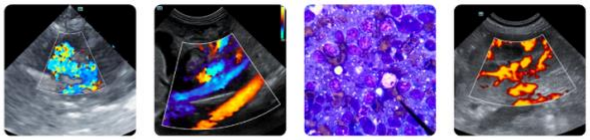


PATIENT

Dixie Wuchter

SPECIES

Canine

BREED

Boxer

SEX

Spayed Female

AGE

8 Years 1 Month

WEIGHT

50.8

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. Nathaniel Stanglein

INVOICE

36820

DATE

12/8/25

PRESENTING CLINICAL SIGNS

History allergies, PU/PD, cushings disease, continued weight loss despite good Cushings and proteinuria management. Underweight, some circling, pacing behaviors, unclear if primary neuro or secondary to Cushings. Current meds: trilostane 30mg 1 sid, benazepril 10mg 1 sid (not given this morning), fish oil.

Abnormal PE/Chem/CBC/UA Results: mild elevation in liver values, low normal HCT, sl high SDMA on BW from mid-October lateral abdominal film in October showed no stones nor obvious masses, no available CXR.

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.

Kidneys are irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. Left kidney is normal in size, measuring 5.8 cm. The right kidney is normal in size, measuring 6.3 cm. Small but nonobstructive nephroliths are noted bilaterally, as is trace pyelectasia.

Adrenal Glands

Adrenal glands are plump/swollen 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 1.0 cm at the cranial pole and 0.94 cm at the caudal pole. The right adrenal gland measures 0.96 cm at the cranial pole and 0.79 cm at the caudal pole.

Spleen

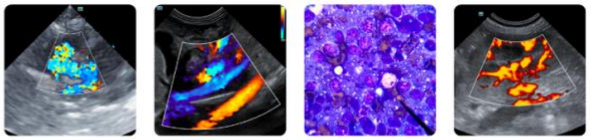
Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Multifocal mineral foci are noted. Splenic vasculature 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.

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



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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

- The bilateral adrenomegaly is consistent with patient's reported history of medically managed previously diagnosed hyperadrenocorticism.
- Moderate chronic kidney disease changes are present bilaterally with small nonobstructive nephroliths and trace pyelectasia present.

Secondary Findings

- Spleen mineralization- This is a benign change but can be associated with endocrinopathies, especially hyperadrenocorticism.
- 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the appearance of the kidneys, a recheck full general metabolic health screen and urinalysis are recommended.

A blood pressure is also recommended if not recently evaluated.

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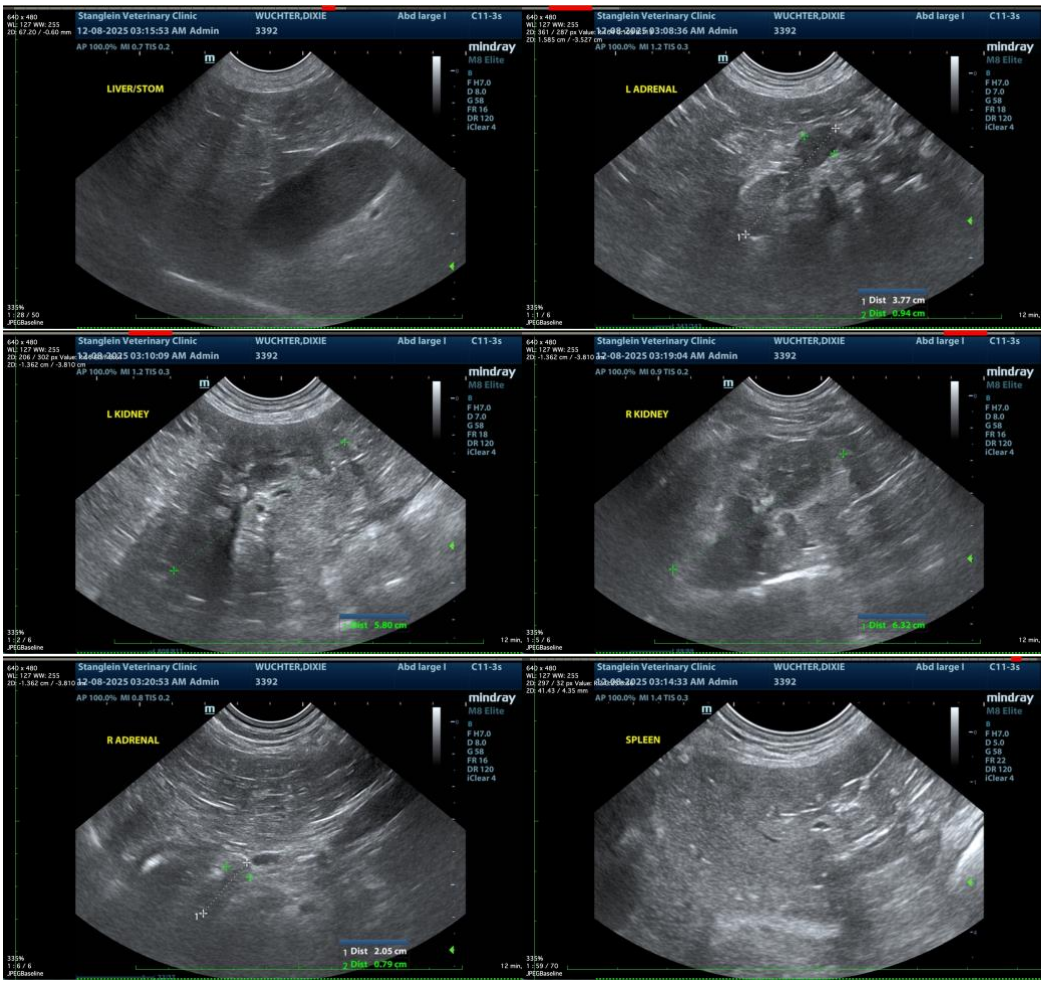
The reported neurologic signs could be a vascular event related to patient's reported protein losing nephropathy and/or hyperadrenocorticism versus related to a macroadenoma in the pituitary gland, or unrelated other primary neurologic disease. Therefore, advanced imaging and/or consultation with a veterinary neurologist could be considered.

In the meantime, incidentally, many patient's respond better to the same total daily dose or even a lower total daily dose of trilostane when it's divided into twice daily dosing.



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