



PATIENT PRESENTING CLINICAL SIGNS

Tulip Garcia History: Is on kidney support but PU/PD still an ongoing concern.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine Urinary System

BREED

Mini Poodle Mix

SEX

Female Spayed

AGE

15 years

WEIGHT

4.4 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDSCS

HOSPITAL NAME

Cambrian AH

REFERRING VET

Cambrian AH

INVOICE

13640

DATE

7.10.23

Urinary System
Urinary bladder is only mildly distended (empty). Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. If there are urinary signs and/or concern for urinary bladder pathology, reassessment after complete filling is recommended.

The left kidney is overall normal in size (3.63 cm) 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 cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed.

The right kidney is overall normal in size (3.65 cm) 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 cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The left adrenal gland is plump/swollen in size (0.84 cm at the cranial pole / 1.05 cm at the caudal pole). Normal shape and contour are maintained without evidence of capsular invasion. A hyperechoic nodule is noted in the caudal pole. Nodule does not disrupt normal shape and/or architecture. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The right adrenal gland is plump/swollen in size (0.49 cm at the cranial pole / 0.57 cm at the caudal pole). Normal shape and contour are maintained without evidence of capsular invasion. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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 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.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. 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 visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



PATIENT The visible small intestines are normal in wall thickness and layering. 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.

Tulip Garcia

SPECIES The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Canine

BREED *Pancreas*

Mini Poodle Mix

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

SEX

Free Abdomen

Female Spayed

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

AGE

ULTRASONOGRAPHIC FINDINGS

15 years

Primary Findings

WEIGHT

- Bilateral adrenomegaly – consistent with adrenal hyperplasia secondary to pituitary dependent hyperadrenocorticism vs stress or normal variant. Interpret in combination with clinical signs of hyperadrenocorticism. A hyperechoic adrenal nodule is noted in the caudal pole of the left adrenal gland – Differentials include primary adrenal cortical adenoma or adenocarcinoma, pheochromocytoma, myelolipoma, adrenal hyperplasia secondary to pituitary disease or metastatic disease. Ultrasound alone cannot differentiate between functional and non-functional nodules and/or between benign and malignant disease. Small nodules without other evidence of abdominal disease (to suggest metastatic disease) and/or clinical signs (to suggest adrenal disease) are most often incidental and should be monitored.

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- Moderate 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

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- Age-related kidney changes

Cambrian AH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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If not recently evaluated, a general metabolic health screen is recommended to further assess this patient's reported polyuria/polydipsia, to include CBC chemistry panel, electrolytes, urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

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Additionally, if not recently evaluated, a blood pressure is recommended.

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Finally, if that work-up doesn't changes the recommendations, further evaluation for possible hyperadrenocorticism as the cause of the reported PU/PD could be considered, beginning with a low-dose dexamethasone suppression test.



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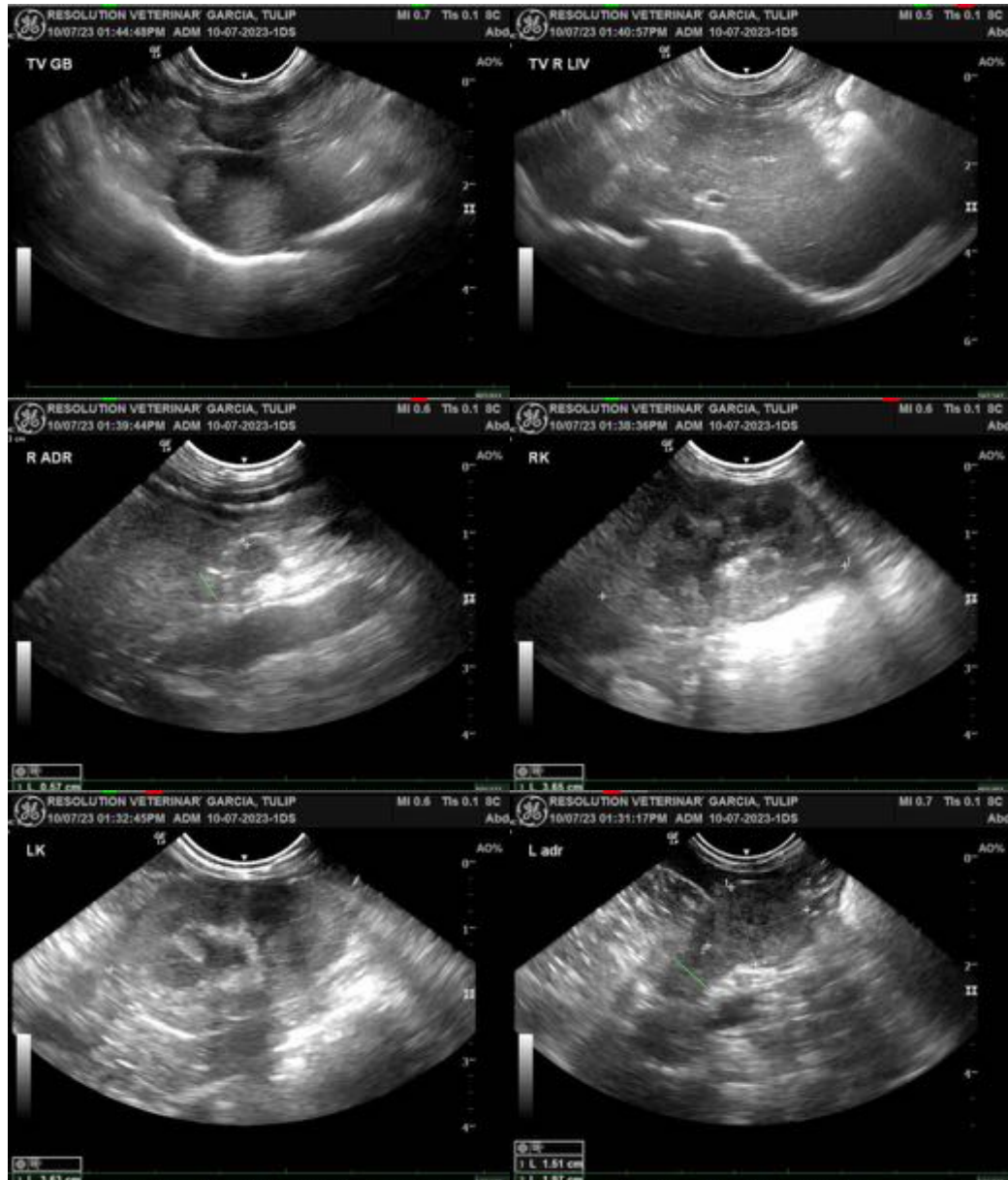
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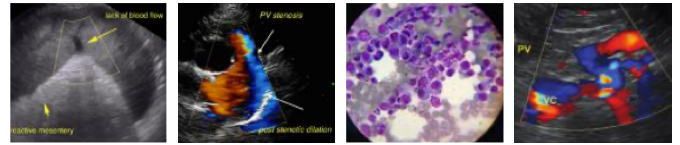
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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