



PATIENT

Bosco Rogers

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

10 Years

WEIGHT

7 pounds

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Julia Bakker DVM

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Molly Caldwell DVM

INVOICE

15225

DATE

04/17/26

PRESENTING CLINICAL SIGNS

Cushing's disease managed with Trilostane 8mg PO q12h (compounded). Last ACTH stim test in December showed continued elevated post-cortisol levels (~20) but improved from previously very high levels. - r/o inadequate Trilostane dosing, disease progression. Discussed recommendation for abdominal ultrasound to evaluate liver, pancreas, adrenal glands, and gallbladder given ongoing concerns. Spec CPL has not been normal and ACTH stim test remained abnormal as of December but had shown improvement over time

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The left kidney measures 3.9 cm. The right kidney measures 4.4 cm.

Adrenal Glands

The left adrenal gland is diffusely enlarged. The cranial pole measures 8.8 mm and the caudal pole measures 10.1 mm. This presentation is consistent with diagnosis of hyperadrenocorticism, specifically pituitary dependent hyperadrenocorticism.

The right adrenal gland is diffusely enlarged. The cranial pole measures 10.6 mm and the caudal pole measures 9.8.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as a marked amount of suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation. No evidence of a mucocele formation.

Gastrointestinal



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The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

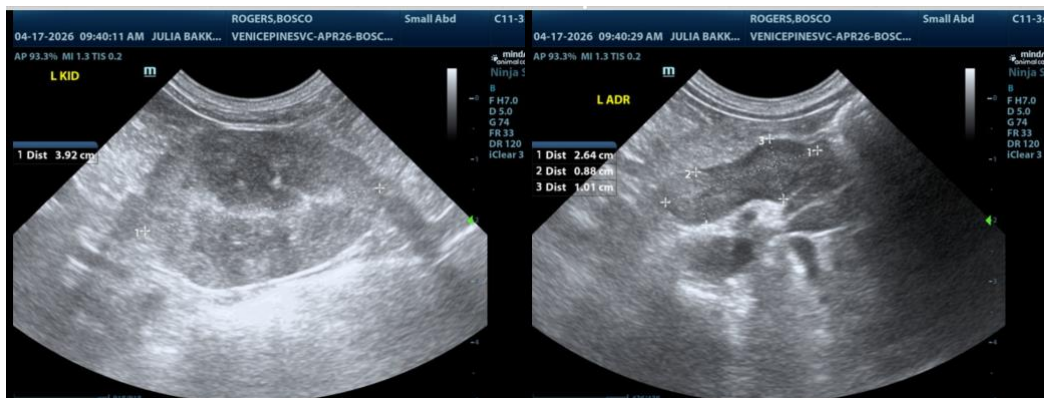
- Gallbladder debris.
- Age-related renal changes.
- Hyperechoic hepatomegaly.
- Bilateral adrenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend adding Ursodiol at 15 mg/kg by mouth split into two daily doses. If chronic kidney disease is suspected, then consider full monitoring and managing the patient per IRIS guidelines.

In regards to the difficulty regulating the patient's hyperadrenocorticism, would recommend switching to name brand Trilostane, still given twice daily. There are known troubles within the literature, discussing difficulties of treating with compounded Trilostane. The appearance of liver is consistent with a benign vacuolar hepatopathy.

No specific cause for patients poorly regulated hyperadrenocorticism seen on this exam. Rechecking ACTH stimulation test every 10 days after changing doses. It is generally recommended to start at 1.0 mg/kg by mouth every 12 hours. If patient is not regulated with this dosing, recommend doubling each daily dose. So, if 1.0 mg/kg is ineffective, recommend increasing to 2.0 mg/kg by mouth every 12 hours and then rechecking ACTH stimulation test and proceeding with this plan until regulation is achieved.





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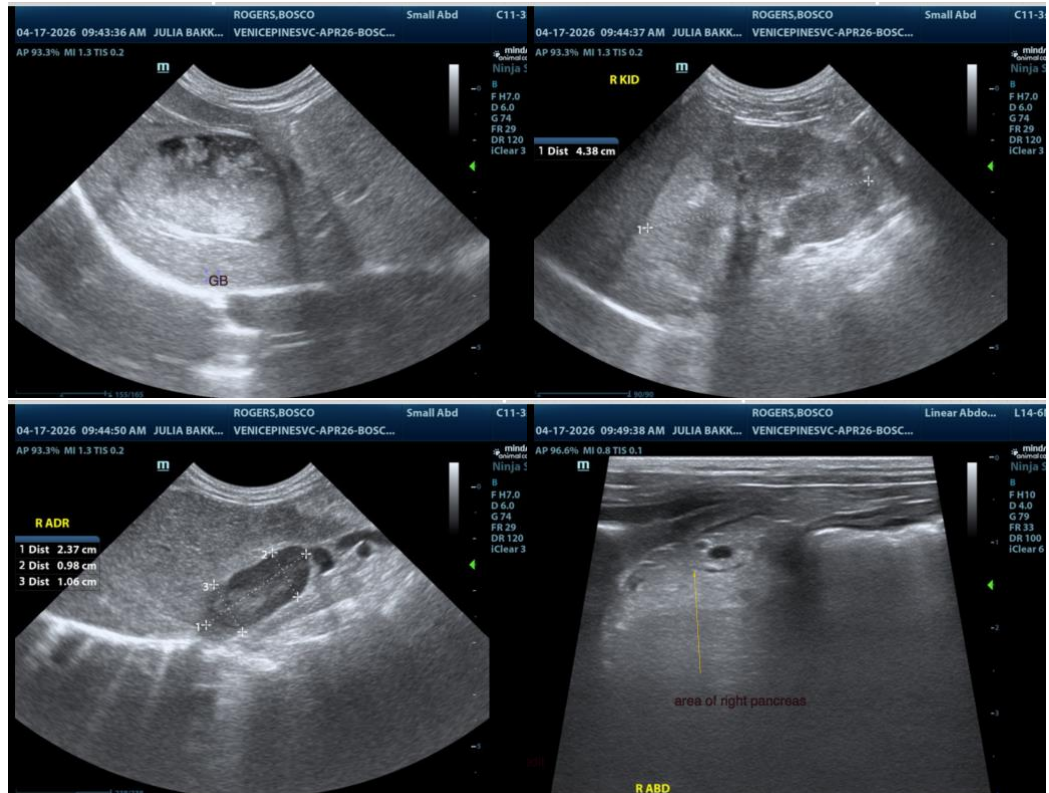
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)
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