
PATIENT PRESENTING CLINICAL SIGNS

Seven Samon No new seizures seen since U/S performed in 10/22 and d/c Zonisamide. LDDST performed 10/22 and the test came back normal and not consistent with Cushing's. Owner declined Tenn Adrenal Panel. BPM is normal. Owner would like to monitor liver mass and lymphadenopathy at this stage.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED

English Bulldog

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.

SEX

Spayed Female

The right kidney is normal in size (6.12 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.

AGE

10 Years

The left kidney is normal in size (5.7 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.

WEIGHT

54 Pounds

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 1.43 cm at the cranial pole and 0.76 cm at the caudal pole. The right adrenal gland measures 0.86 cm at the caudal pole. The cranial pole is difficult to fully visualize in these images.

INTERPRETED BY

 Beth Johnson, DVM
 DACVIM

Spleen

The 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.

IMAGING PERFORMED BY

 Loetitia Saint-Jacques,
 LVT

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. A 2.5 cm x 2.7 cm, primarily homogeneous, iso- to hypoechoic mass is noted in the right to mid caudal liver, as well as a 1.3 cm x 2.0 cm cystic lesion in the deep right liver. Visible vasculature and biliary tree appear normal without distension or congestion.

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

Dr. Robin Janeway

The 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.

INVOICE

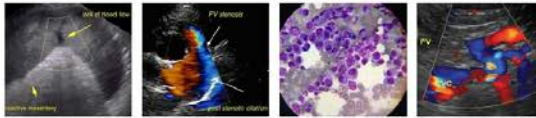
44981

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 empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

DATE

2/8/23



PATIENT

Seven Samon

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

SPECIES

Canine

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

BREED

English Bulldog

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.

SEX

Spayed Female

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

AGE

10 Years

The sublumbar lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail. The right measures 2.53 cm x 0.65 cm. The left measures 0.77 cm thick.

WEIGHT

54 Pounds

ULTRASONOGRAPHIC FINDINGS

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Beth Johnson, DVM
DACVIM

- **Bilateral adrenomegaly** – consistent with adrenal hyperplasia secondary to pituitary dependent hyperadrenocorticism vs stress or normal variant. Interpret in combination with clinical signs of hyperadrenocorticism. **The appearance of the adrenal glands is static to the previous ultrasound.
- **Heterogenous liver with a focal discrete cystic lesion in addition to a mid to right caudal liver mass** – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia. The mid to right caudal liver mass is more concerning for infiltrative neoplasia than the other lesions, but a benign primary liver tumor such as an adenoma/hepatoma and other benign differentials including marked nodular hyperplasia cannot be ruled out. **The appearance of the liver is static and has not changed or progressed since the previous ultrasound.
- **Reactive sublumbar lymph nodes** – infiltrative neoplastic disease cannot be ruled out but is considered less likely. **This change is also static with no progression since the previous exam.

IMAGING PERFORMED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

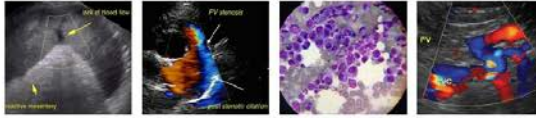
Reportedly, this patient's seizures have not continued, and the workup for hyperadrenocorticism to this point was negative. Therefore, given the lack of progression in ultrasonographic pathologic changes, no additional follow up other than monitoring is necessary unless there is a change of plans and a fine needle aspirate of the liver mass is elected, in which case that is recommended if patient's coagulation status is appropriate.

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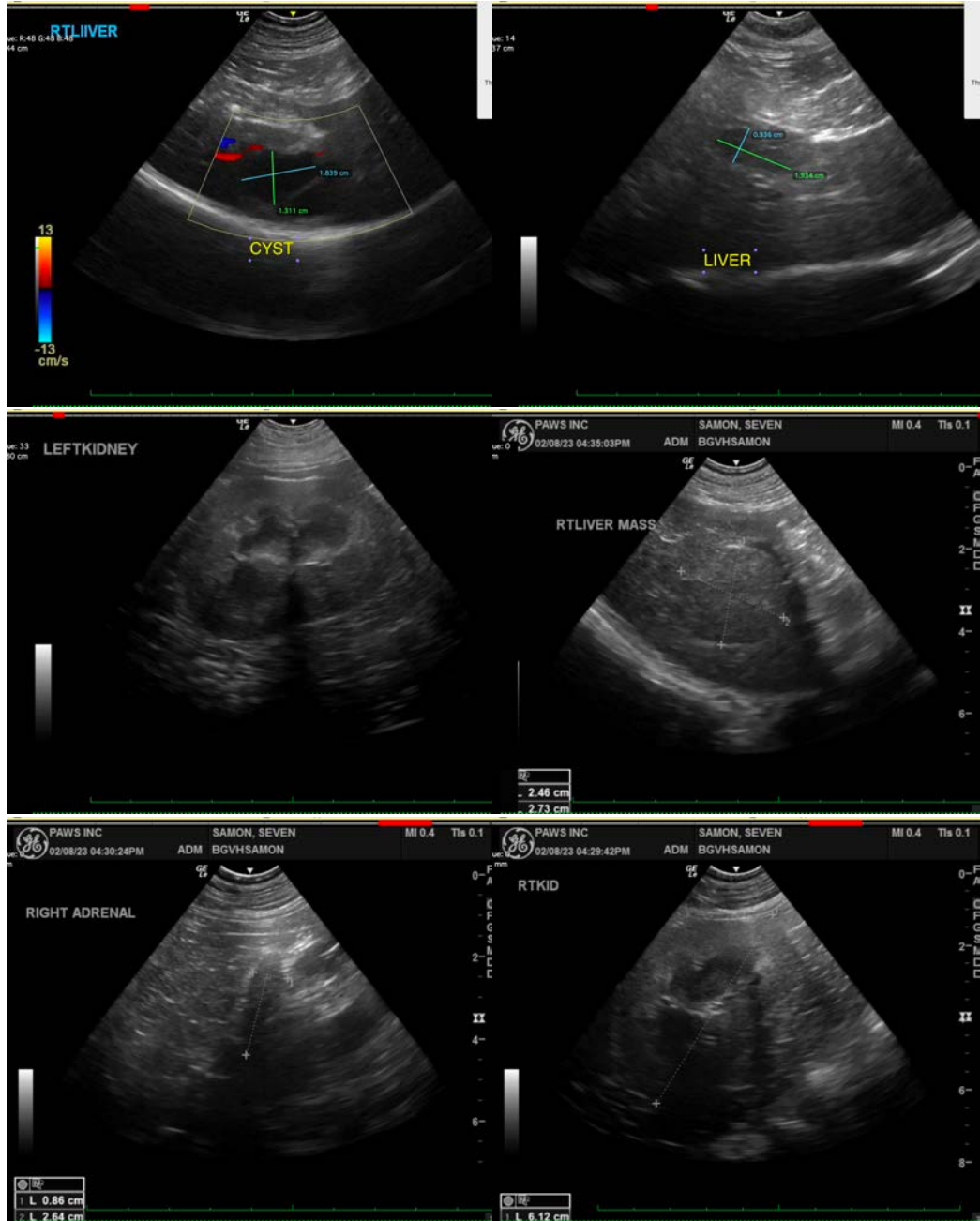
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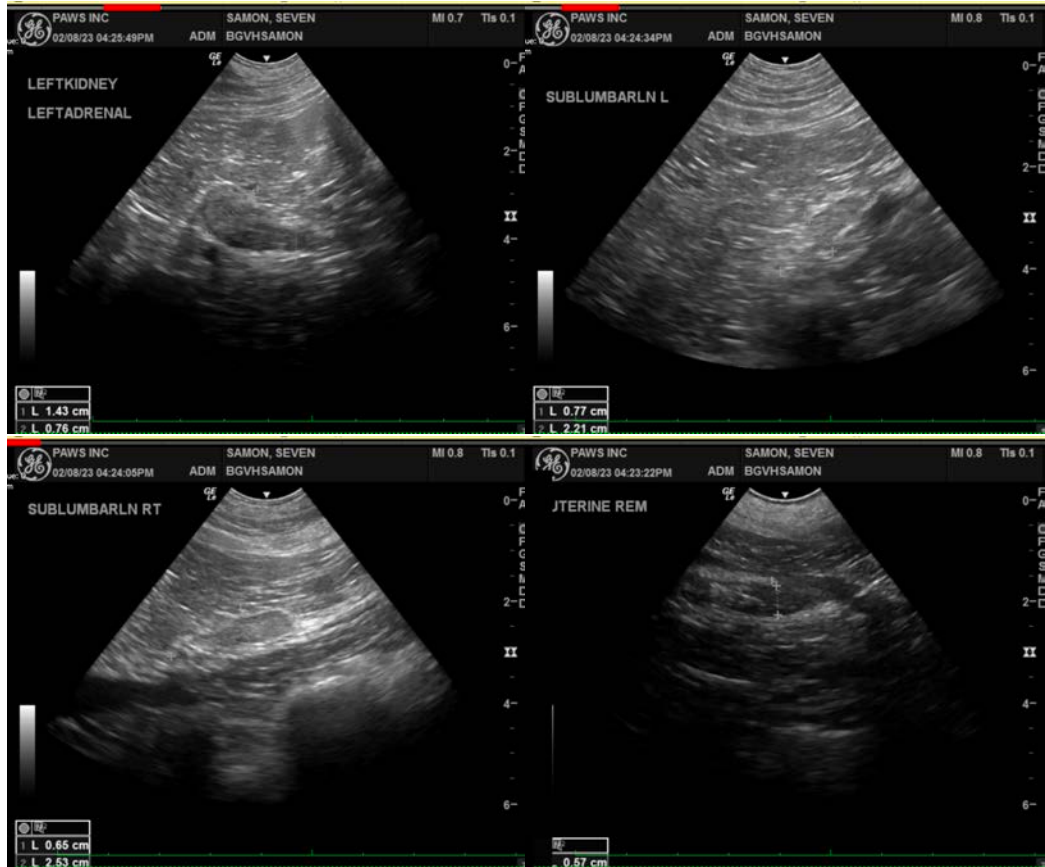
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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