

**DATE PRESENTING CLINICAL SIGNS**

6/8/22 Weight loss and lethargy. Appetite significantly decreased.

PATIENT

Layla Blaskiewicz

Current Medications: Trilostane 60mg SID (14 mos), Entyce 30mg/mL 2mL SID since 6/1, Carprofen 75mg SID since 6/1.

Lab Results: 4/29 ACTH stim WNL. 6/1 mild neutrophilia.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Shepherd X

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 (5.25 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

7/30/15

The left kidney is normal in size (6.04 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, mineral or infarcts observed.

WEIGHT

43 Pounds

Adrenal Glands

The left adrenal gland is plump/swollen, measuring 3.04 cm long x 1.4 cm at the cranial pole and 1.3 cm at the caudal pole. Normal shape and contour are maintained. A non-capsuled disrupting nodule is noted in the cranial pole. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The right adrenal gland is plump/swollen, measuring 3.18 cm long x 1.36 cm at the cranial pole and 1.24 cm at the caudal pole. Normal shape and contour are maintained. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Rachel Brilhart RDMS

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.

HOSPITAL NAME

Frederick Road VH

Liver

Liver is subjectively enlarged. Margins are smooth but round. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

REFERRING VET

Dr. Cannon

INVOICE

38520

GB is moderately distended with anechoic bile and gravity dependent echogenic sediment. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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 mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no

evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. 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

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.

Free Abdomen

There is no evidence of peritoneal effusion or pericardial effusion. Mesenteric lymph nodes are present and mildly enlarged, but maintain a normal shape.

ULTRASONOGRAPHIC FINDINGS

- Bilaterally swollen adrenal glands – consistent with the history of hyperadrenocorticism and Vetoryl administration.
- Hyperechoic hepatomegaly– most consistent with benign steroid (endocrine) hepatopathy or reactive or idiopathic hepatopathy. Infiltrative neoplasia such as round cell neoplasia is also possible, but considered less likely.
- 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.

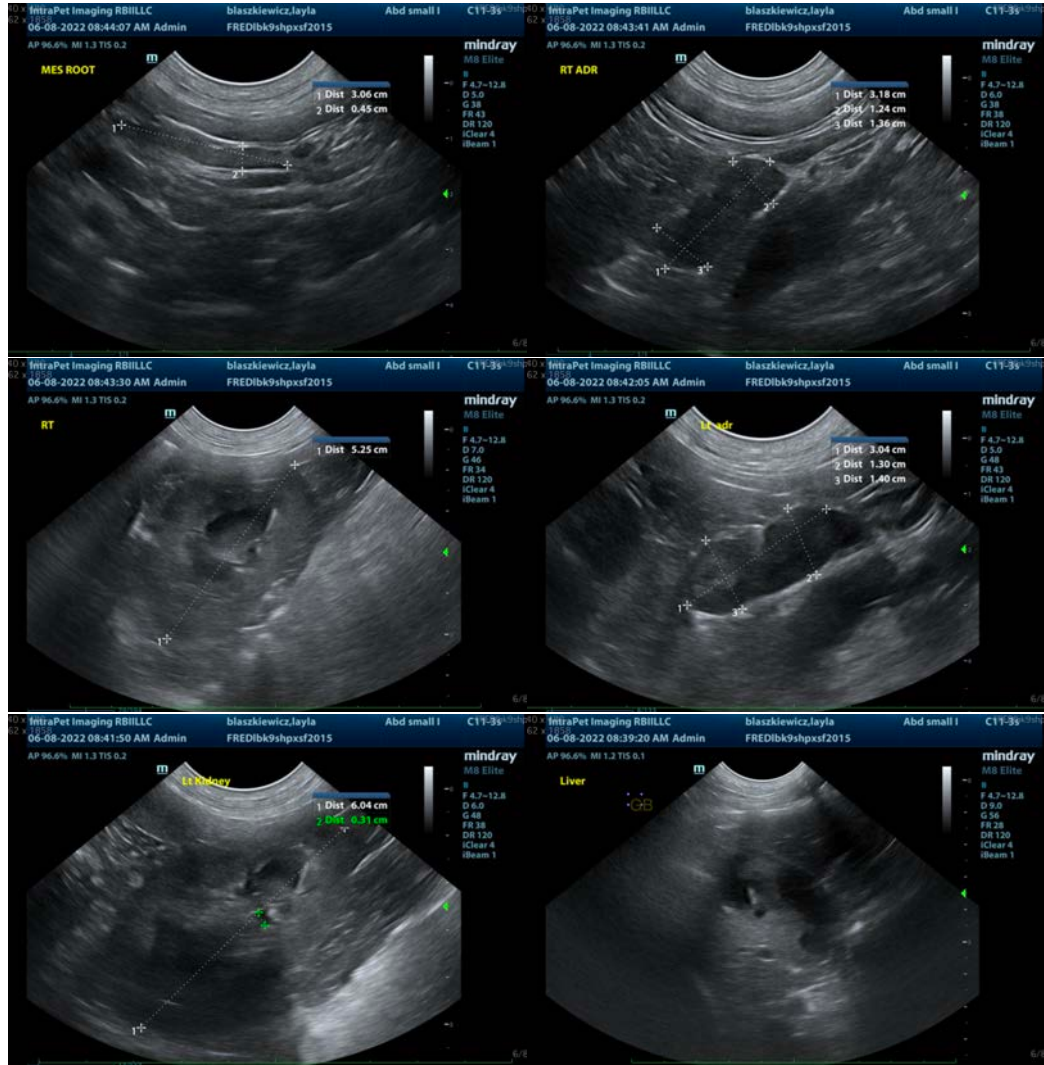
SECONDARY FINDINGS

- Likely reactive mesenteric lymphadenopathy. Infiltrative neoplasia cannot be ruled out, but is considered much less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

**Note: The attached medical record does have Layla's name on it, but the most recent bloodwork within the record has a different patients name (Penny). If this bloodwork is for Layla, then the high eosinophil count and the sodium to potassium ratio are both concerning for a low cortisol level. Therefore, despite a reportedly normal stim in April, a recheck ACTH stimulation test is recommended to rule out low cortisol levels contributing to the decreased appetite. If the cortisol levels are normal, consideration could be given to decreasing the Vetoryl dose and switching to BID dosing, so instead of 60 mg once daily, potentially 30 mg twice daily, as some patients respond better to a lower, more frequent dose.

Other differentials include gastrointestinal disease, and a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory is recommended, as is empirical deworming with 5-day course of Panacur.



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.

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