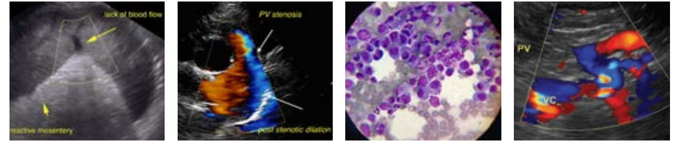
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Rosie Bean

SPECIES
Canine

BREED
Dachshund

SEX
Spayed Female

AGE
11 Years

WEIGHT
16.9 Pounds

INTERPRETED BY
Jessica Midence, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY
Dr. Amanda Favis

HOSPITAL NAME
Ruidoso AC

REFERRING VET
Dr. Amanda Favis

INVOICE
44403

DATE
1/20/23

PRESENTING CLINICAL SIGNS

PU/PD, increased appetite

Abnormal PE/Chem/CBC/UA Results: Thrombocytosis, eosinopenia, ALP 1282, ALT 302, cholesterol 494, USG 1.010

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is mild to moderately distended with anechoic urine and bladder thickness is considered normal for volume of urine.

The kidneys were normal in size with the left measuring 5.41 cm and the right measuring 4.87 cm, with normal capsular contour, though both have moderately decreased corticomedullary definition. There is a very subtle hyperechoic rim at the corticomedullary junction, which is of no clinical significance. The right kidney has a cortical cyst measuring 2.4 mm x 3.2 mm. There was no pyelectasia or inflammation within the renal pelvis.

Adrenal Glands

The adrenal glands appeared moderately enlarged, and both the right and left adrenal glands have a loss of typical shape, with the right more so than the left. The left adrenal gland measures 1.93 cm in length x 1.11 cm at the cranial pole and 0.76 cm at the caudal pole. The right adrenal gland measures 0.96 cm at the cranial pole and 0.70 cm at the caudal pole. No evidence of focal capsular expansion or invasion into the local vasculature is noted. The left adrenal gland contains a hypoechoic nodule, and the right adrenal gland contains a hyperechoic nodule. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with adrenal endocrinopathy (pituitary dependent hyperadrenocorticism).

Spleen

The splenic echotexture is homogeneous with parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis.

Liver

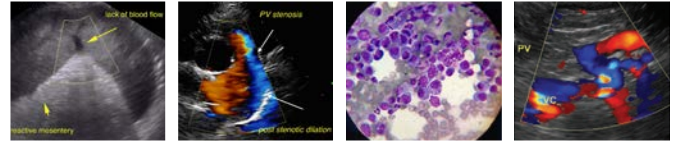
The liver is significantly enlarged and hyperechoic with diminished portal markings. Otherwise, the peripheral margins were smooth and there were normal contours without any evidence of inflammatory, infiltrative, or regenerative pathology.

The gallbladder lumen is moderately distended. The wall is moderately to severely thickened with a mild amount of adherent sludge that is starting to organize.

Gastrointestinal

The gastric lumen is empty. The stomach wall is of normal wall thickness with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears appears normal.

The visualized areas of duodenum, jejunum and ileum appear normal in thickness. The duodenum measures normal with distinct wall layering. The remainder of the small intestines also measures normal with normal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.



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The sections of colon are visualized with formed fecal material and gas shadowing distally. The colon measures normal. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The right pancreas was isoechoic to surrounding omental fat. Some parenchymal remodeling is noted, however, with subtle heterogeneous/nodular changes seen. Pancreatic duct and capsular irregularities that were present are consistent with age related changes.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity.

PRIMARY FINDINGS

- Moderate bilateral adrenomegaly – consistent with pituitary dependent hyperadrenocorticism.
- Marked hyperechoic hepatomegaly – The diffuse hepatic changes are most consistent with significant vacuolar hepatopathy (e.g., endocrine hepatopathy from hyperadrenocorticism). Inflammatory disease, fibrosis, extramedullary hematopoiesis, copper hepatopathy, infiltrative neoplasia are considered much less likely but cannot be excluded.
- The changes to the gallbladder are consistent with cystic mucinous hyperplasia and non-dependent organizing sludge (e.g., insipient mucocele formation).

SECONDARY FINDINGS

- Moderate chronic changes to the kidney

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes to the liver, gallbladder, and adrenal glands are all supportive of hyperadrenocorticism (likely pituitary dependent, given the adrenal glands are both similarly affected).

Given the clinical signs of the patient and lab work changes reported, adrenal axis testing should be considered (low dose Dexamethasone suppression test or ACTH stimulation test). Renal values could be monitored routinely, given the degenerative changes to the kidneys. Lastly, Ursodiol treatment should be considered in this patient at a dose of 10-15 mg/kg once to twice daily to prevent progression of the gallbladder changes.

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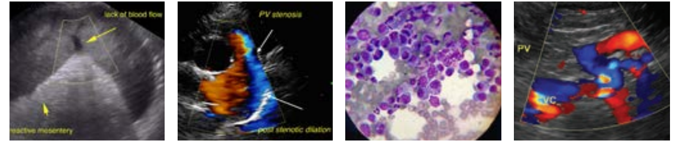

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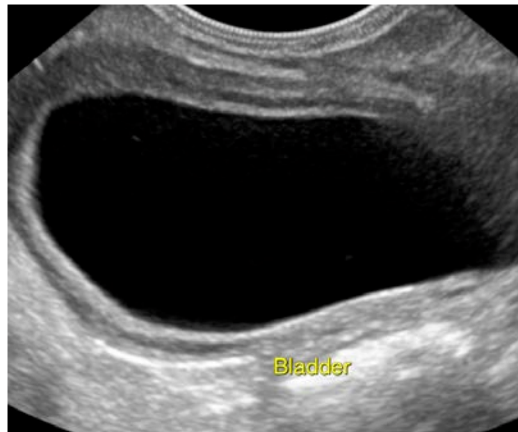

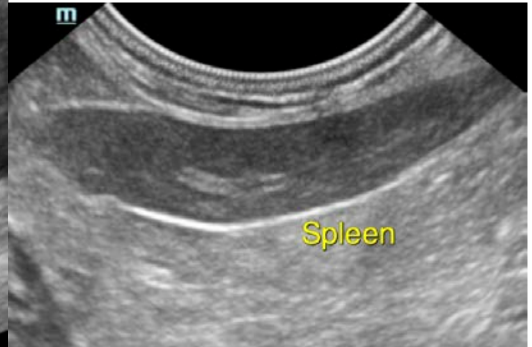

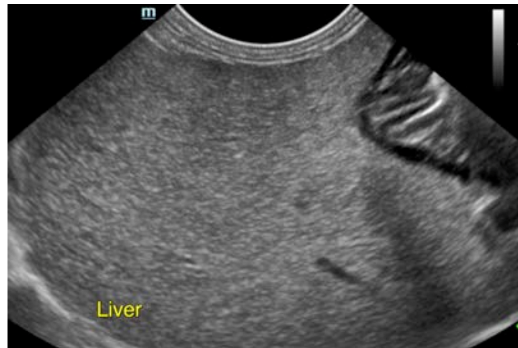

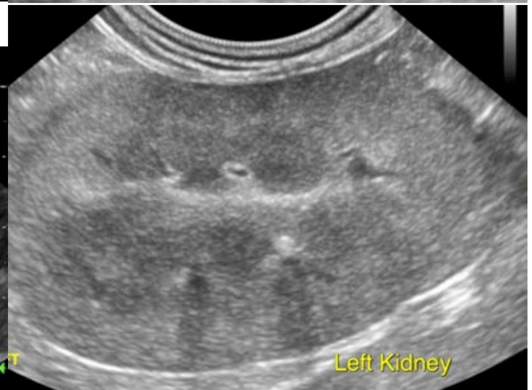

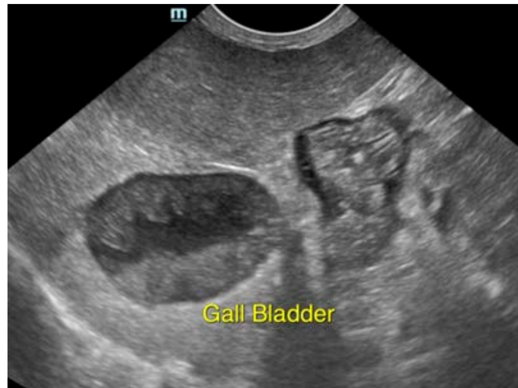

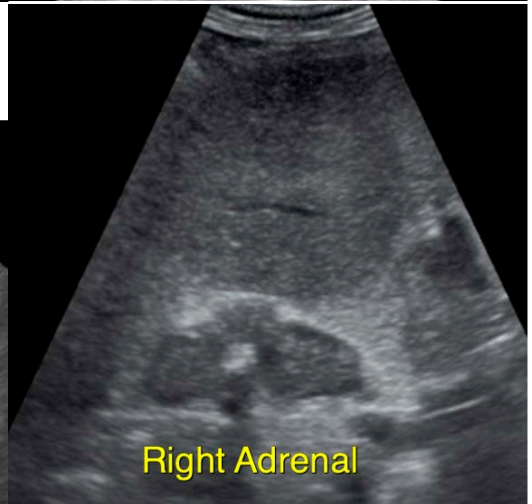

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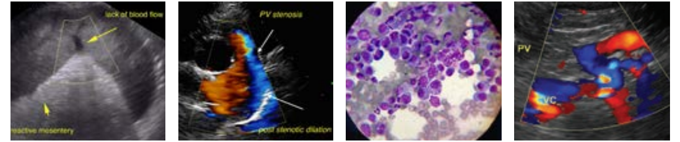

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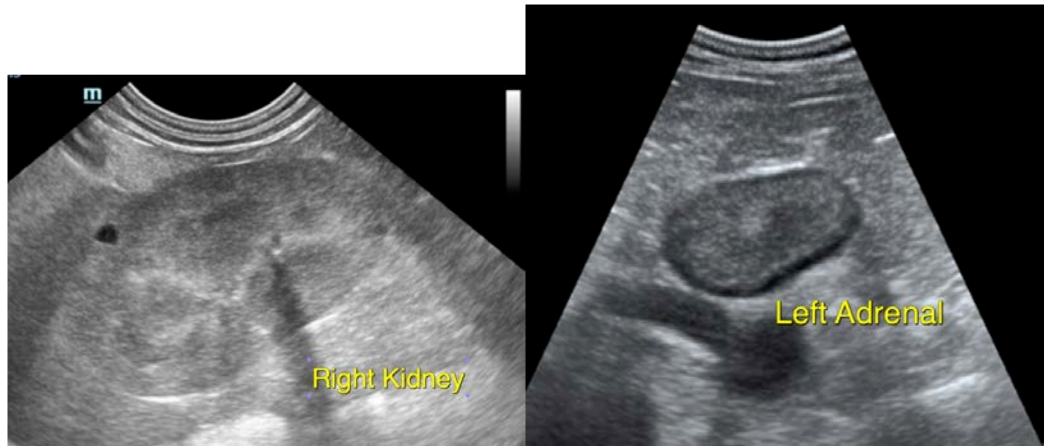

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Jessica Midence, DVM, DACVIM (SAIM)

info@SonoPath.com