



PATIENT PRESENTING CLINICAL SIGNS

Lily Spitz Vomiting and diarrhea. Current meds: Vetoryl (Cushings)
Abnormal PE/Chem/CBC/UA Results: Elevated ALKP, BUN, CREAT, CALCIUM., MAGNESIUM.
Abnormal CPL (6/3/2022). Mild decrease TT4, pending FT4. U/A- USG 1.010, Cocci >100, RBC, WBC, 2+ prot, UPC 1.3 (N<0.5)

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Poodle X

Urinary bladder is moderately distended. It has a normal uniform wall thickness (<0.2 cm). Contents include primarily anechoic fluid combined with both gravity dependent and suspended echogenic non-shadowing debris within the fluid. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

SEX

Spayed Female

The right kidney is normal in size (3.04 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 or infarcts observed. Non-obstructive areas of mineralization/nephroliths are noted, primarily in the diverticular of the kidney.

AGE

14 Years

The left kidney is normal in size (4.06 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

15 Pounds

Adrenal Glands

The adrenal glands are bilaterally plump/swollen in size. The left adrenal gland measures 1.95 cm long x 0.89 cm at the cranial pole and 0.84 cm at the caudal pole. The right adrenal gland measures 2.0 cm long x 1.2 cm at the cranial pole and 0.85 cm at the caudal pole. Some parenchymal heterogeneity is present without concerning capsular distortion or escape. These changes are likely normal, given the reported history of hyperadrenocorticism combined with age, but should be monitored. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Spleen

IMAGING PERFORMED BY

Shari Reffi, CVT

The spleen is generally normal in size and shape with a smooth capsular contour. Parenchyma is diffusely nodular in appearance characterized by small discrete hypoechoic nodules. Splenic vasculature appears normal.

HOSPITAL NAME

Tranquility VC

Liver

The 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. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

REFERRING VET

Dr. Blackman

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.

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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

6/28/22



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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.

Pancreas

BREED

Poodle X

The pancreas is prominent (enlarged) in size and mildly irregular in shape with a slightly undulating contour. Parenchyma is coarse in echotexture and heterogenous to hypoechoic in echogenicity.

Free Abdomen

SEX

Spayed Female

Medial iliac lymph nodes are prominent in size with swollen capsular contour. One representative node measures 0.34 cm thick. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

AGE

14 Years

ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenomegaly with mildly heterogeneous parenchymal changes – consistent with the reported history of hyperadrenocorticism combined with likely normal aging changes. More aggressive infiltrative disease cannot be ruled out, but is considered less likely.

WEIGHT

15 Pounds

- Splenic micronodular hyperplasia – This nodular change is often associated with benign aging nodular hyperplasia. Infiltrative neoplasia, however, including both early hemangiosarcoma as well as round cell neoplasia cannot be ruled out.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

- Chronic active pancreatitis
- Urinary bladder debris
- Reactive medial iliac lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

IMAGING PERFORMED BY

Shari Reffi, CVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Tranquility VC

- Urine culture, given the reported bacteriuria combined with medial iliac lymphadenopathy and urinary bladder debris.
- Given the gastrointestinal signs, mild azotemia, hypercalcemia, etc., an ACTH stimulation test is recommended to assess cortisol levels with discontinuation of Vetoryl, pending results.

REFERRING VET

Dr. Blackman

- Other recommendations include supportive medical management of the gastrointestinal signs with antiemetics and gastroprotectants +/- fluid support, if indicated based on physical exam, hydration status, etc.

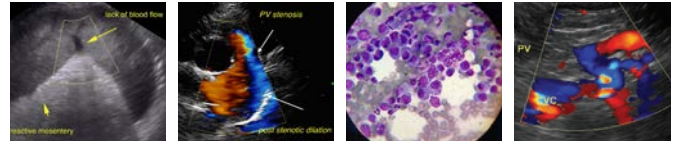
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- Ultimately, if low cortisol (i.e., hypoadrenocorticism secondary to Vetoryl) cannot explain the hypercalcemia, then further workup of the hypercalcemia with a malignancy panel including PTH, PTHrP and ionized calcium is recommended.

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- 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.

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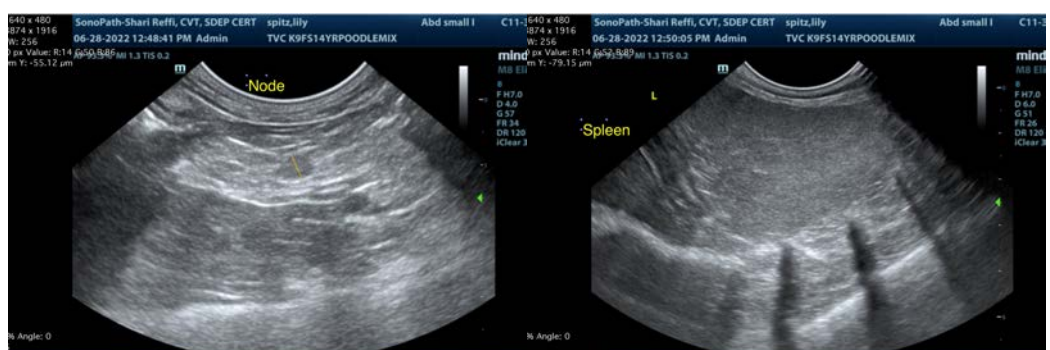
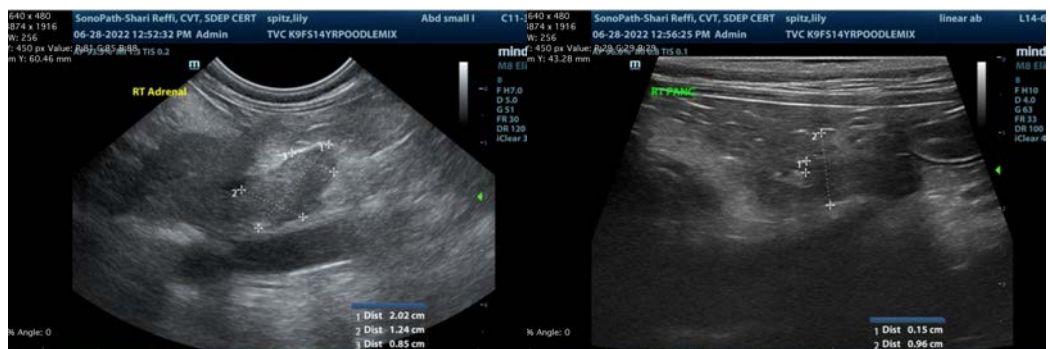
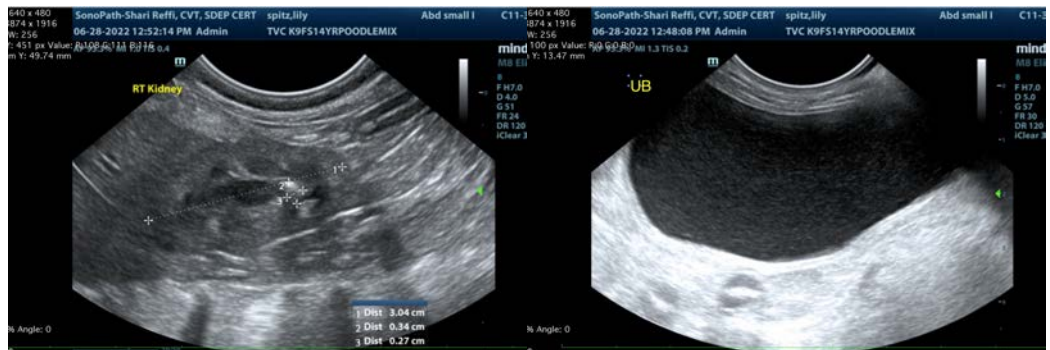
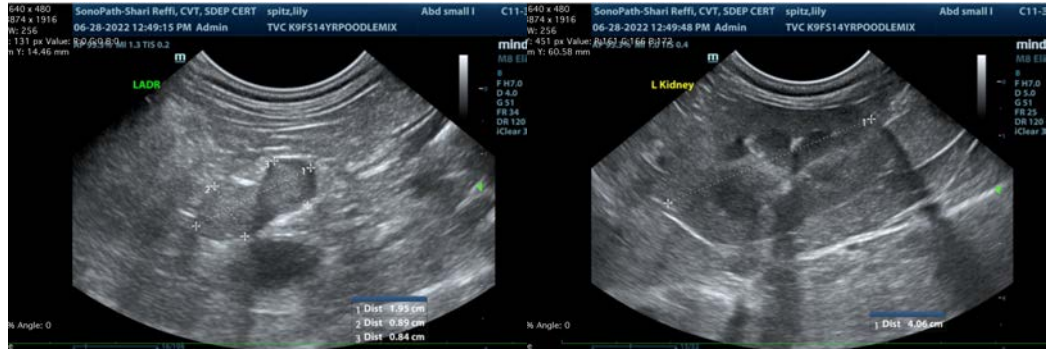
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PATIENT

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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.

SPECIES

Canine

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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