



PATIENT

Maggie McGill

SPECIES

Canine

BREED

Maltese X

SEX

Spayed Female

AGE

14 Years

WEIGHT

9.5 Pounds

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

Dr. Megan Cassels-
Conway

HOSPITAL NAME

Central Broward AH

REFERRING VET

Dr. Janeen Lezcano

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12/15/21

PRESENTING CLINICAL SIGNS

P has hx of hepatomegaly, HAC, OA and picky appetite. P has been on Vetoryl for many years. Presently on Vetoryl 5mg once daily, Ursodiol 250mg 1/4 tab po qd, Galliprant 10mg po qd and Tussigon PRN for cough. P also has hx of seasonal bronchitis. Recent chest rads showed possible cranial abd mass. O reports p stares at walls on occasion. HIGHLY rec BA, tentatively scheduled for next week.
Abnormal PE/Chem/CBC/UA Results: 12/6/21596H: CBC: plt ct: 496H, Chem: ALP: 315H, K: 5.8H, choles: 441H, triglyc: 596 FASTED, T4: <0.5, UA: PPD Last ACTH stim test: pre: 5.5H, post: 6.2H, Aug/2021

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears mildly diffusely irregular, and in the area of the trigone there is a focal wall thickening measuring 0.33 cm x 0.56 cm. This could be consistent with a focal irregularity, mass effect, or atypical appearing ureteral papilla. The visible urethra (to a depth of 2cm) appears normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi. The diffuse changes are most consistent with cystitis. The focal lesion is most consistent with a benign or neoplastic mass effect.

The left kidney has a normal shape and size (3.37 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.46 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is large in size measuring 0.8 cm at the cranial pole, 0.7 cm at the caudal pole, and 1.87 cm in length. It is observed in its normal position cranial to the left renal artery. It is abnormal in appearance in that there is a hyperechoic nodule measuring 0.41 cm in the cranial pole of the left adrenal. This does not significantly distort the adrenal gland, and there is no evidence of vascular invasion, etc. Findings are most consistent with a nodule in the cranial pole of the left adrenal gland.

The right adrenal gland is large in size measuring 0.73 cm at the cranial pole, 0.48 cm at the caudal pole, and 1.54 cm in length. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is somewhat irregular in appearance in that there is a 0.54 cm hyperechoic nodule in the cranial pole, which does not appear to distort the adrenal gland significantly. Findings are most consistent with a nodule in the cranial pole of the right adrenal gland.

Spleen

The spleen is subjectively normal in size and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. Rare discrete focal hyperechoic, perivascular parenchymal abnormalities are present. The appearance of these lesions is most consistent with benign splenic myelolipomas. The blood flow through the hilus and splenic parenchyma appears normal.



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Liver

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The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

SEX

Spayed Female

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measured 0.28 cm. Jejunum wall measured 0.22 cm. Mucosal speckling is visualized. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

WEIGHT

9.5 Pounds

Pancreas

The pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. Prominent pancreatic duct measured 0.19 cm.

INTERPRETED BY

Kathleen Sennello DVM,
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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

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PRIMARY FINDINGS

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- Bilateral adrenomegaly with hyperechoic nodules in the cranial poles of both adrenal glands – The bilateral adrenomegaly could be consistent with bilateral hyperplasia (e.g., secondary to pituitary-dependent hyperadrenocorticism), bilateral infiltrative neoplasia, inflammatory adrenal disease, other. Correlation with clinical findings is recommended.

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- Focal wall thickening in the trigone region of the urinary bladder – This could be consistent with a benign polyp, small cancerous lesion, or an atypical ureteral papilla.

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- Subjectively mildly thickened small intestine with mild mucosal speckling – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).

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- Large, heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative



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neoplasia (less likely) or other hepatopathy. This is likely consistent with the Cushing's disease diagnosed.

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SECONDARY FINDINGS

- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.
- Hyperechoic foci within the spleen – Findings are suggestive of benign myelolipomas, although a neoplastic process cannot be ruled out. Recommend continued monitoring.
- Prominent, mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Moderate gallbladder debris – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is an older pet with numerous lesions visualized. Many of these lesions are likely incidental and associated with age related change/the diagnosed Cushing's disease.

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There is a focal abnormality visualized in the urinary bladder. This could be associated with cystitis, be an early mass effect, or could be an atypical appearing ureteral papilla. Recommend urinalysis and culture. If an infection is present, recommend treatment for complicated UTI (3-4 weeks of antibiotics) and reevaluation of the bladder wall with ultrasound. If no infection is present, you could consider a urine BRAF test. If this test is positive, this would greatly increase concern for a possible underlying neoplasm. If it is negative, the test is non-diagnostic, and your options would be a traumatic catheterization or continued monitoring with ultrasound.

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Both adrenal glands are enlarged and there are nodules within the cranial poles of both glands. The significance of this is unclear, but I suspect this is hyperplastic change, consistent with the diagnosed PDH. Based on the history, there is good control of the Cushing's disease, so recommend continued monitoring of these glands with ultrasound and blood pressure evaluation if not already done. Unfortunately, an underlying cancerous process cannot be excluded as a possibility, but the lesions are small and not deforming the adrenal glands at this time.

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The small intestine appears somewhat prominent with mucosal speckling evident. I think this is currently the most pertinent finding in that this could be an indicator of chronic small intestinal disease such as IBD.

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Dr. Janeen Lezcano

- Consider a GI panel to Texas A&M with a quantitative PLI, TLI, cobalamin and folate to further evaluate the pancreatic changes observed and to look for evidence of small intestinal disease.
- If possible, you could consider changing to a novel protein or hydrolyzed protein prescription diet. Consider adding in a probiotic.
- Recommend supportive care for chronic pancreatitis/enteritis (nausea medications, appetite stimulants when needed, pain medication, etc.)
- If symptoms persist, and the GI panel is consistent with small intestinal disease, you could consider obtaining GI biopsies (endoscopic biopsies would likely suffice).

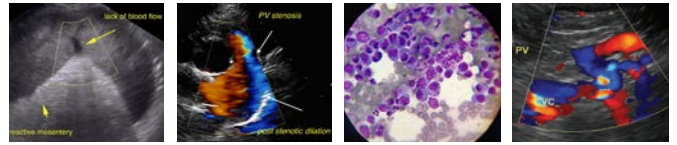
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Your plan for bile acids testing is a good one to look for evidence of decreased function, which could have some mentation side effects, etc. If bile acids are abnormal, you could consider a fine needle aspirate of the liver, but visually the changes are most consistent with a vacuolar hepatopathy



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secondary to Cushing's disease diagnosed.

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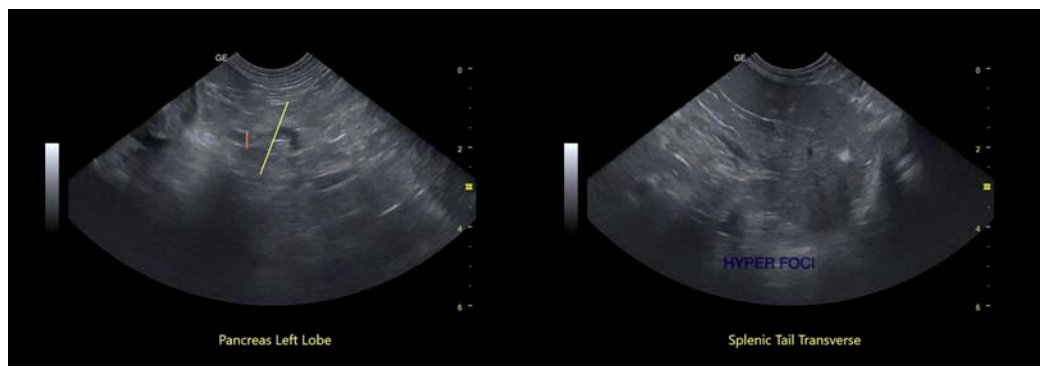
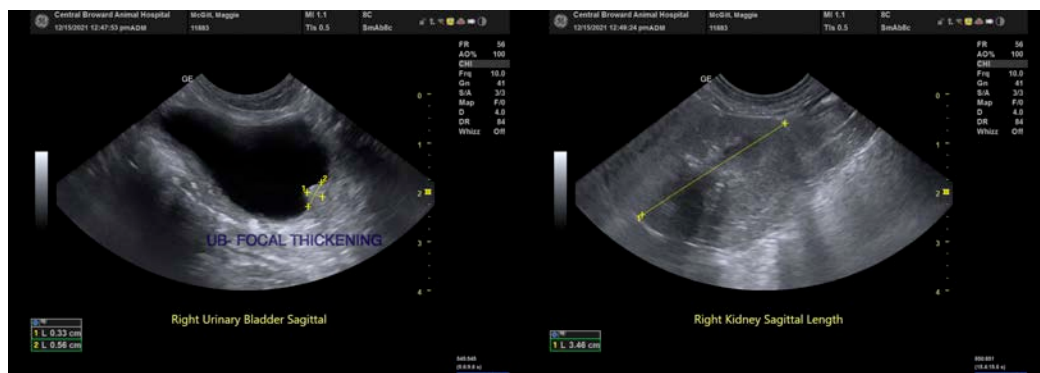
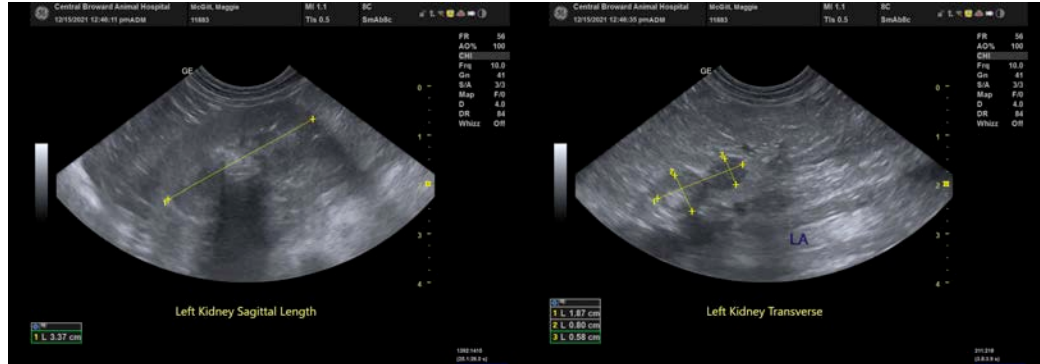
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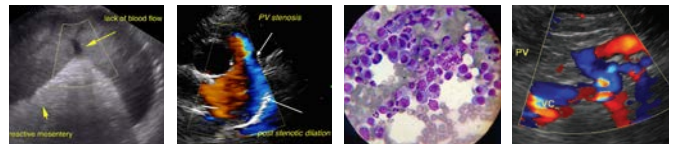
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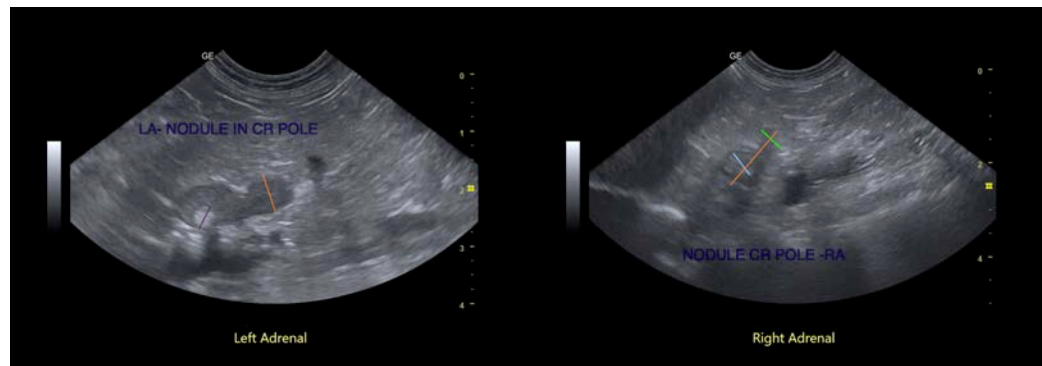
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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