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Clinical Sonography & Telecytology
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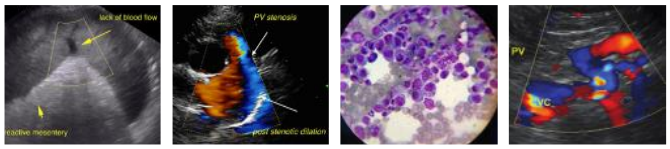

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Berkey Clapper

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Neutered Male

AGE

8

WEIGHT

32.4

INTERPRETED BY

Jessica Midence, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Susan Lincoski, DVM

HOSPITAL NAME

University Drive VH

REFERRING VET

Susan Lincoski, DVM

INVOICE

21662

DATE

3/17/23

PRESENTING CLINICAL SIGNS

History: Seen at another veterinary hospital and diagnosed with Cushing's November 2022. He has been doing well on Vetroyl 30mg sid and he is asymptomatic. Same veterinarian has been treating him for IBD and he gets tylosin 350mg twice daily. They did not differentiate between PDH or AT, as ACTH stim was used to diagnose and monitor Berkey.

Abnormal PE/Chem/CBC/UA Results: At diagnosis time, his ALT=174, ALKP=222, Chol 356. Most recent ACTH stim indicated good conrol from 12/28 at other veterinary hospital.

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 moderately distended with mostly anechoic urine with a mild amount of very fine suspended echogenic debris and bladder thickness is considered normal for volume of urine. No masses, inflammatory changes or calculi are observed.

The left kidney is normal in size, shape and architecture with smooth peripheral margins and measures 5.55 cm. There is normal corticomedullary distinction and normal echogenicity. Both kidneys had hyperechoic speckling of the cortex, that is consistent with nephrocalcinosis, which can be associated with hyperadrenocorticism.

The right kidney is normal in size, shape and architecture with smooth peripheral margins and measures 6.2 cm. There is normal corticomedullary. distinction and normal echogenicity. Both kidneys had hyperechoic speckling of the cortex, that is consistent with nephrocalcinosis, which can be associated with hyperadrenocorticism.

Adrenal Glands

The left adrenal gland is mildly plump, measuring at the high end of normal (0.72 cm at the caudal pole and 0.72 cm at the cranial pole), though the shape is normal. The left adrenal gland has normal shape and it is normal in appearance and echogenicity.

The right adrenal gland is normal in size, measuring 0.48 cm at the caudal pole and 0.6 cm at the cranial pole. The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

Spleen

The spleen is rounded and mildly enlarged, which is considered secondary to sedation. The splenic echotexture is homogenous with parenchyma isoechoic to the liver and hyperechoic to the renal cortical parenchyma. The capsule is smooth with no irregularities. The splenic vein does have echogenic blood flow, also considered secondary to sedation.

Liver

The liver is subjectively very enlarged in size with rounded contours. Normal structure with smooth peripheral margins noted. The echogenicity is hyperechoic with decreased portal markings. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

The gallbladder lumen is moderately distended. The wall is a normal thickness and smooth. There is nondependent hyperechoic suspended debris. The cystic and common bile ducts are not visible.

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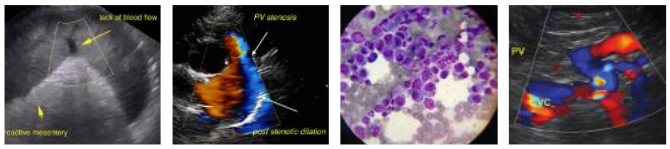

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Gastrointestinal

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 normal.

Most of the visualized areas of duodenum, jejunum and ileum appear normal in thickness, though there were few loops of jejunum (estimated <5 areas measured) with a slight blurring of layers and measured towards the higher end of normal, and other loops of jejunum where the mucosa was subjectively thickened, but these changes are few and subtle.

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 area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

Free Abdomen

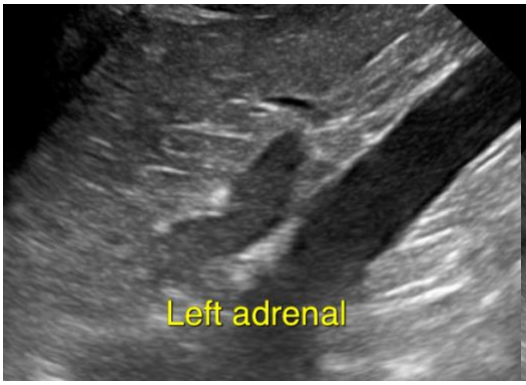
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity.

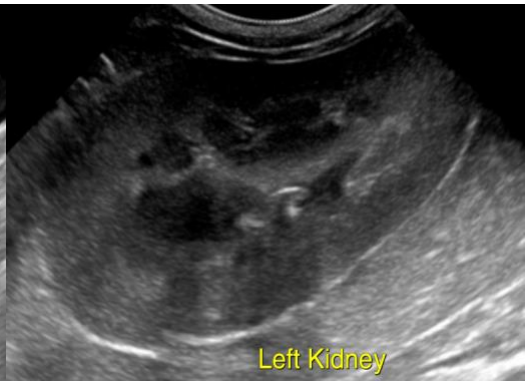
ULTRASONOGRAPHIC FINDINGS

- Hyperechoic hepatomegaly consistent with endocrine hepatopathy
- Gallbladder debris
- Plump left adrenal gland

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The results of this sonographic exam would be consistent with pituitary dependent hyperadrenocorticism. There is gallbladder debris that is not organized but given the breed and tendency of patients with hyperadrenocorticism to develop biliary mucoceles, ursodiol therapy should be considered in this patient. Also, the very fine suspended urine debris could be proteinuria, which is also associated with hyperadrenocorticism. Consider a urinalysis with UPC. There are subtle changes to the GI tract that would be consistent with the reported clinical history of IBD. Correlate with symptoms, as these changes may be clinically insignificant.





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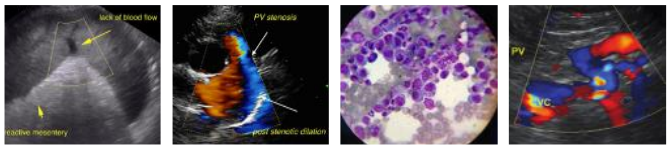

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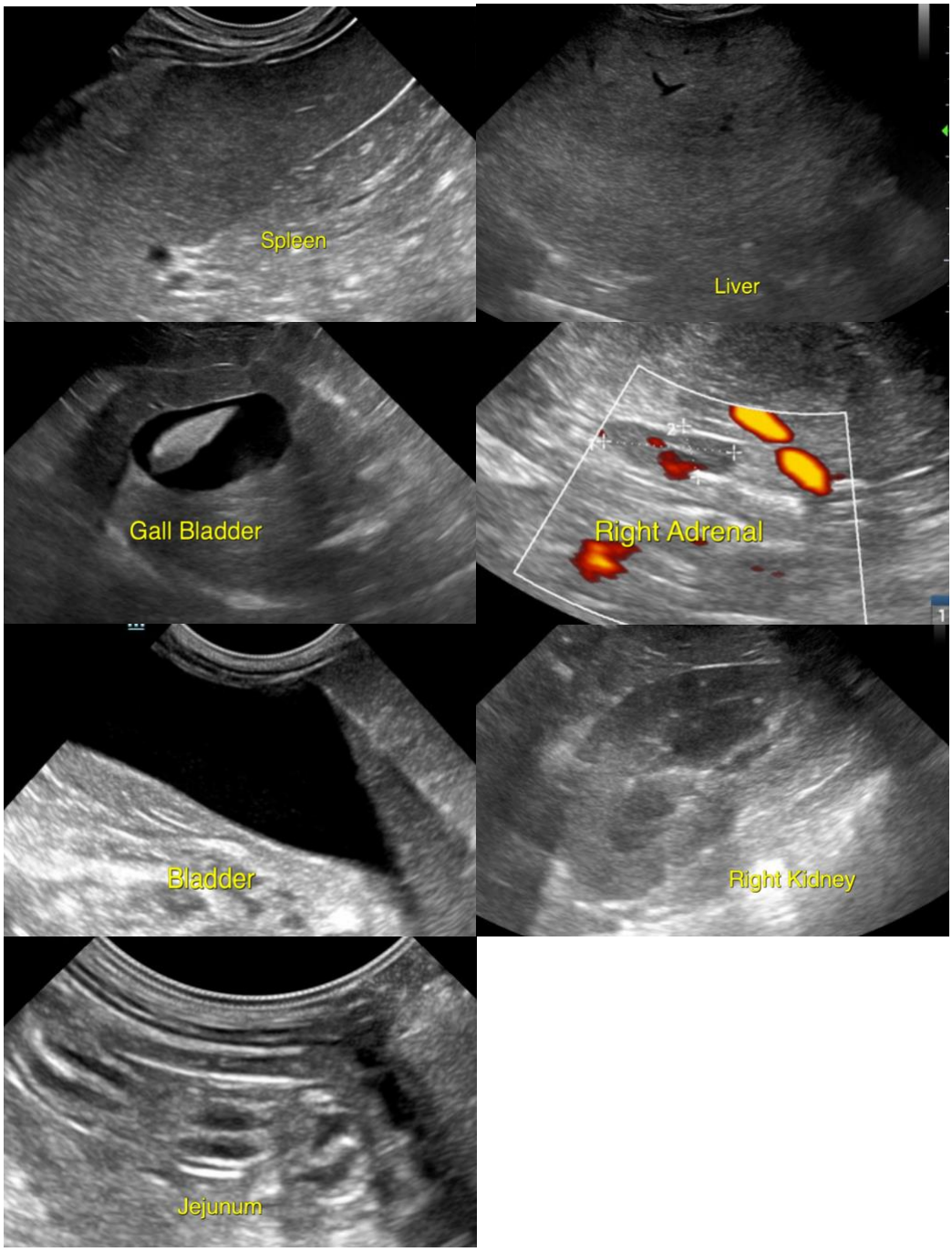

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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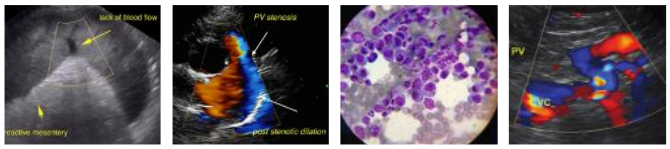

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