



PATIENT PRESENTING CLINICAL SIGNS

Cooper Davidson

Pt diagnosed with hypoadrenocorticism via LDDS test, wanting to screen for possible adrenal tumors
Primary Question/Differential to Be Answered in This Exam looking for adrenal tumors, and general screening of abdomen

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: ABNORMAL Laboratory Findings markedly elevated ALKP 2,439
abnormal LDDS test

BREED

Hound x

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

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.

AGE

6 Years

Prostate is normal in size, echotexture and echogenicity for a neutered male.
The right kidney is normal in size (9.09 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

98.3 Pounds

The left kidney is normal in size (8.96 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

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 right adrenal gland measures 1.1 cm at the cranial pole and 1.2 cm at the caudal pole. The left adrenal gland measures 0.82 cm at the cranial pole and 0.82 cm at the caudal pole.

IMAGING PERFORMED BY

Jenna Walsh, CVT

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

Silver Creek AC

Liver

REFERRING VET

Dr. Ceremuga

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.

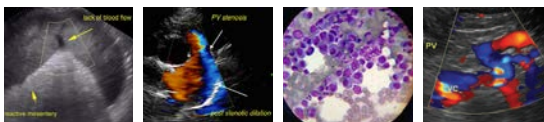
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Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

DATE

8/2/23



PATIENT *Gastrointestinal*

Cooper Davidson 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.

SPECIES

Canine 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.

BREED

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

SEX

Neutered Male

AGE

6 Years

WEIGHT

98.3 Pounds

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 free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

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DACVIM

ULTRASONOGRAPHIC 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.
- **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.
- **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.

IMAGING PERFORMED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If this patient has clinical signs consistent with hyperadrenocorticism, and the low dose Dexamethasone suppression test is diagnostic for hyperadrenocorticism, then these ultrasound findings are most consistent with pituitary dependent disease. The subtle/mild liver and gallbladder changes can also be seen with hyperadrenocorticism.

If not recently evaluated, a 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 ratio is recommended.



PATIENT

If not recently evaluated, a blood pressure is also recommended.

Cooper Davidson

Treatment of hyperadrenocorticism should be pursued if patient is clinical for the disease. If not, pending results of the above, monitoring until if/when clinical signs do develop may be an appropriate alternative.

SPECIES

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BREED

Hound x

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Neutered Male

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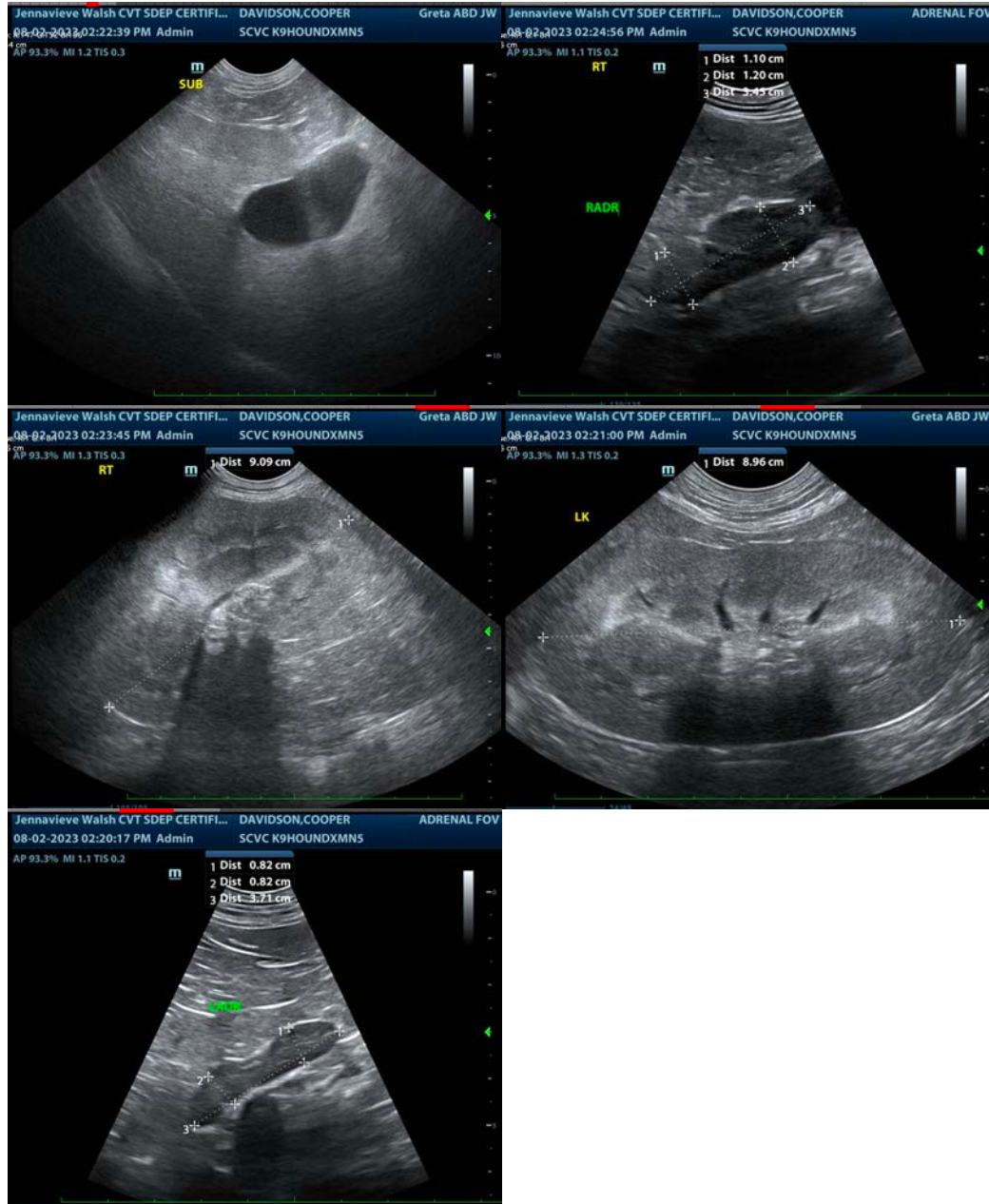
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PATIENT

Cooper Davidson

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.

SPECIES

Canine

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.

BREED

Hound x

Beth Johnson, DVM, DACVIM
info@sonopath.com

SEX

Neutered Male

AGE

6 Years

WEIGHT

98.3 Pounds

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