

**DATE**

2/10/23

PATIENT

Maggie Richmond

SPECIES

Canine

BREED

Siberian Husky

SEX

Spayed Female

AGE

6/26/18

WEIGHT

72 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**

Bel Air VH

REFERRING VET

Dr. Young

INVOICE

45075

PRESENTING CLINICAL SIGNS

Maggie presented for lab work to monitor her hyperadrenocorticism and interdigital irritation on 1/18/23. Maggie is going well at home and on physical examination, the implant from her left TPLO is palpable underneath the skin and there was mild interdigital erythema.

Current Medications: Vetoryl 30 mg PO q 24 hours in the AM since 2/17/22, Vetoryl 10 mg PO q 24 hours in the PM since 3/25/22, Apoquel 16 mg PO q 24 hours 1/6/22, Trazodone 150 mg PO 12 q 12 hours since 8/5/21

Lab Results: 1/18/22: ALT 273, ALP 1,231, Cholesterol 420, Lipase 5,489. 6/15/22: ALT (SGPT) 206IU/L, ALP 581 IU/L, Triglycerides 700mg/dL, Precision PSL 188U/L. 1/26/22: ALT (SGPT) 164IU/L, ALP 191IU/L
Date of Previous IntraPet Ultrasound: No previous.

Sedation: Midazolam IV 0.7 mL AND Butorphanol IV 0.7 mL.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.09 cm. The right kidney measured 5.83 cm.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 3.07 cm x 0.99 cm at the caudal pole and 0.81 cm at the cranial pole. The right adrenal gland measured 2.91 cm x 0.98 cm at the cranial pole and 0.97 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. A benign 0.50 cm hyperechoic lipogranuloma was noted in the

left medial liver. The gallbladder and common bile duct were unremarkable. This is consistent with chronic inflammatory hepatopathy.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

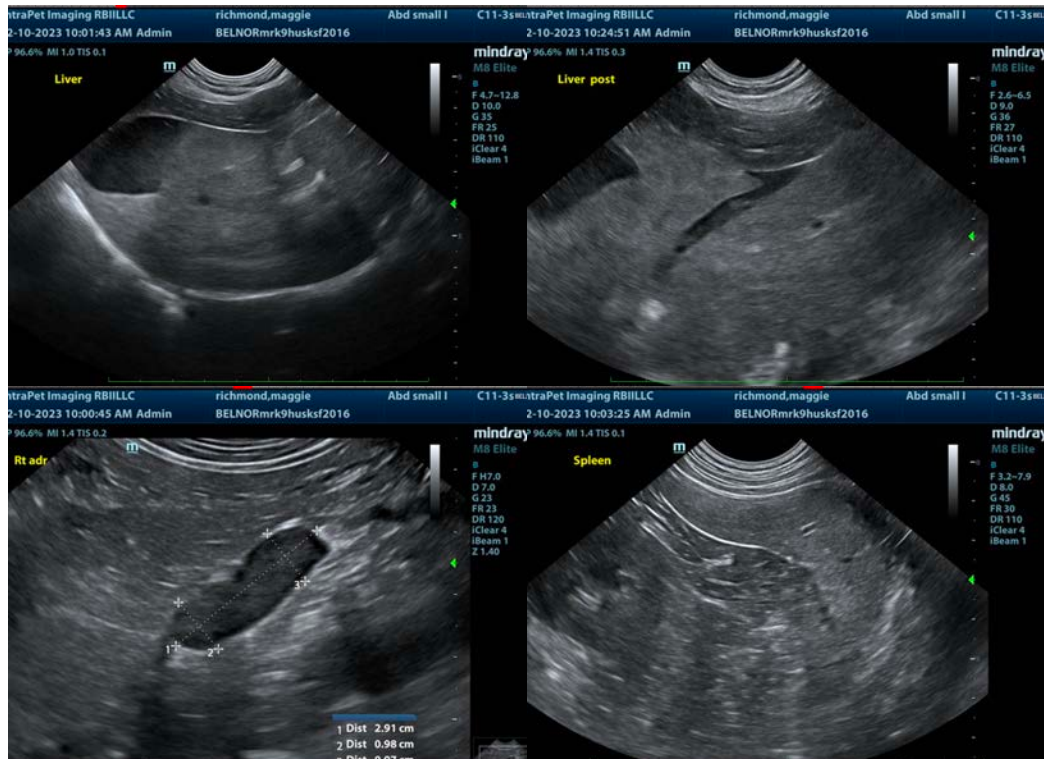
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

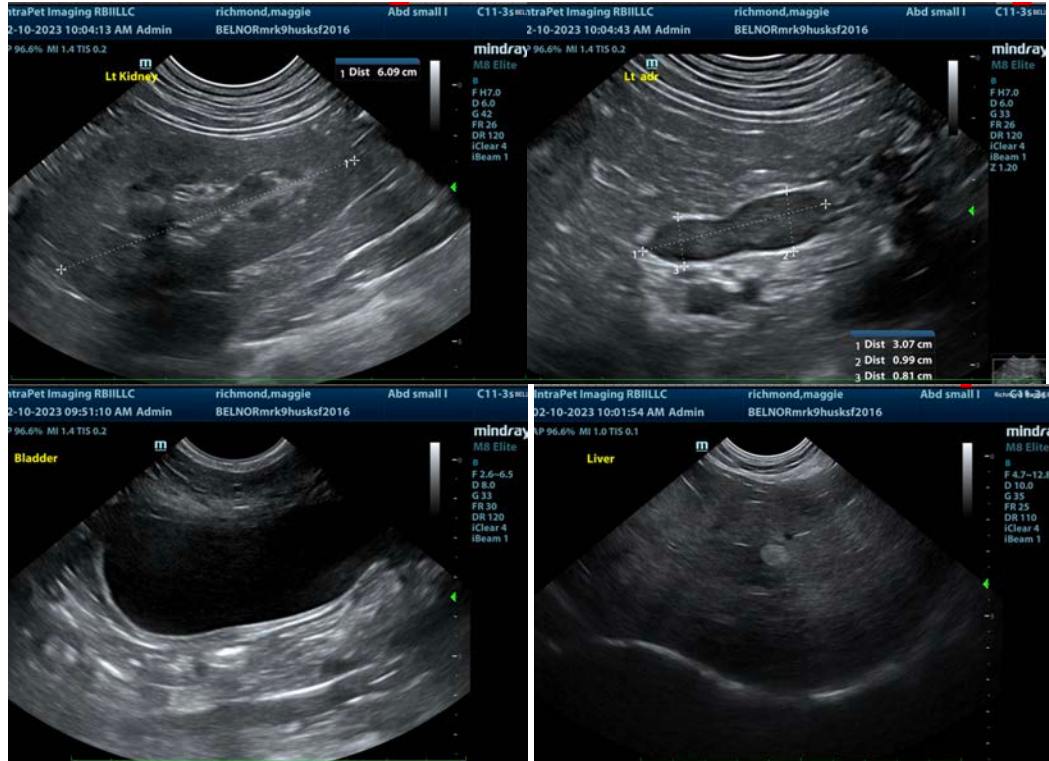
ULTRASONOGRAPHIC FINDINGS

- Mild bilateral adrenal hypertrophy – consistent with PDH/Cushing’s.
- Metabolic hepatopathy, likely secondary to Cushing’s with inflammatory component.
- Lipogranuloma liver nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subjectively the liver appears benign. A small amount of free fluid noted post FNA but appeared contained, clotting and resorbing after 10-15 minutes post sampling.





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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com