



**PATIENT**

Abby Falconi

**SPECIES**

Canine

**BREED**

Cocker Spaniel

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

24 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

AH of Roxbury

**REFERRING VET**

Dr. Elia

**INVOICE**

35718

**DATE**

2/17/22

**PRESENTING CLINICAL SIGNS**

diagnosed with cushings 2/11; pituitary vs adrenal mass  
Abnormal PE/Chem/CBC/UA Results: ALT 202, ALKP 866, PSL 281; LDDs: cort 1 -5.7, cort 2 - 7.8, cort 3 - 6.8

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The 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.

The right kidney is normal in size (5.71 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.

The left kidney is normal in size (5.39 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 (2.7 cm long x 1.2 cm at the cranial pole and 0.67 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 (2.98 cm long x 1.06 cm at the cranial pole and 0.96 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). Multifocal well-demarcated hyperechoic homogenous nodules are present. Splenic vasculature appears normal.

**Liver**

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.

GB is moderately distended with anechoic bile and gravity dependent echogenic sediment. 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 stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is mildly fluid/ingesta distended. Pyloric outflow tract appears patent.

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



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per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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

**Pancreas**

The 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.

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Cocker Spaniel

**Free Abdomen**

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

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- Bilateral adrenomegaly – consistent with adrenal hyperplasia secondary to pituitary depending hyperadrenocorticism vs normal variant.

**WEIGHT**

24 Pounds

- Hyperechoic splenic nodules – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are less likely.

- Hyperechoic hepatomegaly– 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.

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- 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.

**IMAGING PERFORMED BY**

Diane McFadden

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

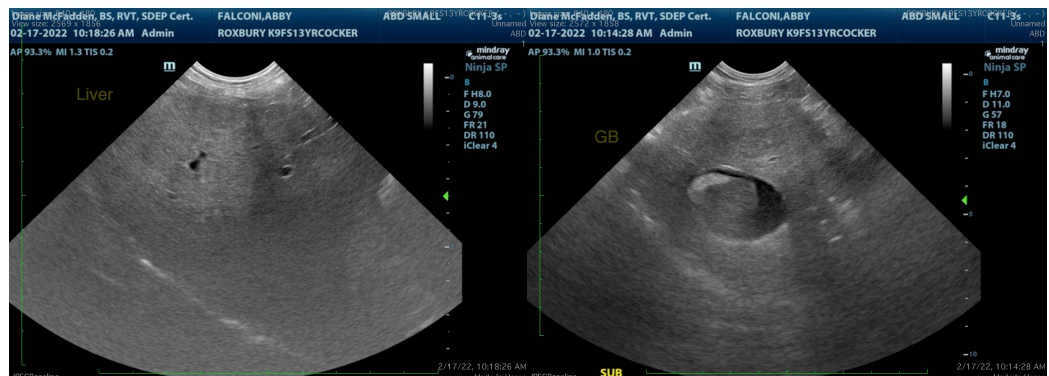
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Given the diagnosis of hyperadrenocorticism via the reported low-dose Dexamethasone suppression test, this ultrasound is most consistent with pituitary dependent hyperadrenocorticism with secondary steroid or vacuolar hepatopathy and incidental gallbladder sludge. Recommendations include a blood pressure is not recently evaluated, followed by medical management of pituitary dependent hyperadrenocorticism.

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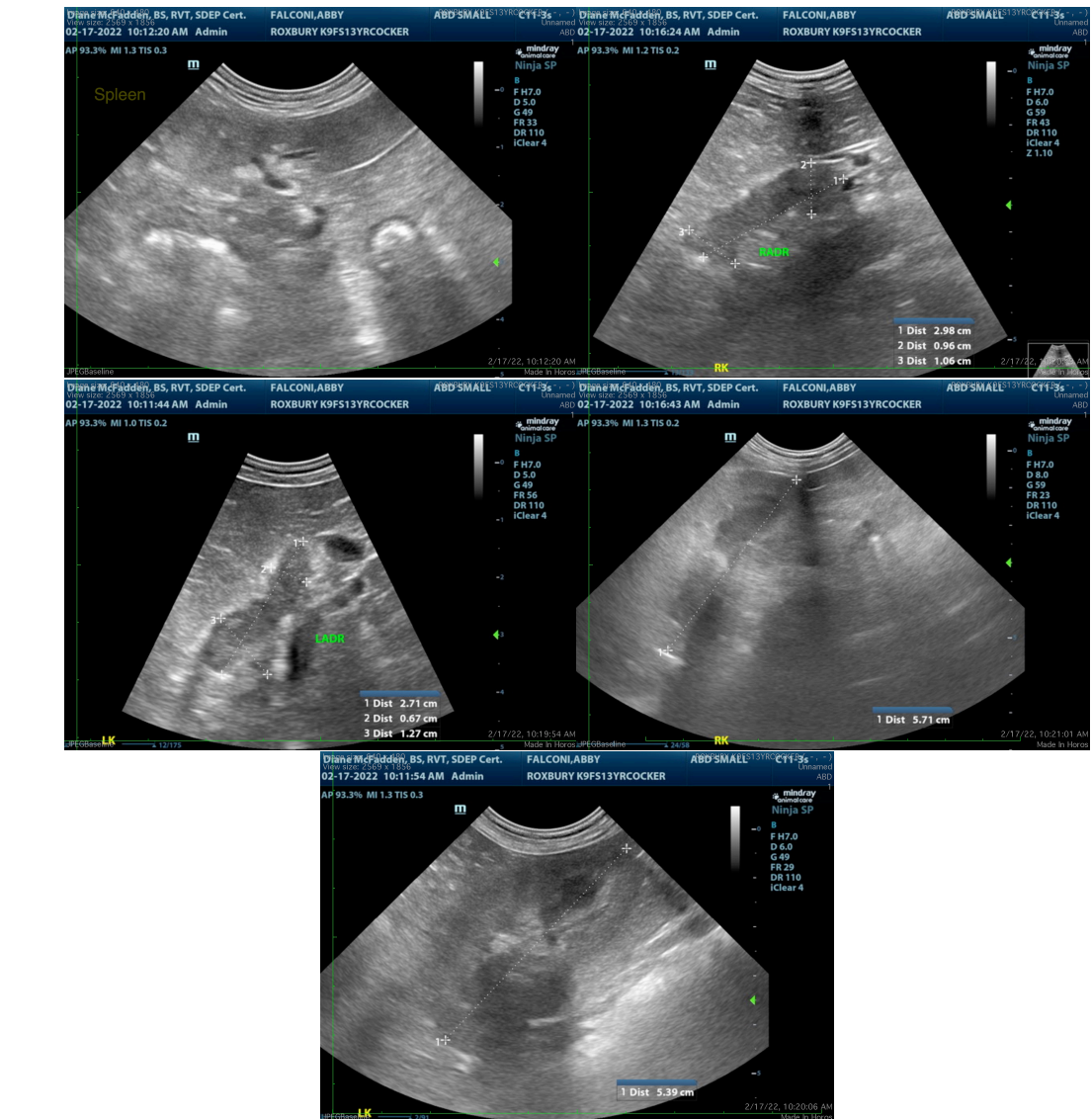
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

**Beth Johnson, DVM, DACVIM**  
Beth.Johnson@sonopath.com

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