

**DATE PRESENTING CLINICAL SIGNS**

8/14/23

History: Intermittent depression, panting, abdominal distortion when laying down. Recently has woken owner up in middle of night several times but didn't need to urinate/defecate. Hx arthritis, anxiety.

**PATIENT**

Olive Pierce

Current Medications: Proin 30 mg BID (unknown)

Lab Results: Chem/CBC WNL, HW/L/E/A neg

Radiographs: NSF other than OA changes

**SPECIES**

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Canine

Stat Report: Not requested.

**BREED**

Imaging Performed By: Rachel Brillhart, RDMS.

Plott Hound

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

Spayed Female

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.

**AGE**

12/11/12

Left kidney is normal is size (7.13 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. A hyperechoic band parallel to the corticomedullary border is present.

**WEIGHT**

73.7 Pounds

Right kidney is normal is size (6.62 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. A hyperechoic band parallel to the corticomedullary border is present.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**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. Left adrenal gland measures 0.67 cm at cranial pole and 0.77 cm at caudal pole. Right adrenal gland measures 0.83 cm at cranial pole and 0.94 cm at caudal pole.

**HOSPITAL NAME**

Healing Paws VWC

**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.

**REFERRING VET**

Dr. Klickman

**Liver**

Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

**INVOICE**

23946

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic with some echogenic debris noted. There is no evidence of cystic or common bile duct dilation.

**Gastrointestinal**

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

### ***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.

### ***Free Abdomen***

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

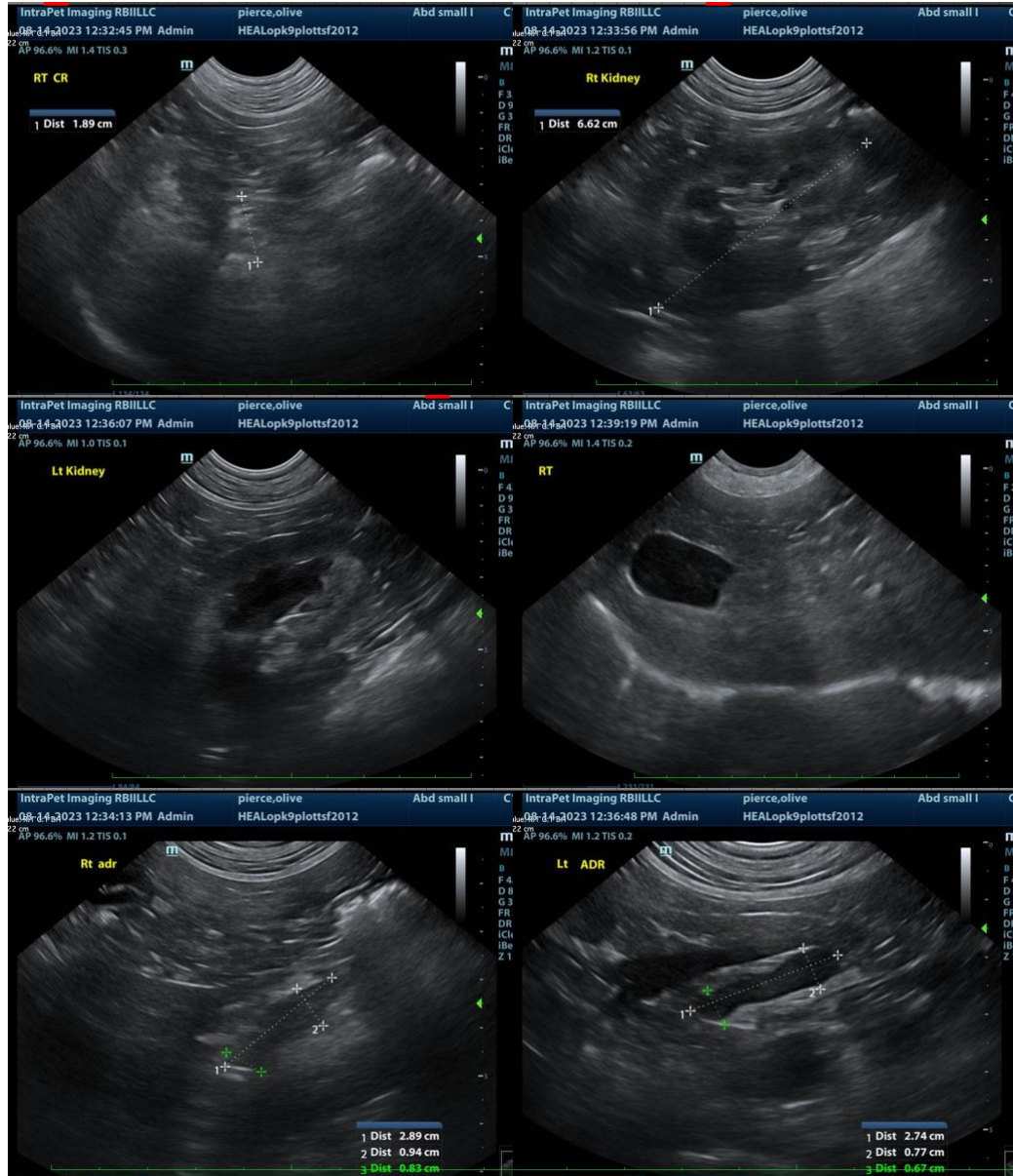
## **ULTRASONOGRAPHIC FINDINGS**

- Mild bilateral adrenomegaly – consistent with adrenal hyperplasia secondary to pituitary dependent hyperadrenocorticism vs stress or normal variant. Interpret in combination with clinical signs of hyperadrenocorticism.
- Subtle bilateral medullary rim sign - This finding is of unknown clinical significance and can be a normal variant, often idiopathic. Medullary rim sign can be present with renal disease including FIP, lymphoma, hypercalcemic nephropathy, Leptospirosis, tubular disease, other and should be interpreted in combination with other more specific indications of kidney disease such as isosthenuria, proteinuria, azotemia, etc. This is a common incidental finding in patients with diabetes mellitus.
- Otherwise, this is a relatively unremarkable abdomen, except for benign appearing age related changes.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the mild adrenomegaly, combined with this patients clinical signs, a blood pressure is recommended, if not recently evaluated, as is urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

If clinical signs of hyperadrenocorticism are present, in the form of PU/PD, polyphagia, etc., testing could be considered in the form of an LDDST. However, other differentials for patients restless behavior, panting, etc., include laryngeal paralysis, pain, cognitive decline, etc., and should be considered as well, especially without supporting clinical signs of 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.

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