

PATIENT PRESENTING CLINICAL SIGNS

Elton Betrand
History: recheck lyme and cushings disease -o thinks he may have Addison's now? -lost weight - shakes hind legs -accidents in house -drinking tons and urinating in house Current Medications Trilostane (although O will be stopping due to side effects), Zentinel.

SPECIES

Canine
Abnormal PE/Chem/CBC/UA Results: no sign of diabetes or lyme etc. However, Elton's electrolytes are a little off and this concerns me for iatrogenic Addison's. His resting cortisol is ok though so I am unsure if Elton is able to respond to stress well enough. We will take a week off the Trilostane and then do an acth stim test. - Cortisol high

BREED

French Bulldog

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

Neutered Male
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.

AGE

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

WEIGHT

10.8 kg
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, mineral or infarcts observed. The left kidney measures 5.89 cm. A large cortical cyst is noted in the caudal pole of the left kidney, measuring 2.7 cm x 2.75 cm. The right kidney measures 5.19 cm.

INTERPRETED BY

Adrenal Glands

Beth Johnson, DVM
DACVIM
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 2.37 cm long x 0.7 cm at the cranial pole and 0.8 cm at the caudal pole. The right adrenal gland measures 2.55 cm long x 1.09 cm at the cranial pole and 0.67 cm at the caudal pole.

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Spleen

Beattie Pet Hospital
Ancaster
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.

REFERRING VET

Dr. Davis

Liver

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Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. In the mid cranial abdomen, cranial to the stomach, there is a 5.5 cm heterogenous, partially cavitated, primarily hyperechoic mass that appears to be hepatic in origin. Visible vasculature and biliary tree appear normal without distension or congestion.

DATE

2/28/23

Gallbladder is moderately distended with anechoic bile as well as mild 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.



PATIENT

Gastrointestinal

Elton Betrand

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.

SPECIES

Canine

The visible small intestines are normal in wall thickness and layering. Subtle hyperechoic mucosal fogging or speckling is noted. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

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French Bulldog

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

SEX

Neutered Male

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

AGE

13 Years

Free Abdomen

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

WEIGHT

10.8 kg

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- A cranial abdominal mass that appears to originate from the liver- Differentials for which include both a benign liver tumor, such as a hepatocellular adenoma, as well as a well differentiated malignant tumor, such as a hepatocellular carcinoma. Other infiltrative neoplasia, including round cell neoplasia vs other, are also differentials, as is even a marked nodular hyperplasia or vacuolar hepatopathy response. Therefore, tissue sampling is warranted.

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DACVIM

- Bilateral adrenomegaly, consistent with this patients history of hyperadrenocorticism and Vetoryl therapy

IMAGING

PERFORMED BY

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- Subtle mucosal speckling – Mucosal speckling is often present with inflammatory bowel disease (IBD). It is not specific for type or severity of disease. Mild speckling change can occur as a normal patient variant in the post-prandial state.

HOSPITAL NAME

Beattie Pet Hospital
Ancaster

REFERRING VET

Dr. Davis

Secondary Findings

- Age-related kidney changes with a large cortical cyst in the left kidney
- 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.

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PATIENT

Elton Betrand

- Pancreatic age-related remodeling – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patients reported weight loss, a fine needle aspirate of the cranial abdominal/liver mass is recommended if patients coagulation status is appropriate.

BREED

French Bulldog

Additionally, further evaluation of the subtle mucosal speckling and pancreatic changes is recommended, beginning with a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory, for further evaluation of GI and pancreatic function.

SEX

Neutered Male

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.

AGE

13 Years

In the meantime, if this patients cortisol levels were not low, then true hypoadrenocorticism is not likely, but that doesn't rule out relative hypoadrenocorticism or, in other words, the inability to respond to the stress of concurrent disease or a poor response to the medication not tied to cortisol results. Regardless, recommendations are to discontinue the Vetoryl until patient has returned to normal clinically, and then recheck an ACTH stimulation test to see if treatment is still warranted. If/when clinical signs of hyperadrenocorticism return, and are present at the same time as the patient is otherwise doing well, Vetoryl could be restarted at a lower dose, and most patients do better with twice daily dosing, so a lower twice per day dose or an alternative treatment approach could be considered, such as Mitotane.

WEIGHT

10.8 kg

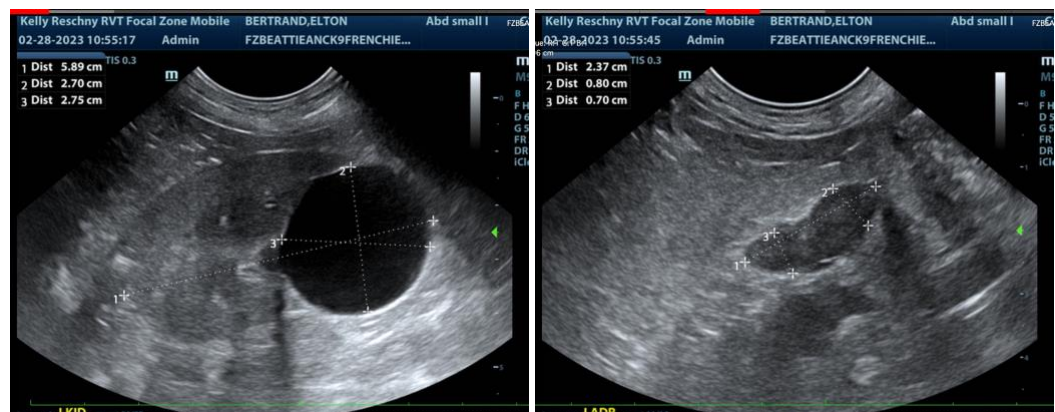
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Additionally, if not recently evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration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

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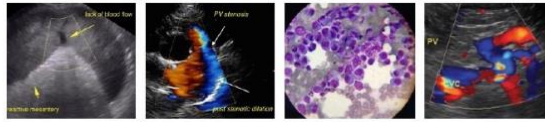
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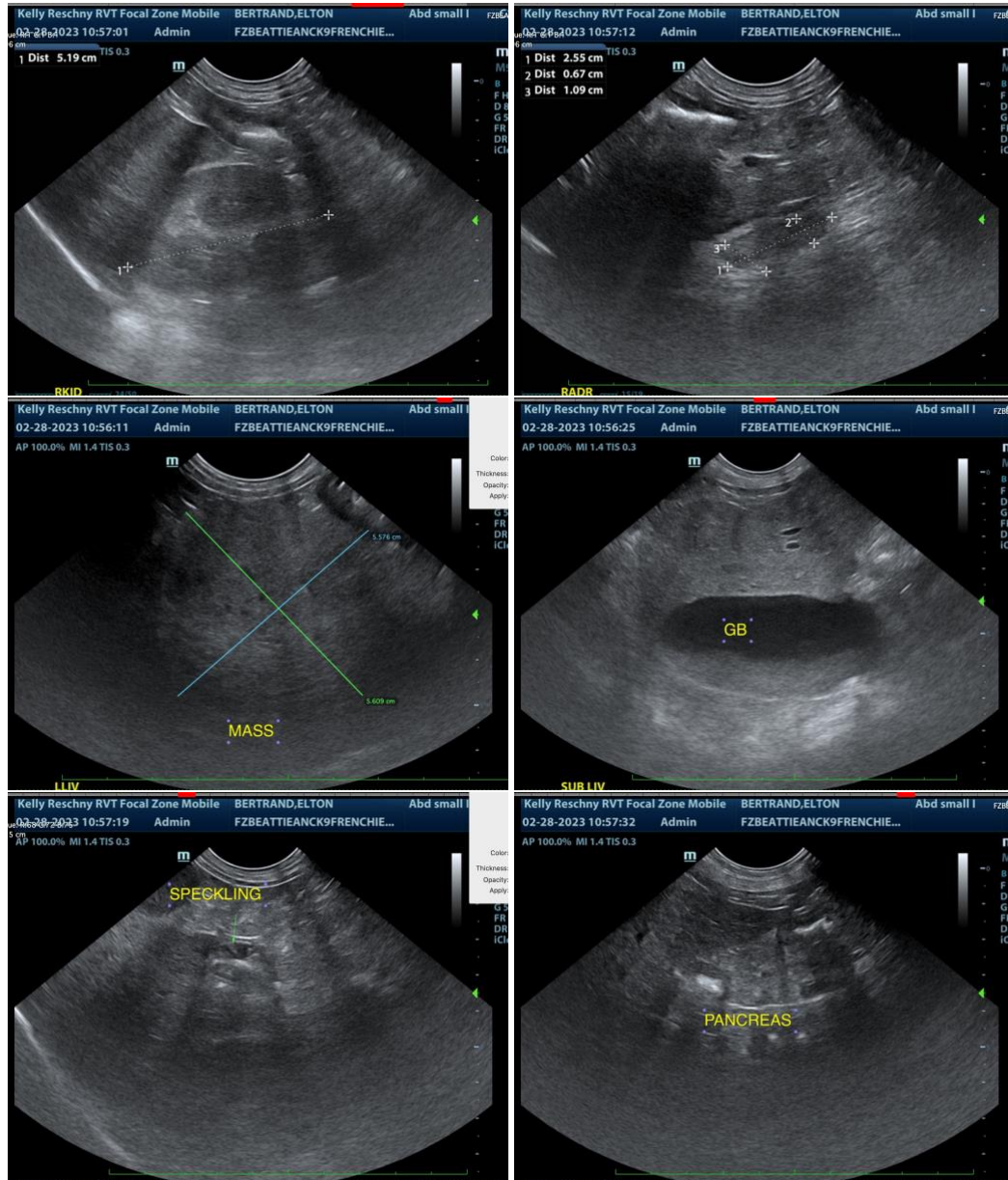
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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