**PATIENT PRESENTING CLINICAL SIGNS**

Roman Smith History: Routine wellness, patient is PU/PD with suspected Cushing's (ALP 836).  
Abnormal PE/Chem/CBC/UA Results: Various growths but PE otherwise unremarkable

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Canine 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 anechoic urine and bladder thickness is considered normal for volume of urine.

**BREED**

Pitbull Terrier The prostate measures appropriate (1.00 cm) for the neutered status of the dog. The parenchyma appears homogenous.

**SEX**

Neutered Male The left kidney is normal in size (6.92 cm) shape and architecture with smooth peripheral margins. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**AGE**

9 years The right kidney is normal in size (7.17 cm) shape and architecture with smooth peripheral margins. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**WEIGHT**

63.4 lbs

**Adrenal Glands**

The left adrenal gland is slightly enlarged (caudal pole 0.67 cm / cranial pole 0.77 cm) with a normal shape and is normal in appearance and echogenicity.

The right adrenal gland is mildly enlarged (caudal pole 0.80 cm) with a normal shape and is normal in appearance and echogenicity.

**INTERPRETED BY**

Jessica Midence, DVM,  
DACVIM (SAIM)

**Spleen**

The spleen is enlarged (up to 2.80 cm at the hilus) with rounded borders. The head of the spleen (towards the mid-body) is mottled, with various subtle hypoechoic areas. There is a mildly hypoechoic nodule (0.57 x 0.74 cm). The capsule is smooth with no irregularities. Splenic vasculature appears normal without signs of congestion or thrombosis.

**IMAGING PERFORMED BY**

Amy Mayhew LVT

**Liver**

The liver is subjectively mildly enlarged with rounded contours, normal structure and smooth peripheral margins. The echogenicity appears normal to mildly hypoechoic with increased portal markings. No overt evidence of infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

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**REFERRING VET**

Dr. Syrowik

The gallbladder lumen is mildly distended. The wall is a normal thickness and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not visible.

**Gastrointestinal Tract**

The gastric lumen contains a moderate amount of shadowing ingesta, precluding evaluation of the deeper portions of the stomach. The stomach wall is of normal wall thickness (0.41 cm) 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 patent.

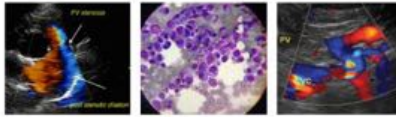
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The visualized areas of duodenum and ileum appear normal in thickness. The duodenum is normal (0.48 cm) with distinct wall layering. There is a large amount of fluid and ingesta within the duodenum. The majority

**PATIENT**

Roman Smith

of the jejunum also measures normal, though there is at least one segment that measures thick (0.47 cm) 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.

**SPECIES**

Canine

The sections of colon are visualized (0.16 cm) contains incompletely-formed fecal material and gas shadowing distally.

***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.

**BREED**

Pitbull Terrier

***Peritoneum***

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

**SEX**

Neutered Male

**ULTRASONOGRAPHIC FINDINGS*****Primary Findings*****AGE**

9 years

- Mottled splenomegaly
- Mild adrenomegaly
- Hypoechoic liver

**WEIGHT**

63.4 lbs

***Secondary Findings***

- Possible mild gastroenteritis with impending loose stool

**INTERPRETED BY**Jessica Midence, DVM,  
DACVIM (SAIM)**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS****IMAGING PERFORMED BY**

Amy Mayhew LVT

The spleen is enlarged and rounded, which could be secondary to sedation, congestion, reactive changes, infiltrative disease, or a variation of normal. There is also subtle mottling of the spleen, which could represent more benign processes such as extramedullary hematopoiesis or reactive lymphoid hyperplasia, though more sinister causes such as infiltrative neoplasia are also possible. Consider FNA of the spleen for further evaluation. Alternatively, a repeat ultrasound can be considered in 4-6 months to monitor progression.

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The adrenal glands measure mildly enlarged (which would be consistent with adrenal gland hyperfunction).

The liver is normal to very mildly hypoechoic, which is unusual as typically the liver is hyperechoic with adrenal gland hyperfunction, but in the early stages of hormonal hyperfunction, these changes may not have been present yet. Ultrasound alone cannot rule out adrenal gland hyperfunction.

**REFERRING VET**

Dr. Syrowik

The intestinal tract is mostly normal. However, there was some ingesta in the stomach and duodenum, and a focal segment of small intestine did measure thick. The ingesta in the stomach and duodenum is only consistent with enteritis if the patient was fasted for the examination (otherwise it is normal for a non-fasted patient). There was also incompletely-formed feces in the colon. Monitor for intestinal issues and correlate with clinical signs which is diarrhea.

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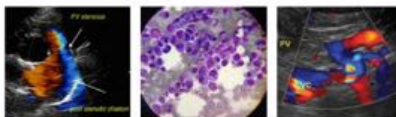
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**PATIENT**

Roman Smith

**SPECIES**

Canine

**BREED**

Pitbull Terrier

**SEX**

Neutered Male

**AGE**

9 years

**WEIGHT**

63.4 lbs

**INTERPRETED BY**

Jessica Midence, DVM,  
DACVIM (SAIM)

**IMAGING  
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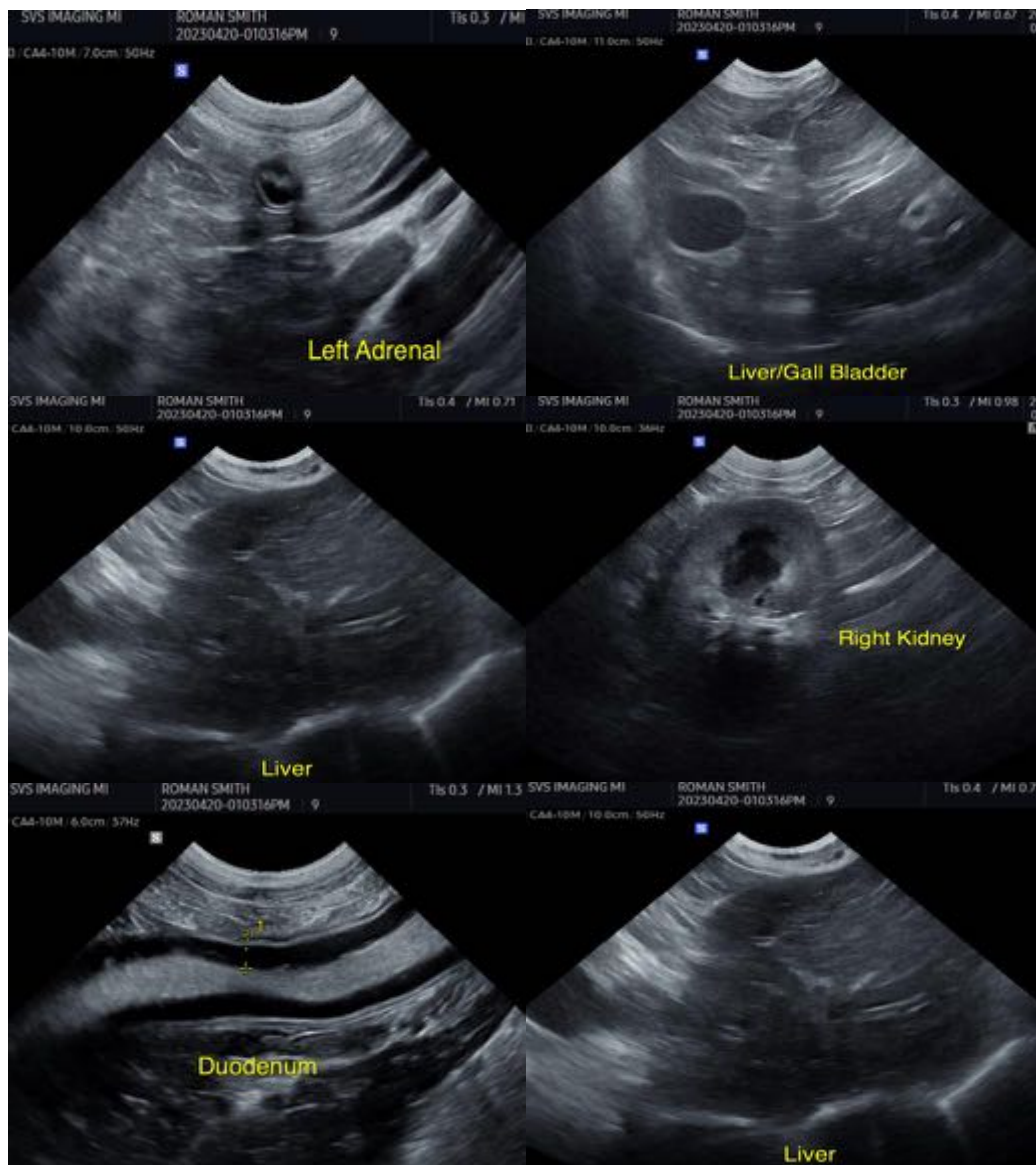
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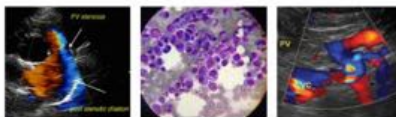
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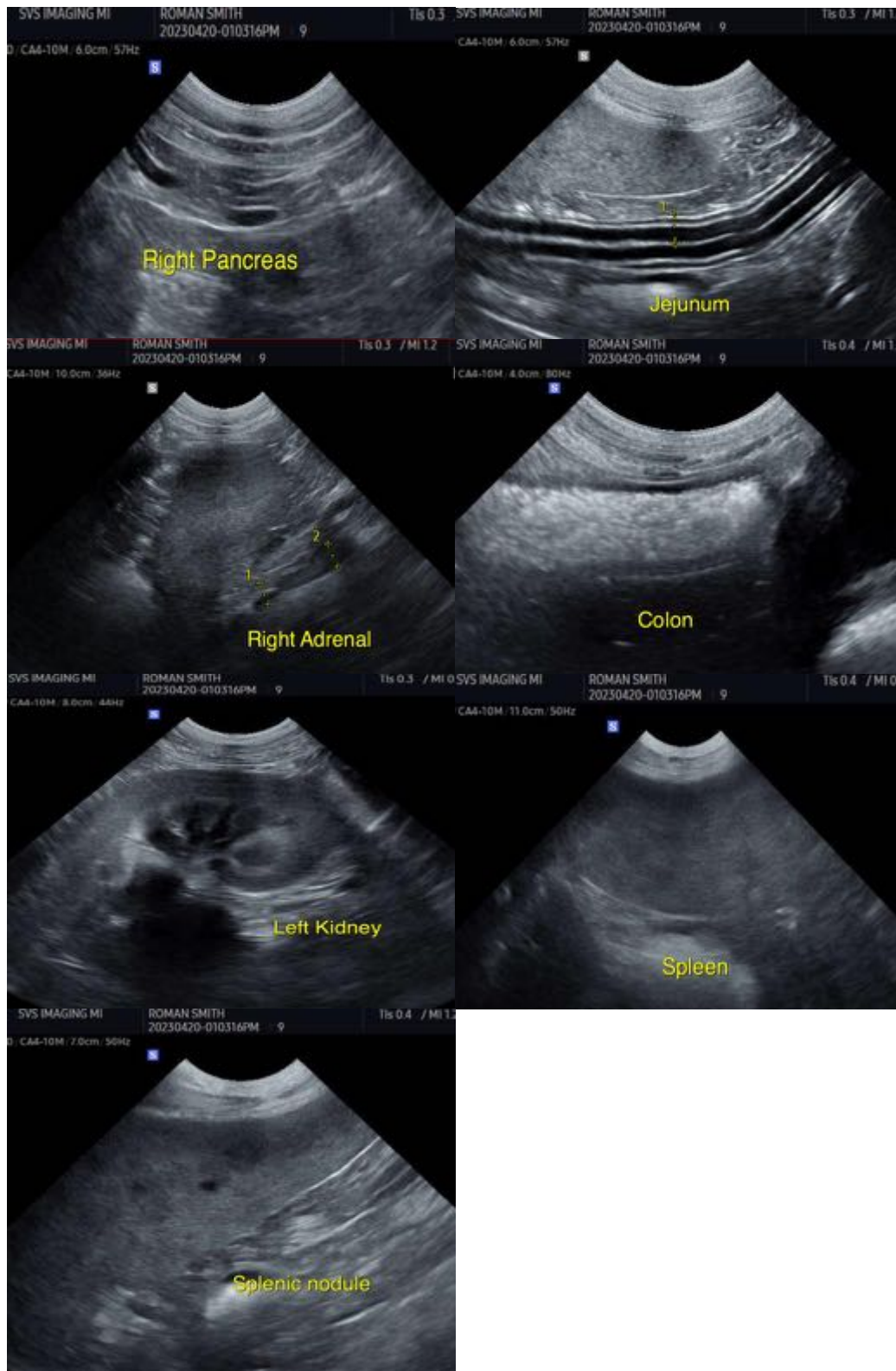
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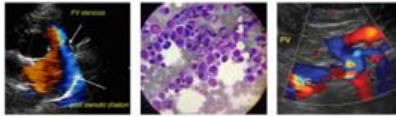
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**PATIENT**

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.

Roman Smith

**SPECIES**

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.

Canine

Jessica Midence, DVM, DACVIM (SAIM)  
info@SonoPath.com

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Pitbull Terrier

**SEX**

Neutered Male

**AGE**

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