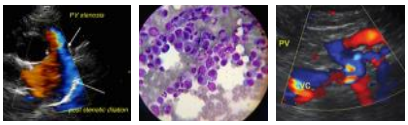
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE
06/20/2022

PATIENT
Raven Hovaker

SPECIES
Canine

BREED
Plott Hound

SEX
FS

AGE
10

WEIGHT
49.4

INTERPRETED BY
Beth Johnson, DVM DACVIM

HOSPITAL NAME
Everheart Veterinary Hospital

REFERRING VET
Dr. Betta

INVOICE
10863ag

PRESENTING CLINICAL SIGNS

Presented for weight loss, lethargy, shaking/tremors to would occ lead to falling over and decreased appetite. Started on trilostane for Cushing's disease- see labs below. Currently on trilostane 17mg q12hr. Hx of 5 ticks pulled off recently on 6/6 - not unusual for patient based on location in wooded area. Physical exam shows thinning and weight loss but no other concerns at this time.

Current Medications: trilostane 17mg 1 cap PO q12hr - asked o to give with a smaller meal on day of ultrasound - has been on since april 2022

Receives cytopoint for allergies and consistently on prevention

Lab Results: 6/17- alp 332 (decreased from prev), alt 187, glob 2.1, nsf on urinalysis, na 147, k 5.2 (na/k ratio 28.2), acth stim from 6/17- pre 2.6, post 5.5, lddst from 4/20- baseline 2.1, 4 hr 1.4, 8 hr 2.0

labs from march 2022 (PRIOR TO STARTING ON TRILOSTANE)- alp 1414, alt 126, otherwise nsf

Radiographs: chest xrays performed on 6/6- nsf seen besides geriatric changes. dvm ultrasound performed on 5/24- enlarged adrenals, otherwise nsf

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is mildly to moderately distended with anechoic contents. Apical urinary bladder wall is diffusely thick. Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

Right kidney is normal in size (6.4 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 a cyst in the caudal pole of the right kidney. There is no evidence of pyelectasia, mineral or infarcts observed.

Left kidney is normal in size (7.27 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

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 is 3.29 cm in length and 0.88 cm cranial pole and 0.91 cm caudal pole. The right adrenal gland is 3.29 cm in length and 0.72 cm cranial pole and 0.93 cm 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. Splenic vasculature appears normal.

Liver
Liver is subjectively enlarged with irregular margins. Parenchyma is 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
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.

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.

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

Pancreas
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.

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

ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenomegaly consistent with reported pituitary dependent hyperadrenocorticism and current Trilostane therapy
- Cystitis-Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.
- Liver nodular hyperplasia- 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

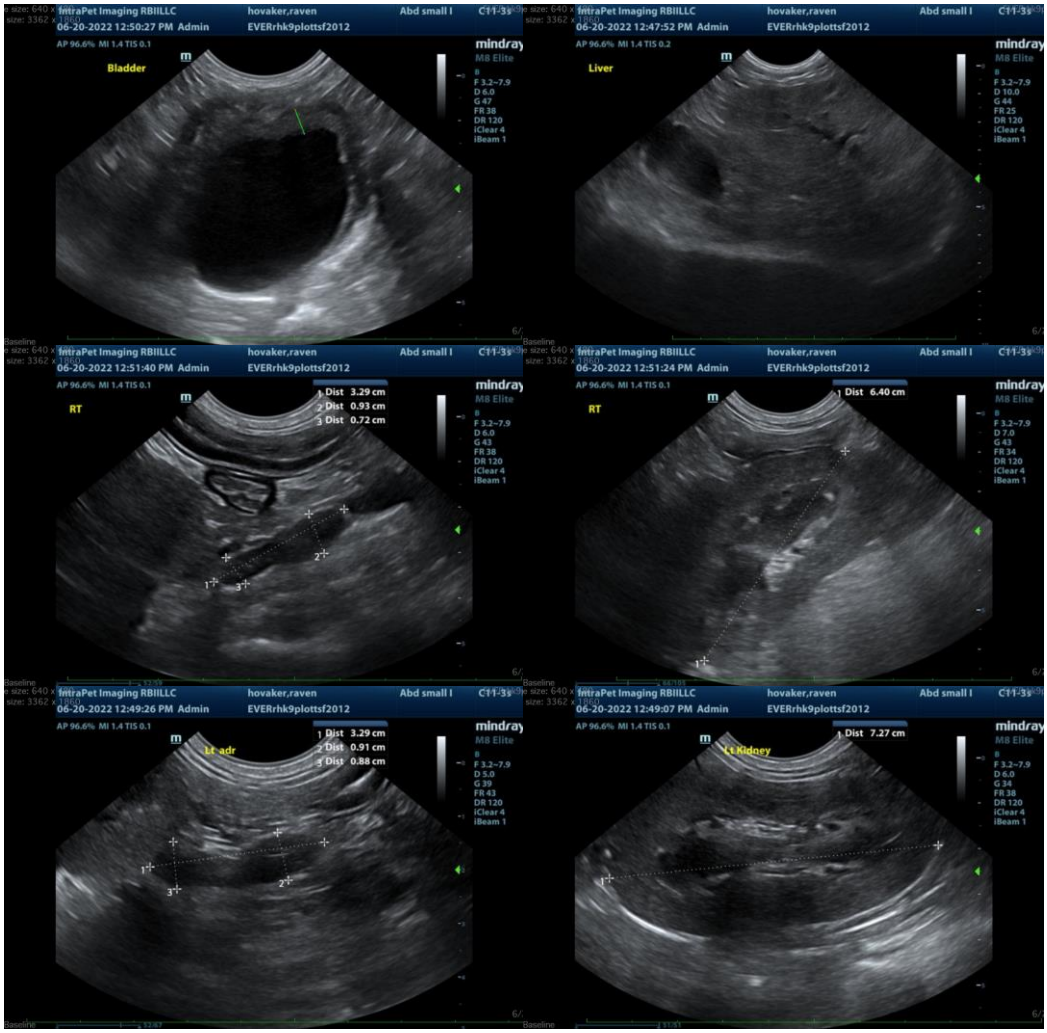
Immediate recommendations given the shaking and falling over combined with the mild electrolyte changes are to discontinue the Trilostane until the cause of the clinical signs is diagnoses as this may be secondary to insufficient circulating cortisol to handle a concurrent disease/stress.

BP is recommended if not recently evaluated.

Consultation with a neurologist may be warranted given the shaking/falling over in case this is seizure like activity.

Given the weight loss, a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to

Texas A&M GI Laboratory could be considered for further evaluation of GI function.



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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