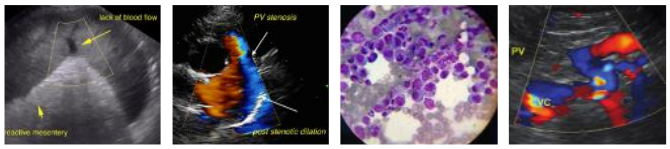
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Felix Provost

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

11 Years

WEIGHT

46 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Karen Ebersole, DVM, DABVP (Canine and Feline)

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Giroux

INVOICE

21161

DATE

2/17/23

PRESENTING CLINICAL SIGNS

History: Severe PU/PD. Dx with Cushing's and on Trilostane, with most recent ACTH Stim WNL. Rads show possible mass mid abdomen. Abnormal L Adrenal on AUS last year. Sedated with Torbugesic IV.

Abnormal PE/Chem/CBC/UA Results: PE: BCS 8/9, good hair coat, mild-mod potbelly. ACTH stim: Pre 0.7, Post 4.1. RADS: decreased detail, possible mid-abdominal mass. BP, while on Torb today: 175/106 (132), 168/86 (126), 150/110 (124), 160/86 (108).

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 right kidney measured 5.9 cm. The left kidney measured 5.68 cm.

Adrenal Glands

The **left adrenal gland** was persistently enlarged yet mild, measuring 2.76 cm x 0.88 cm at the cranial pole and 0.85 cm at the caudal pole. The phrenic vein invasion was persistent, extending approximately 1.0 cm. Enhanced mesentery was noted around the left adrenal gland.

The **right adrenal gland** was enlarged, measuring 4.0 cm x 2.36 cm at the cranial pole and 0.98 cm at the caudal pole. The right adrenal gland has significantly increased in size compared to the prior sonogram.

Spleen

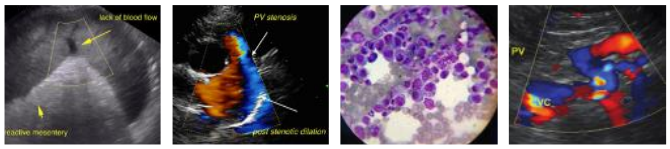
The **spleen** revealed subtle micronodular changes yet uniform. No evidence of pathology.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal.



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Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

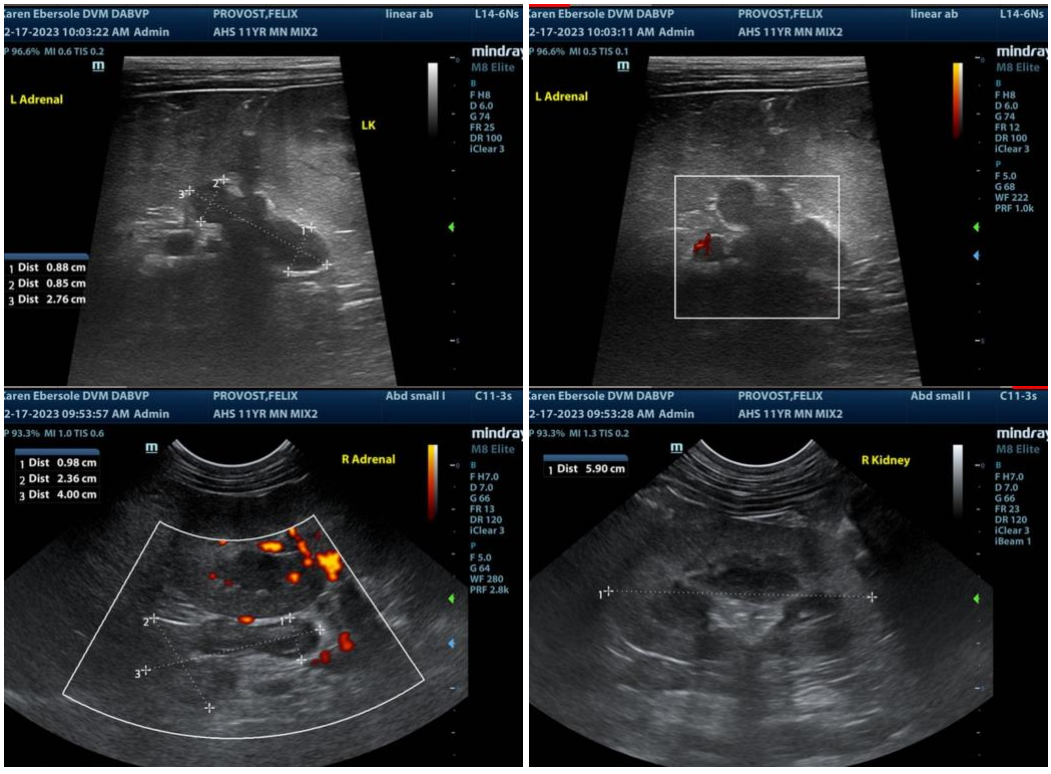
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenal hypertrophy with persistent left phrenic vein invasion/mass effect and progressively enlarged right adrenal gland
- Micronodular changes in the spleen
- Age-related hepatic changes
- Partially full stomach

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The potentials are multiple in this patient given the cushingoid status. An argument could be made for both pituitary dependent and adrenal dependent Cushings or a possibility of pheochromocytoma in the left adrenal. I recommend left adrenalectomy in this patient. Urine catecholamine is warranted given the hypertension that is present to assess for pheochromocytoma. However, there is no significant progression of he left adrenal gland compared to the prior sonogram.



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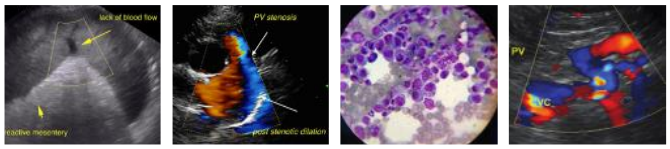

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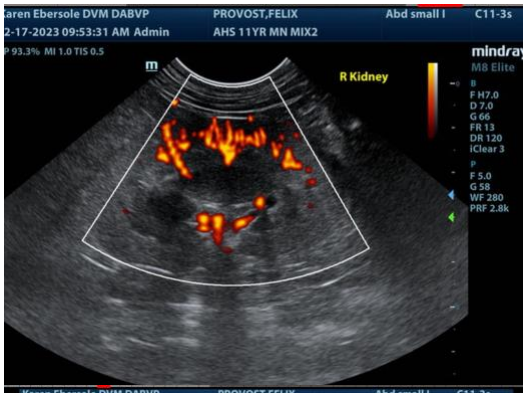

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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