



PATIENT

Jingles Seitchik

SPECIES

Canine

BREED

Chihuahua X

SEX

Spayed Female

AGE

11 Years

WEIGHT

13.3 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Millburn Vet Hospital

REFERRING VET

Dr. Turowsky

INVOICE

44607

DATE

8/2/23

PRESENTING CLINICAL SIGNS

Hx of Cushings dz and mildly elevated liver enzymes (suspected hepatopathy), recent episodes of inappetence. Meds: Vetoryl 10mg sid

Abnormal PE/Chem/CBC/UA Results: Pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The right kidney is normal in size (4.31 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. Multiple small cortical cysts noted.

The left kidney is normal in size (4.44 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. Multiple small cortical cysts noted.

Adrenal Glands

Adrenal glands are plump/swollen in size. Normal shape and contour are maintained without evidence of capsular invasion. Multiple hyperechoic nodules were noted in the cranial pole of the left adrenal gland, as well as a single hyperechoic nodule in the cranial pole of the right adrenal gland. Nodule does not disrupt normal shape and/or architecture. Visible surrounding vasculature appears normal. The left adrenal gland measured 1.2 cm at the cranial pole and 0.63 cm at the caudal pole. The right adrenal gland measured 1.3 cm at the cranial pole and 0.46 cm at the caudal pole.

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.

Liver

The 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.

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



PATIENT

Gastrointestinal

Jingles Seitchik

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

SPECIES

Canine

BREED

Chihuahua X

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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

SEX

Spayed Female

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

AGE

11 Years

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

13.3 Pounds

Free Abdomen

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

INTERPRETED BY

Beth Johnson, DVM
DACVIM

There is no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

- **Bilateral adrenomegaly with static appearing hyperechoic nodules** – consistent with this patient's history of hyperadrenocorticism and medical management with Vetoryl.

IMAGING PERFORMED BY

Shari Reffi, CVT

SECONDARY FINDINGS

- Bilateral renal cortical cysts

HOSPITAL NAME

Millburn Vet Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's history of a possible hepatopathy, and as is reportedly already pending, a recheck general metabolic health screen is recommended to include CBC/Chem panel and electrolytes.

REFERRING VET

Dr. Turowsky

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.

INVOICE

44607

An ACTH stimulation test is recommended to help rule out hypocortisolemia.

DATE

8/2/23

In the meantime, in addition to supportive/symptomatic medical management of clinical signs (i.e., antiemetics, gastroprotectants, an appetite stimulant, fluid therapy if indicated, etc.), discontinuation of Vetoryl is recommended until appetite returns to normal, at which time it should only be restarted if appropriate based on ACTH stimulation test results.



PATIENT

Jingles Seitchik

SPECIES

Canine

BREED

Chihuahua X

SEX

Spayed Female

AGE

11 Years

WEIGHT

13.3 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Millburn Vet Hospital

REFERRING VET

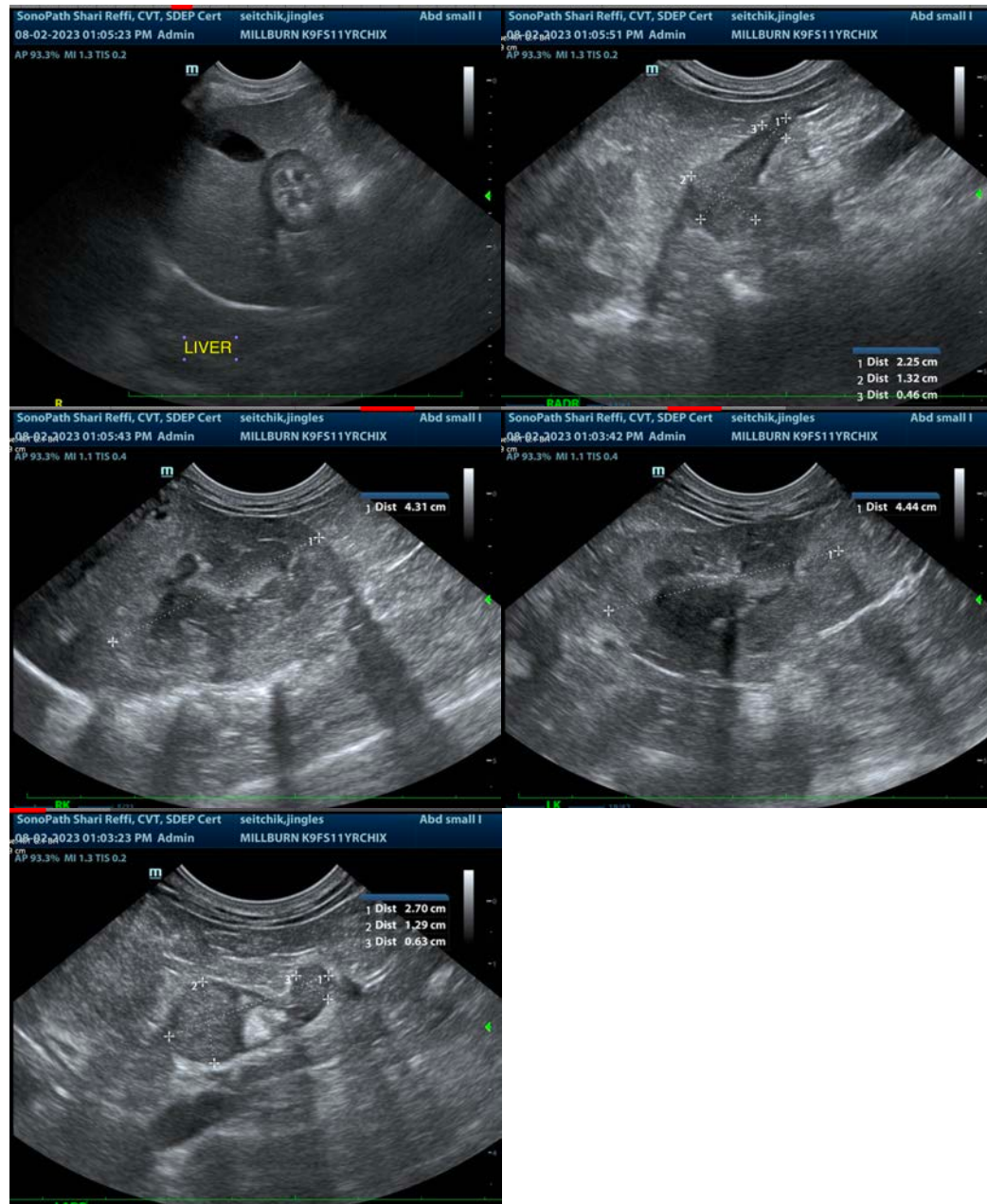
Dr. Turowsky

INVOICE

44607

DATE

8/2/23



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.

Beth Johnson, DVM, DACVIM
info@sonopath.com