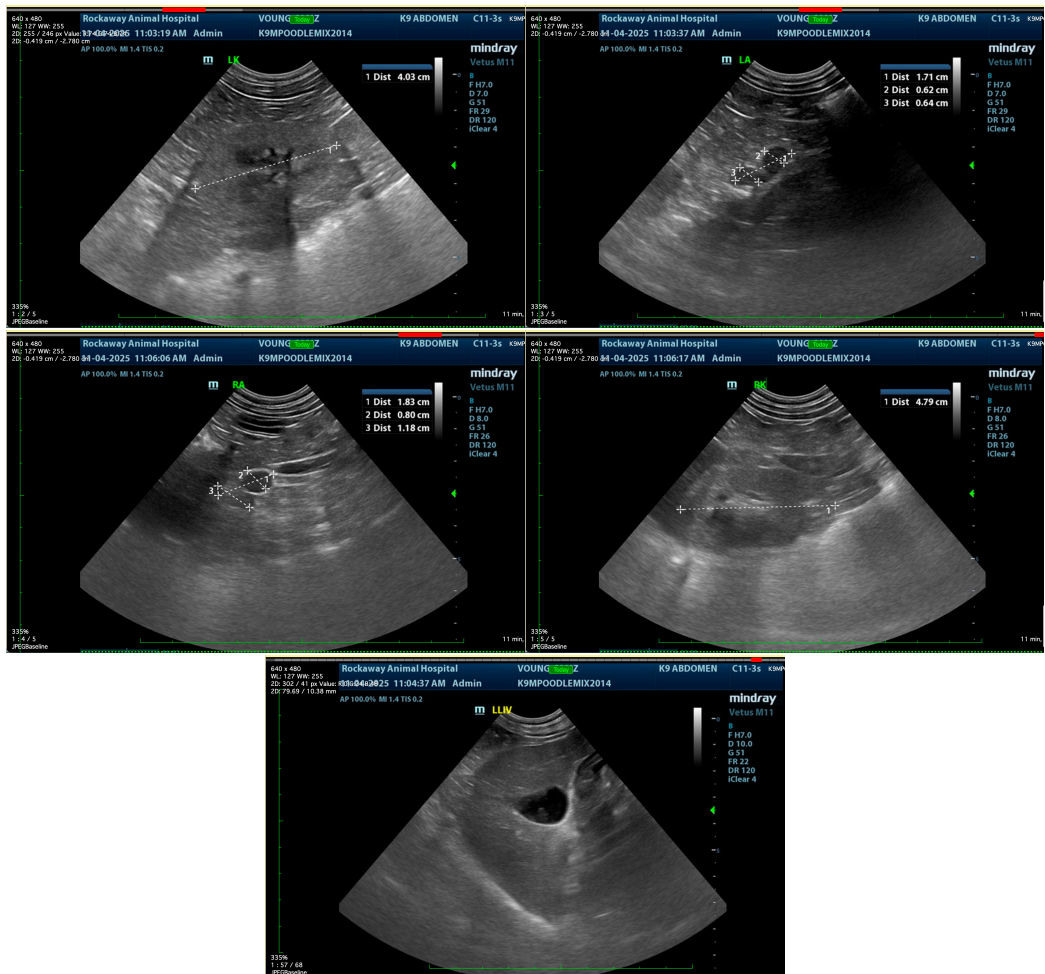
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

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**Beth Johnson, DVM DACVIM**

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info@sonopath.com

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