



PATIENT PRESENTING CLINICAL SIGNS

Eggnog Price

Chronic History of Pu/Pd. Pet has history of right adrenal adrenalectomy performed in 2020. Biopsy results showed adenoma. Since then, pet had an ultrasound in 2022 and a mass found on the region of the right adrenal gland previously removed. mass measured 2.3cm x 2.1 cm. Also left adrenal gland reported as small size. Has also a low dose dex suppression test performed supporting possible cushings not differentiating adrenal from pituitary.

SPECIES

Canine

BREED

Toy Poodle

Abnormal PE/Chem/CBC/UA Results: Pet. shows mild increase on cranial abdomen. No signs of pain or discomfort. Owner still reports Pu/PD. Urine seems to have some smell. Bw showed ALT- 154, ALP- 2.397, GGT-29. U/A- shows Specific gravity- 1.010, full of cocci and rods. Protein 2+, microalbumin- >=2.5, Urine protein creatinine ratio- >=0.5 to <2.0

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE

8 Years

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

WEIGHT

11.6

The right kidney is normal in size (5.04 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.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The left kidney is normal in size (4.28 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.

IMAGING PERFORMED BY

Dr. A

Adrenal Glands

The right adrenal gland is enlarged (2.3 cm x 2.9 cm) with mild heterogenous parenchymal changes. Swollen capsular expansion is noted without evident capsular escape or vascular invasion.

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Surfside Pet Hospital

The left adrenal gland is small (flattened contour), measuring 0.22 cm at the cranial pole and 0.21 cm at the caudal pole. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

REFERRING VET

Dr. Americo Abadia

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.

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Liver

DATE

8/17/23

Liver is subjectively enlarged (swollen contour) without disruption of architecture. 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 and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.



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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.

SPECIES

Gastrointestinal

Canine

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

BREED

Toy Poodle

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.

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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.

AGE

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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.

WEIGHT

11.6

Free Abdomen

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There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

Dr. A

- The right adrenal mass with a concurrently flat left adrenal gland is concerning for a functional adrenocortical tumor, most likely an adenoma. There are no characteristics of malignancy to suggest adenocarcinoma versus other. However, malignancy can't be definitively ruled out.

HOSPITAL NAME

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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.

REFERRING VET

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- **Mild 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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- Urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pathology described above is consistent with this patient's recent low-dose Dexamethasone suppression test and diagnosis of hyperadrenocorticism, and is most consistent with adrenal dependent



PATIENT

disease.

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A urine culture is recommended to help guide therapy of the suspected urinary tract infection.

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Ultimately, if this is adrenal dependent hyperadrenocorticism, as is suspected, a right adrenalectomy is the treatment of choice. Given this patient's atypical history of a previous surgery, consultation with a veterinary surgeon could be considered, as could a pre-surgical planning abdominal CT scan.

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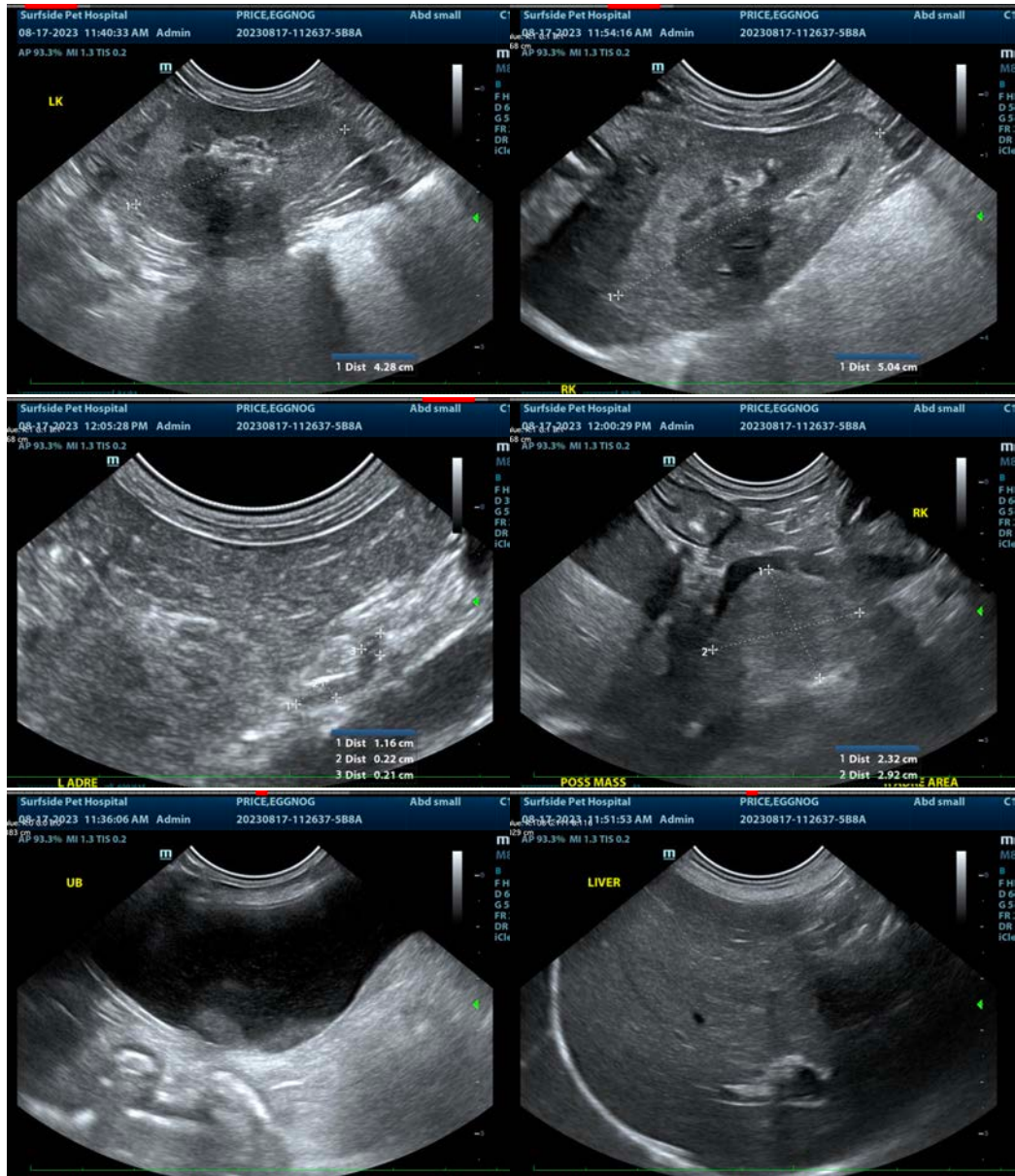
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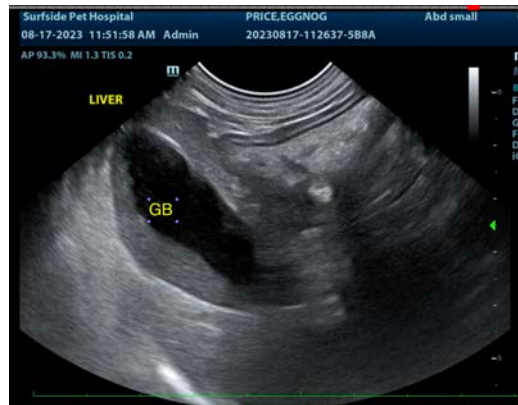
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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