



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Grover Davister	11yr, MN, Beagle mix that presents today for a survey ultrasound. Approximately a month ago, Grover's yearly bloodwork and urinalysis indicated there could be evidence of Cushing's disease but the LDDST was within normal limits. Grover otherwise has no clinical symptoms at home.
<b>SPECIES</b>	
Canine	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
Beagle Mix	Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.
<b>SEX</b>	The area of the prostate is evaluated without evidence of pathology.
Neutered male	Left kidney is normal in size (6.27 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. A cortical cyst was noted in the left kidney. There is no pyelectasia noted. No mineral is observed.
<b>AGE</b>	Right kidney is normal in size (6.94 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.
11 years	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
42.2 lbs	Left adrenal gland is normal in size (0.73 cm at cranial pole and 0.55 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.
<b>INTERPRETED BY</b>	Right adrenal gland is normal in size (0.84 cm at cranial pole and 0.66 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.
Beth Johnson, DVM DACVIM	
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Dr. Harris	Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. A 1.5 cm mid body, non-capsular disrupting heterogenous nodule was noted with a mixed echogenicity. Splenic vasculature appears normal.
<b>HOSPITAL NAME</b>	<b>Liver</b>
TotalBond VH	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. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.
<b>REFERRING VET</b>	
Dr. Rowan	
<b>INVOICE</b>	<b>Gastrointestinal</b>
95988	The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.
<b>DATE</b>	
2/9/22	



<b>PATIENT</b>	The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.
Grover Davister	Colon is normal in wall thickness (< 0.2 cm) and layering.
<b>SPECIES</b>	
Canine	<b>Pancreas</b>
	Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.
<b>BREED</b>	
Beagle Mix	<b>Free Abdomen</b>
<b>SEX</b>	
Neutered male	Lymph nodes are normal with no observed enlargement.
<b>AGE</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
11 years	<b>Primary Findings</b>
	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.
<b>WEIGHT</b>	
42.2 lbs	Incidental left renal cortical cyst.
<b>INTERPRETED BY</b>	Heterogenous splenic nodule. Differentials include a benign lesion such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis as well as infiltrative neoplasia, which unfortunately can mimic benign lesions and cannot be ruled out.
Beth Johnson, DVM DACVIM	
<b>IMAGING PERFORMED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Dr. Harris	Recommendations for this patient include a blood pressure given the reported mild increase in the urine protein to creatinine ratio, an aspirate of the splenic nodule is also recommended if the patient's coagulation status is appropriate. A FNA of the liver can be considered at the same time.
<b>HOSPITAL NAME</b>	<b>ALP</b> – Differentials are vast and non-specific. Differentials include, but are not limited to, benign nodular hyperplasia which occurs in 70% of older dogs and often does not result in an abnormal ultrasound, reactive or idiopathic/vacuolar hepatopathy, cholestasis and/or hyperadrenocorticism as well as many chronic non-hepatobiliary diseases such as chronic infections/inflammation from dental disease, IBD, neoplasia, hyperlipidemia, hypothyroidism, chronic pancreatitis, chronic stress, etc.
TotalBond VH	
<b>REFERRING VET</b>	There is no ultrasonographic evidence of cholestasis. Adrenocortical testing such as a low dose dexamethasone suppression test could be considered if clinical signs of hyperadrenocorticism are present. Ursodiol could be considered if gallbladder sludge is noted. A fine needle aspirate of the liver could be considered if patient's coagulation status is appropriate. Otherwise, recommendations include addressing any other concurrent disease and monitoring. If values are progressive, recheck imaging is recommended.
Dr. Rowan	
<b>INVOICE</b>	
95988	
<b>DATE</b>	Since the low-dose Dexamethasone suppression test was reportedly normal, testing for atypical hyperadrenocorticism with a full adrenal panel to the University of Tennessee endocrinology lab can be considered. However, given the lack of clinical signs for hyperadrenocorticism the likelihood of a
2/9/22	



**PATIENT**

Grover Davister

positive is unlikely and a better recommendation may be to retest with a low-dose Dexamethasone suppression test in 6 months or sooner if clinical signs do develop.

**SPECIES**

Canine

**BREED**

Beagle Mix

**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**

42.2 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Harris

**HOSPITAL NAME**

TotalBond VH

**REFERRING VET**

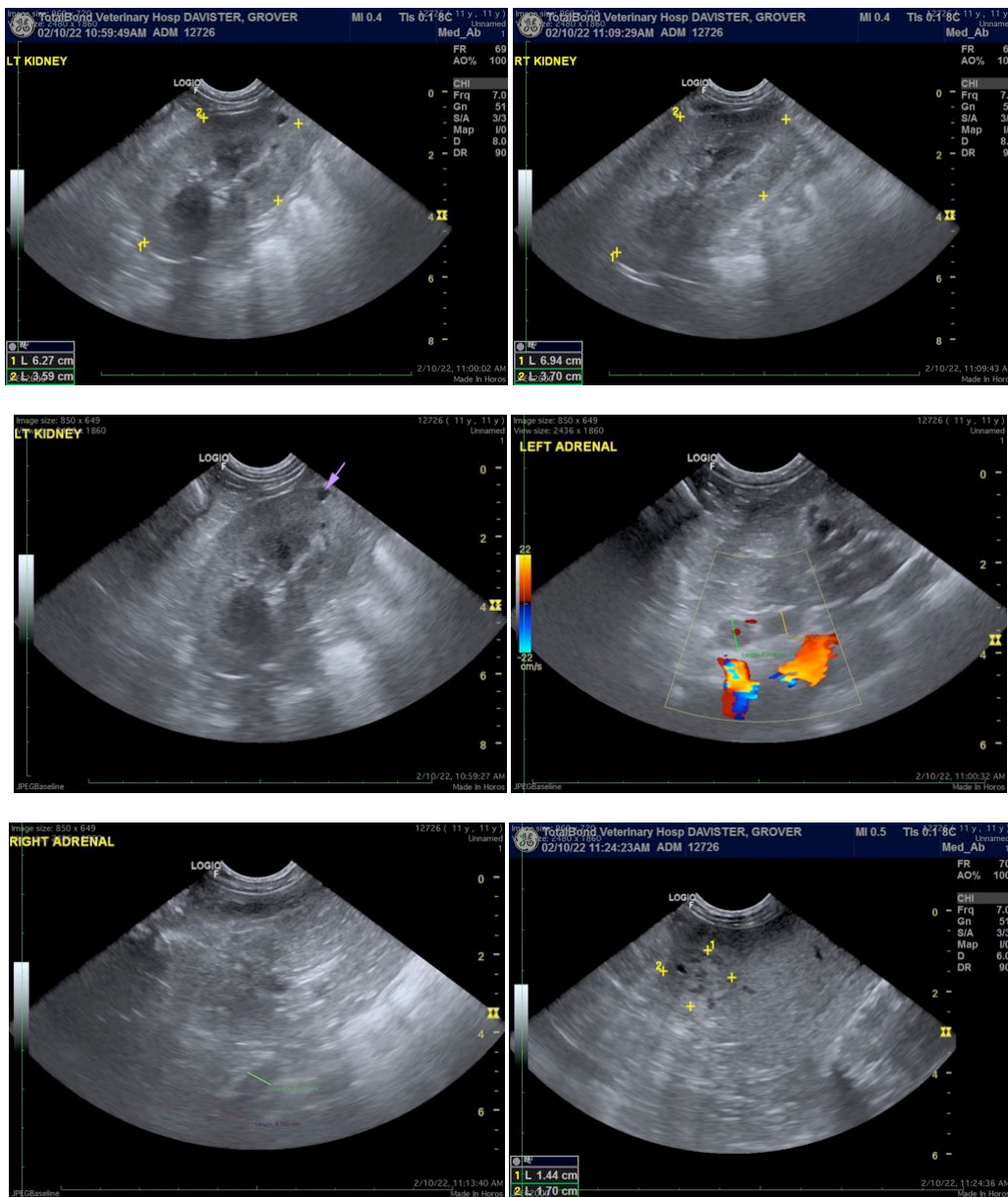
Dr. Rowan

**INVOICE**

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**PATIENT**

Grover Davister

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Dr. Harris

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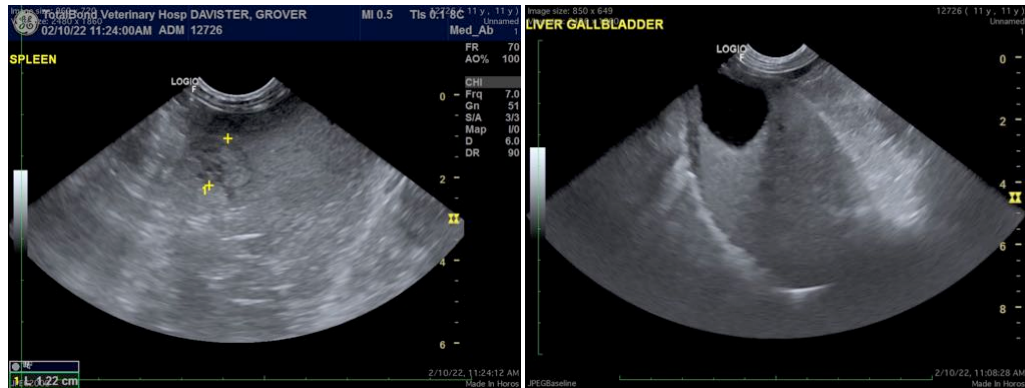
Dr. Rowan

**INVOICE**

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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

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