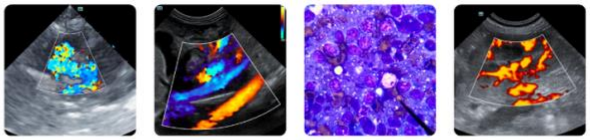

PATIENT

Barnaby Turley

SPECIES

Canine

BREED

Border Collie Mix

SEX

Neutered Male

AGE

12 Years 5 Months

WEIGHT

23.9

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Brian Barnes

HOSPITAL NAME

Westview VH

REFERRING VET

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PRESENTING CLINICAL SIGNS

History: Chronic potbellied, poor skin alopecia, Lethargic, decreased appetite, drinking non-stop, looks Cushingoid

Abnormal PE/Chem/CBC/UA Results: neu= 13.38x10^9/L (2.95-11) mono= 1.26x10^9/L (0.16-1.12) INCREASED mpv/plt chem: wnl except glob= 24 g/L (25-45) ALT= 763 U/L (10-125) ALKP >2000 U/L (23-212) GGT= 189 U/L (0-11) Chol= 8.67 mmol/L (2.84-8.26) Amyl= 435 U/L (500-1500) Cl= 107 mmol/L (109-122) TT4= 8nmol/L (13-51) ******* very low despite meds given Thyroid Medication within 6-8 hours Urinalysis: sg= 1.028 pH= 7 leu/glu/ket/bil/bld= neg pro= trace ubg= normal wbc <1/HPF RBC = 1/HPF bacteria = none detected epi non-squam <1/HPF casts/crystals = none FNA of mass between shoulders -cyst material only.

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 (neutered) 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 pyelectasia infarcts observed. Small cortical cysts are present bilaterally. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted bilaterally. The left kidney measures 8.03 cm. The right kidney measures 8.41 cm.

Adrenal Glands

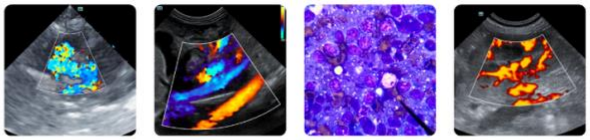
Adrenal glands are mildly plump in size. Normal shape and contour are maintained without evidence of capsular invasion. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The left adrenal gland measures 0.79 cm at the cranial pole and 0.93 cm at the caudal pole. The right adrenal gland measures 0.69 cm at the cranial pole and 0.98 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. Multifocal mineral foci are noted. 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. Additionally, multifocal mineral foci are noted within the liver. Additionally, there are several discrete hyperechoic homogenous nodules throughout the parenchyma, as well as one mixed, partially cystic/cavitated, deep mid liver nodule/mass, measuring approximately 3.0 cm in diameter.



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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

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.

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

- Mild bilateral adrenomegaly - In a patient diagnosed with hyperadrenocorticism, this finding is most consistent with adrenal hyperplasia secondary to pituitary dependent hyperadrenocorticism. This finding can also be seen with stress and/or normal patient variant. Interpret in combination with clinical signs of hyperadrenocorticism and/or other adrenal disease.
- Spleen and liver mineralization- This is a benign change but can be associated with endocrinopathies, especially hyperadrenocorticism.
- The more discrete liver nodules, especially the heterogenous, partially cystic mass, could represent benign changes, such as cysts, hematomas, extramedullary hematopoiesis, chronic inflammatory lesions, etc., although infiltrative neoplasia can't be ruled out without tissue sampling.
- Moderate 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

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abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

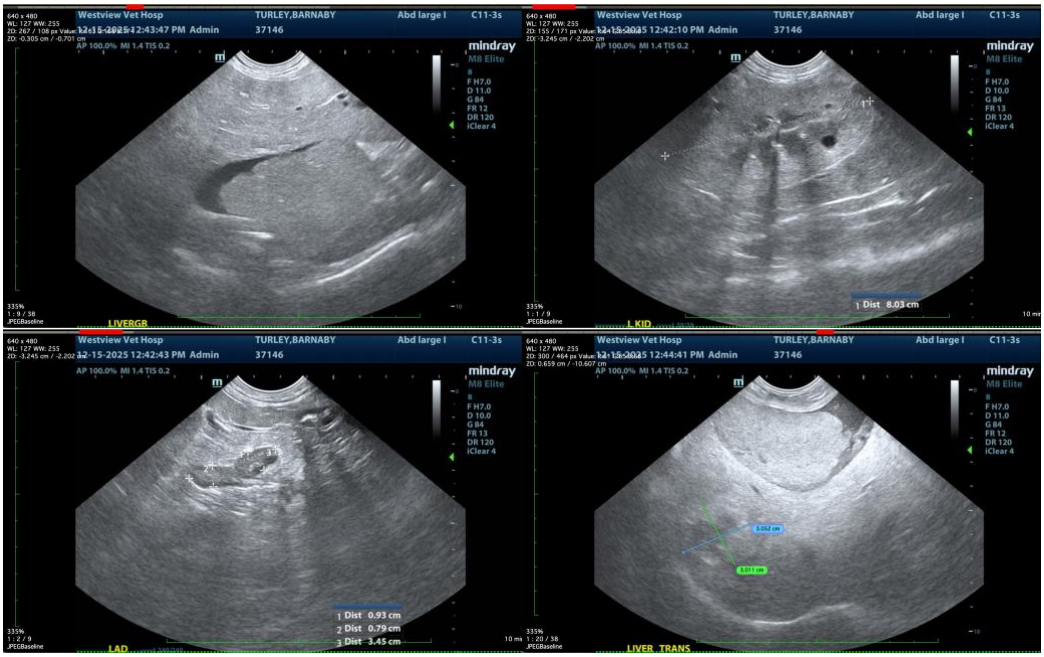
Secondary findings

- Age-related kidney changes with nonobstructive dystrophic mineralization bilaterally.
- Multiple bilateral small cortical cysts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's clinical history, combined with the appearance of especially the adrenal glands and spleen, etc., underlying hyperadrenocorticism can't be ruled out, and if diagnosed via hormone testing, then based on imaging, is likely pituitary dependent. Having said that, however, hyperadrenocorticism typically does not result in a sick patient, decreased appetite, etc. Therefore, prior to hormone testing, further evaluation of especially the liver nodule/mass, and or other underlying illness is indicated. Therefore, three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated. Fine needle aspirates of the liver nodule/mass described above are recommended if patient's coagulation status is appropriate.

Having said all of the above, the exceptions are pituitary macroadenomas, which can result in some atypical clinical signs, therefore, advanced imaging, such as a pituitary gland CT, could be considered. Ultimately, hormone testing in the form of a low dose dexamethasone suppression test may be appropriate. If not recently evaluated, a blood pressure is also warranted.



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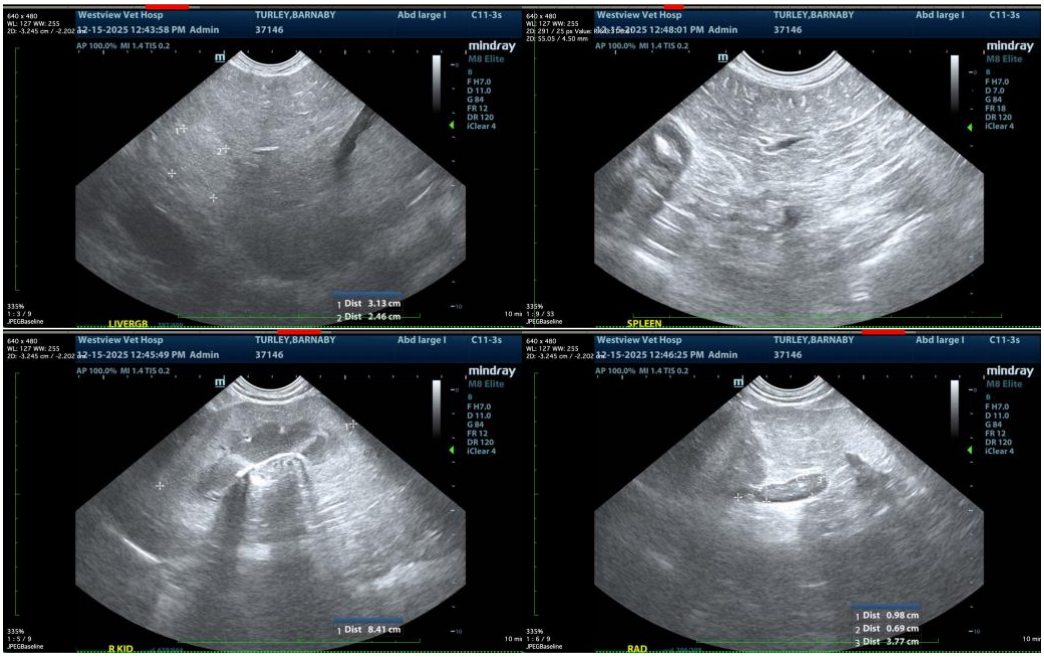

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Beth Johnson, DVM DACVIM

info@sonopath.com