

**PATIENT**

Peaches Shannon

**SPECIES**

Canine

**BREED**

Chiweenie

**SEX**

Spayed female

**AGE**

14 years

**WEIGHT**

13.6 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

Brighton Greens VH

**REFERRING VET**

Dr. Janeway

**INVOICE**

31698

**DATE**

7/14/22

**PRESENTING CLINICAL SIGNS**

New client/patient. O reports pt on ID lowfat diet chronically for GERD. Overweight, panting more. Dental disease- scheduled dental for next week. Concern for Cushing's, chronic pancreatitis. Eval liver. Abnormal PE/Chem/CBC/UA Results: ALT 139, ALP 821, Creat 0.4, BUN/Creat 48, CHO 547, TG 426, PSL 412 Platelet 457k USG 1.013, pH 7.5, pro 2+, amor phos 2-3, OPG neg, Accuplex HW being rechecked-- neg x 3.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is adequately 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.

Kidneys are overall 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 cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measured 3.7 cm and the right kidney measured 4.09 cm.

**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 measured 0.38 cm at the cranial pole and 0.55 cm at the caudal pole. The right adrenal gland measured 0.8 cm at the cranial pole and 0.55 cm at the caudal pole.

**Spleen**

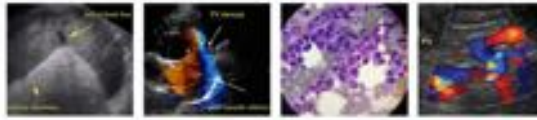
Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

**Liver**

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. A 0.5 cm, hyperechoic nodule was noted in the mid liver. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. 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**



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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.

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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.

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

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**Pancreas**

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

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**Free Abdomen**

Sublumbar lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail. No appreciable free fluid is noted.

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13.6 lbs

**ULTRASONOGRAPHIC FINDINGS**

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**Primary Findings**

**Bilateral adrenomegaly** – consistent with adrenal hyperplasia secondary to pituitary dependent hyperadrenocorticism vs stress or normal variant. Interpret in combination with clinical signs of hyperadrenocorticism.

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**Hyperechoic hepatomegaly** – This appearance is non-specific and most consistent with a benign steroid (endocrine) or vacuolar hepatopathy or reactive or idiopathic hepatopathy. Inflammatory and/or infiltrative disease (such as round cell neoplasia) are also possible, but considered less likely.

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**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.

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**Secondary Findings**

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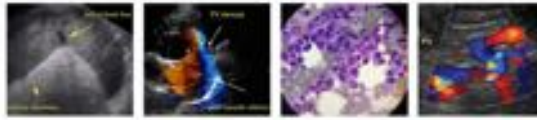
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**Age related renal changes.**

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**Pancreatic age-related remodeling** – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.



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**Reactive sublumbar lymph nodes** – Lymph node(s) is(are) prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The described adrenal gland, liver and gallbladder changes are all suggestive of hyperadrenocorticism. If clinical signs of hyperadrenocorticism, such as polyuria, polydipsia, polyphagia, panting, hair loss, hypertension, etc. are present, testing for hyperadrenocorticism with a LDDS test is warranted. If a LDDS test has been evaluated with a normal result, investigation of possible atypical hyperadrenocorticism with a full ACTH stimulation adrenal panel to the University of Tennessee could be considered.

If clinical signs are not present, monitoring is recommended with testing pursued when/if clinical signs develop.

If not recently evaluated, blood pressure is recommended.

If not recently evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture are also recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

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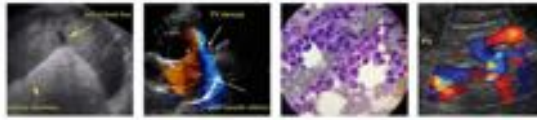
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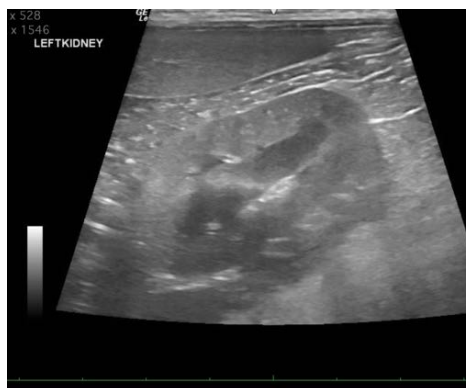
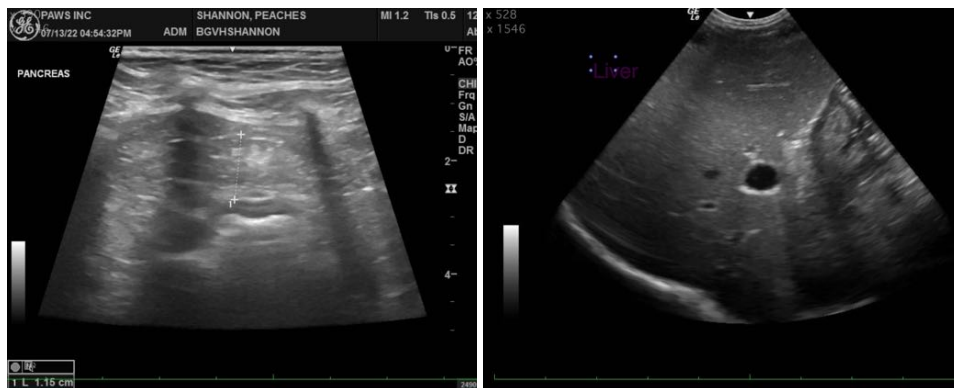
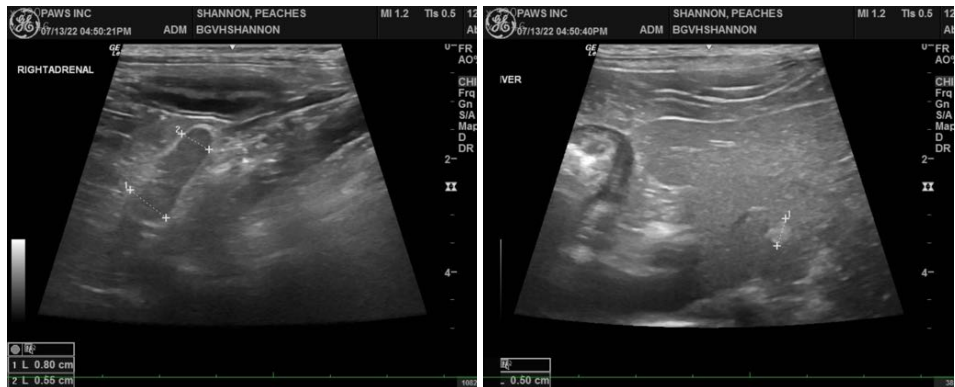
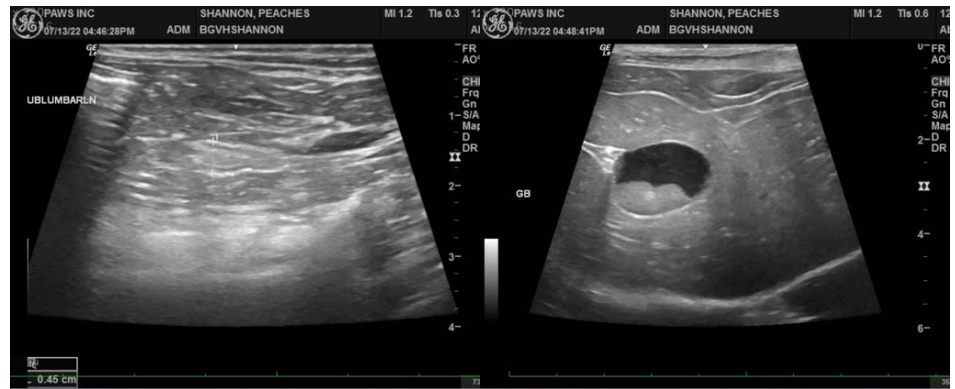
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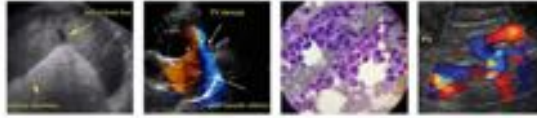
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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