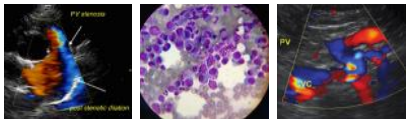
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE
9/23/22

PATIENT
Kenley Bowman

SPECIES
Canine

BREED
German Shepherd

SEX
Spayed Female

AGE
2/17/12

WEIGHT
72.8 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

HOSPITAL NAME
Bel Air VH

REFERRING VET
Dr. Stevenson

INVOICE
17428

PRESENTING CLINICAL SIGNS

History: Increased thirst (alot more), pants a lot, normal apatite, no vomiting or diarrhea. Patient will be asleep and then wake up out of no where huffing and puffing. On thyroid supplement 0.6mg BID, Welactin, Dasuquin Advanced.

Current Medications: Dasuquin, Welactin, Thyro- tabs 0.6mg po BID.
Diet= Verus life advantage (chicken meal, oats and brown rice)
Lab Results: USG-1.010 - Bun+ Creat WNL, inactive urine sediment. increased PPSL 237, decreased CPK 52, t4 = WNL 4.4.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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.

Left kidney is normal is size (7.12 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.

Right kidney is normal is size (6.86 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 cortical cyst was noted in the right kidney.

Adrenal Glands

The left adrenal gland is 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 measures 3.6 cm long x 0.94 cm at cranial pole and 0.92 cm at caudal pole.

The right adrenal gland is enlarged with mild heterogeneous parenchymal changes. Swollen capsular expansion is noted, especially at the cranial pole without evident capsular escape or vascular invasion. The right adrenal gland measures 3.0 cm long x 2.0 cm at cranial pole and 1.0 cm at caudal pole.

Spleen

Spleen is subjectively large 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. The spleen is folded upon itself, which is a positional non-pathologic variant.

Liver

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.

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.

Gastrointestinal

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.

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. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. 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

- Bilateral adrenomegaly, consistent with adrenal hyperplasia, secondary to pituitary dependent hyperadrenocorticism. However, given the mass-like appearance of the right adrenal gland, both adrenal dependent adenoma, as well as pituitary dependent disease is possible. An emerging pheochromocytoma in the right adrenal gland cannot be ruled out and should be interpreted in combination with clinical signs of hyperadrenocorticism and/or other adrenal disease.
- The folded splenomegaly is most likely a benign patient variant, especially given the patient breed. A splenic torsion versus other pathology cannot be definitively ruled out based on these images but is considered highly less likely.
- A cortical cyst in the right kidney

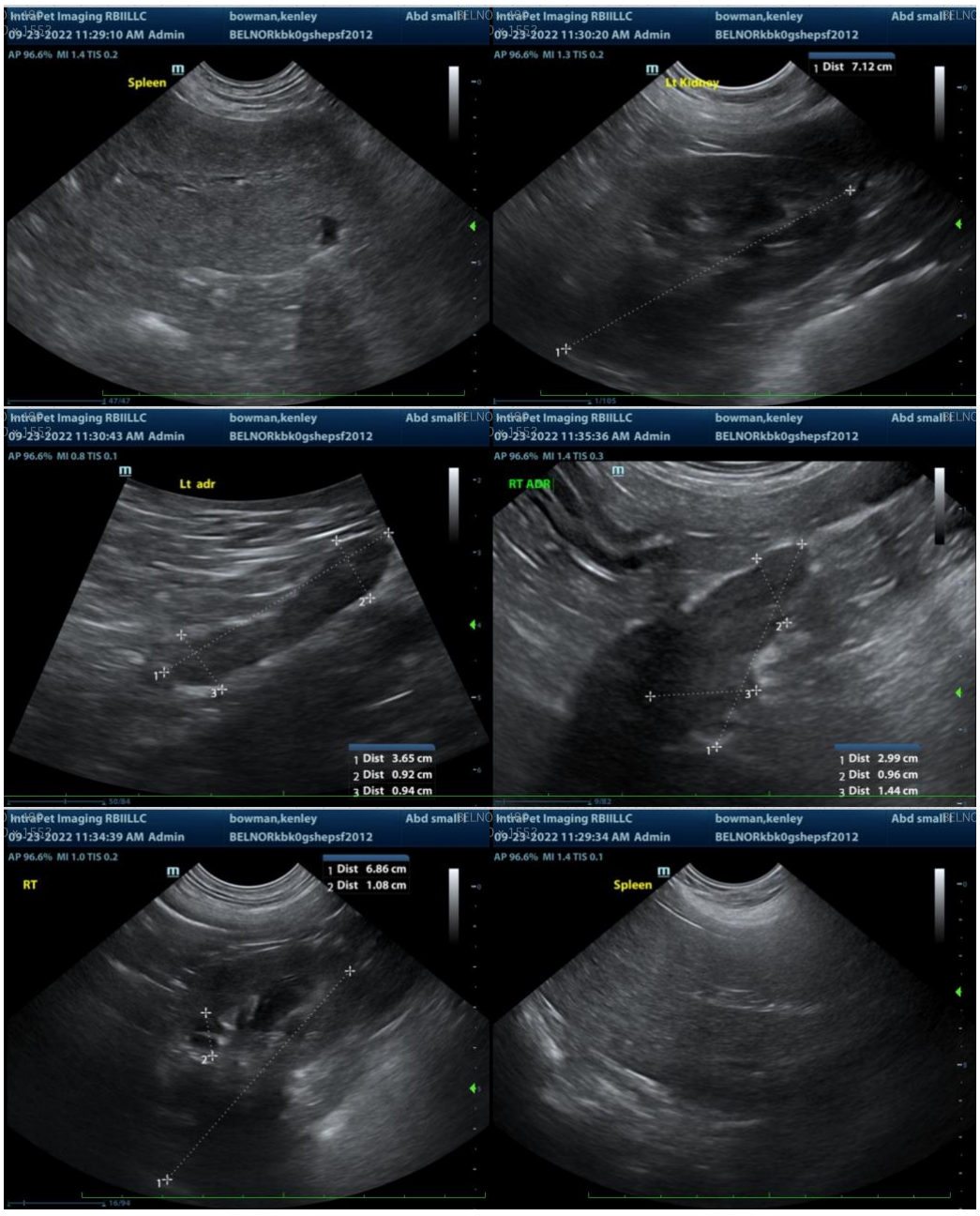
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

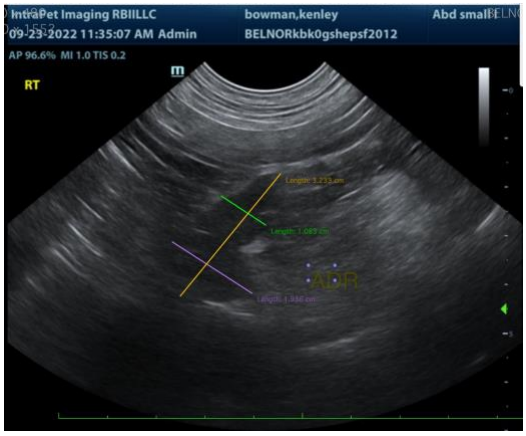
The described adrenal gland changes are suggestive of hyperadrenocorticism. If clinical signs of hyperadrenocorticism, such as polyuria, polydipsia, polyphagia, panting, hair loss, hypertension, etc. are present, testing for hyperadrenocorticism with a LDDS test is warranted. If a LDDS test has been 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 clinicals 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.





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.

Beth Johnson, DVM DACVIM
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