

PATIENT

Brutus Ingram

PRESENTING CLINICAL SIGNS

History: Brutus was recently diagnosed with Cushing's disease and is on Trilostane. Based on the LDDS results, an adrenal tumor is suspected. In January 2022 his liver values were mildly elevated, and recently they increased since starting the trilostane. Recently he had a vertigo-like episode that resulted in a head tilt. He has a distended abdomen.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: May 2022: ALP 1060, ALT 325 -- increased from ALP 378 and ALT 144 in January 2022

BREED

Pit Bull

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed sand accumulation of approximately 2.5 cm, non-obstructive at the time of the sonogram. The bladder wall itself was unremarkable. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

SEX

Neutered Male

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present.

AGE

9 Years

Slight mineralization was noted in the kidneys. The right kidney measured 8.26 cm. The left kidney measured 7.52 cm.

WEIGHT

75 Pounds

Adrenal Glands

The **left adrenal gland** was enlarged, mildly irregular and somewhat nodular, measuring 3.84 cm x 1.08 at maximum width.

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

The **right adrenal gland** was also enlarged, mildly irregular and nodular, measuring 3.52 cm x 1.98 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.

HOSPITAL NAME

West Eugene AH

Liver

The **liver** revealed uniform vacuolar hepatopathy pattern with echogenic remodeling. The gallbladder was non-distended. A minor amount of debris was noted. Minor polypoid changes present.

REFERRING VET

Dr. Sundholm

Gastrointestinal

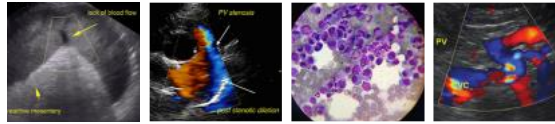
Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No

INVOICE NUMBER

15061

DATE

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PATIENT obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

Pit Bull

- Vacuolar hepatopathy with mild remodeling and inflammatory component- FNA warranted for further definition.
- Bilateral adrenal hypertrophy with nodular changes, consistent with PDH

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutered Male

Bile acid profile would be ideal to assess for early dysfunction. Liver oriented diet recommended. Ursodiol therapy/nutraceuticals indicated. A clinical trial of enrofloxacin/metronidazole over a 10-day period could also be considered.

AGE

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WEIGHT

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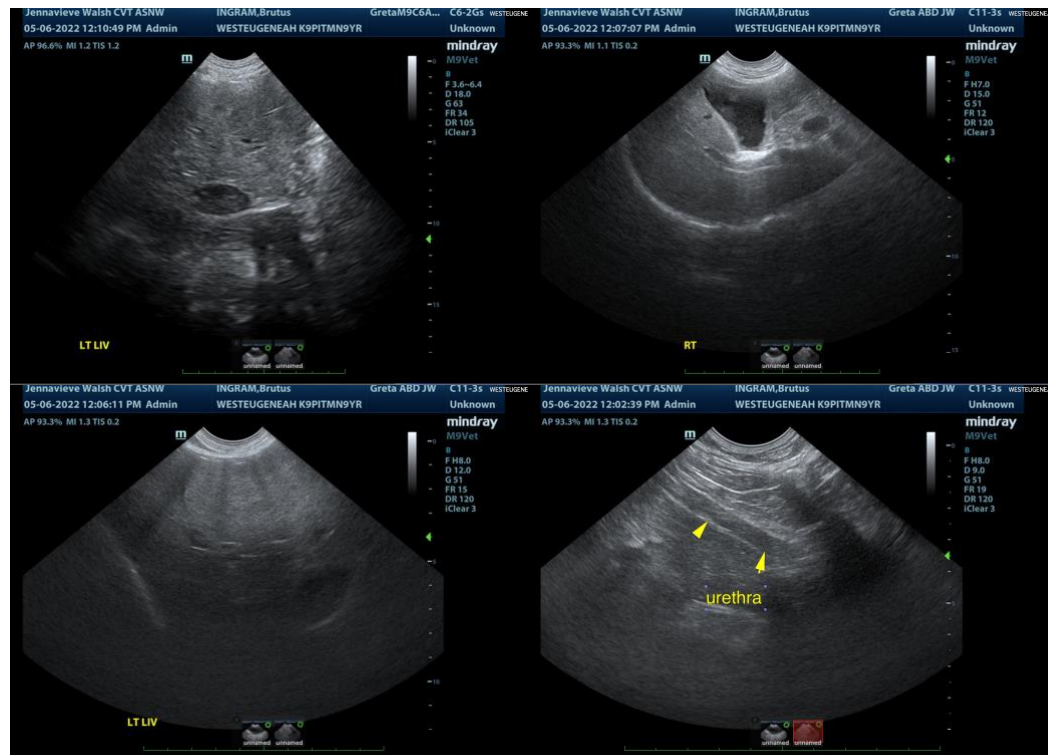
Dr. Sundholm

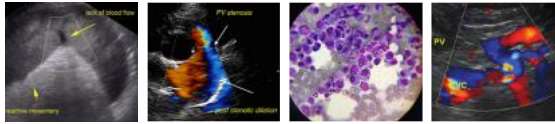
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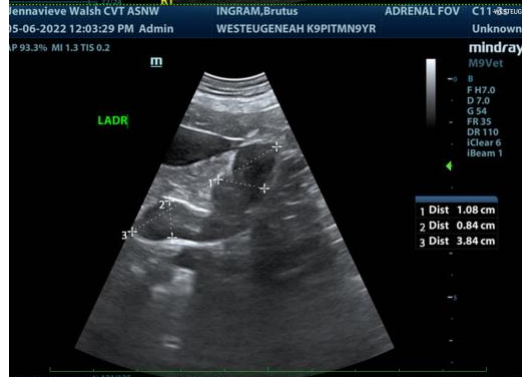
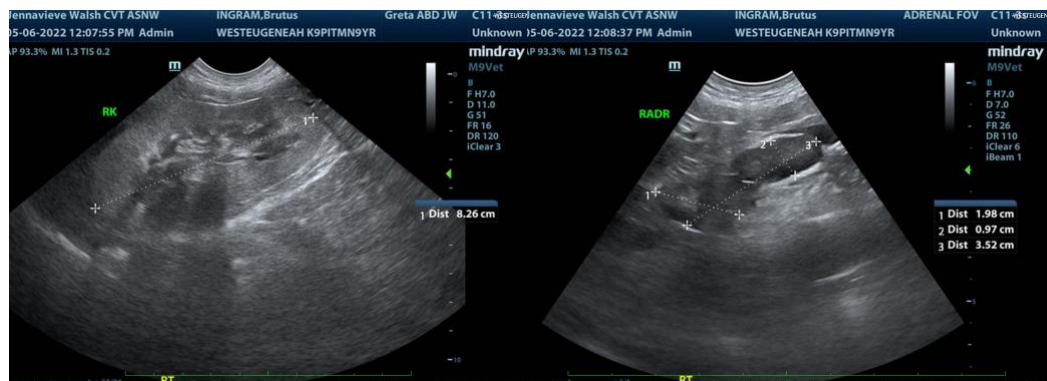
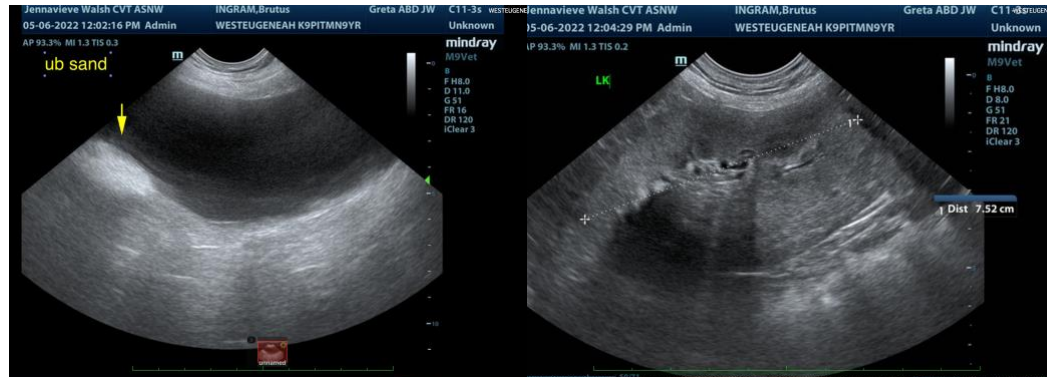
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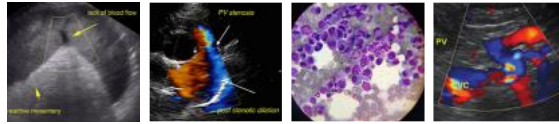
5/6/22



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
Eric.Lindquist@SonoPath.com



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