

**DATE**

6/6/22

PRESENTING CLINICAL SIGNS

Elevated liver and pancreatic values.

Current Medications: None listed.

Lab Results: See attached.

PATIENT

Kiely Eberhart

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Pearce RDCS, RVT.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****BREED**

Dachshund

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

SEX

Spayed Female

The left kidney is 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 echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measured 4.92 cm.

AGE

8/3/08

The right kidney is 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 echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. The right kidney measured 5.28 cm with a 1.5 cm cortical cyst in the cranial pole.

WEIGHT

15.6 lbs

Adrenal Glands

The left adrenal gland is normal in size, but plump in appearance (1.99 cm long, 0.51 at cranial pole and 0.56 cm at caudal pole). Normal shape and contour are maintained. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BYBeth Johnson, DVM
DACVIM

The right adrenal gland is normal in size, but plump in appearance (2.63 cm long, 0.46 at cranial pole and 0.71 cm at caudal pole). Normal shape and contour are maintained. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAMELake Shore Pet
Hospital**Spleen**

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. multifocal well-demarcated hyperechoic homogenous nodules

REFERRING VET

Dr. Anderson

. Splenic vasculature appears normal.

INVOICE

30863

Liver

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

Colon is normal in wall thickness (< 0.2 cm) and layering.

Pancreas

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

Free Abdomen

Lymph nodes are normal with no observed enlargement.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

Age related kidney change – This finding is expected/consistent with age-related mild degenerative disease and should be interpreted clinically in combination with laboratory changes.

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

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.

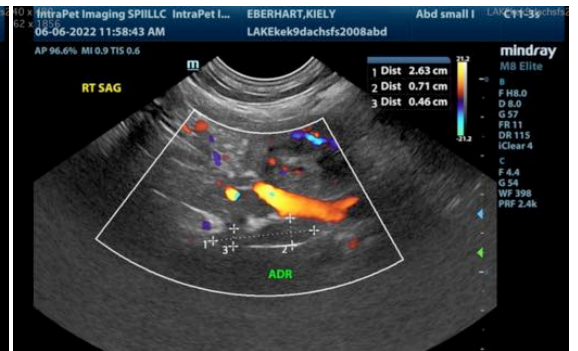
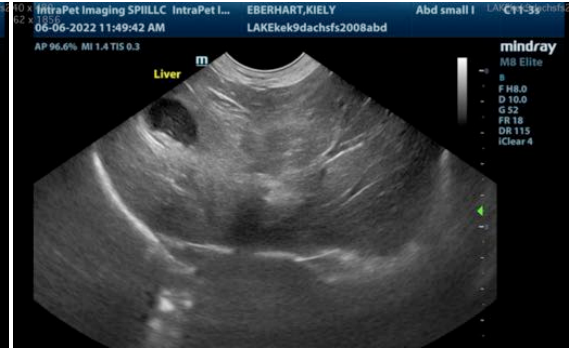
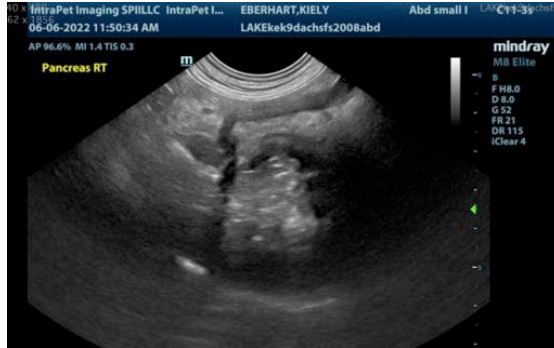
Reactive mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's combination of ultrasound abnormalities combined with the history of increased liver enzymes, etc. The top differential for the liver, gallbladder and adrenal changes is hyperadrenocorticism. The attached normal low-dose Dexamethasone suppression test indicates that this is very early mild hyperadrenocorticism or potentially atypical hyperadrenocorticism.

Recommendations include:

- Urinalysis if not recently evaluated combined with a urine protein to creatinine ratio if there is protein in the urine and otherwise quiet sediment.
- Blood pressure is also recommended if not recently evaluated.
- If this patient is not overtly clinical for hyperadrenocorticism in the form of polyuria, polydipsia, panting, potbellied, polyphagia, etc. then recommendations include monitoring clinical signs with recheck of the low-dose Dexamethasone suppression test if/when clinical signs develop and/or liver enzymes continue to increase i.e. 6 months. However, if clinical signs are present now a full adrenal panel to the University of Tennessee could be considered to rule in/out atypical hyperadrenocorticism.





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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