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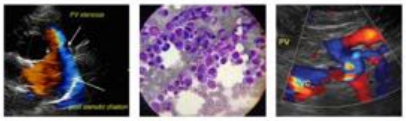

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PATIENT

Bruni Sue Massey

SPECIES

Canine

BREED

Silky Terrier

SEX

Female Spayed

AGE

13 years, 7 mos

WEIGHT

19.3 lbs

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Dr. Packard

INVOICE

13776

DATE

7.20.23

PRESENTING CLINICAL SIGNS

History: Pet has Cushing's disease. Previous on Vetoryl 30 mg SID, at one of her recheck ACTH stim tests, then values were concerning, medication was stopped temporarily and then restarted at 10 mg SID Jan 2023. Follow stim testing has been fairly normal since that time. Owner has concerns that Bruni Sue is not feeling well for several months, has a somewhat decreased appetite at home. Weight is stable in the 19 lb range. Pet has a chronic distended abdomen, suspected to be hepatomegaly secondary to Cushing's disease.

Abnormal PE/Chem/CBC/UA Results: June 17, 2023 ALT 30 ALP 362 Creat 0.6 Bun 43 ACTH stim 6/17 Pre

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (5.47 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. Mild pyelectasia is noted (0.22 cm). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.11 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 and irregular (0.88 cm at the cranial pole) (1.90 cm at the caudal pole), (2.13 cm in length). It is observed in its normal position cranial to the left renal artery. It is abnormal in appearance in that the caudal pole is enlarged and hyperechoic with a mass effect/nodule in this region (measuring 1.74 x 1.92 cm). No evidence of vascular invasion is visualized.

The right adrenal gland is large (0.95 cm at the caudal pole). It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

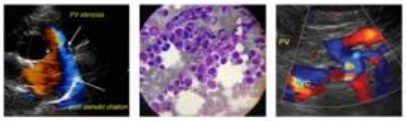
Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively large in size, and 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.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. 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 <0.7 cm 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. The wall measured 0.36 cm.

The visualized areas of duodenum (0.51 cm), jejunum (0.38 cm) 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. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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. The colonic wall measured 0.11 cm.

Pancreas

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.

Free Abdomen

There is no free fluid. There are occasional prominent, but not overtly enlarged mesenteric lymph nodes. Examples measure at 0.37 and 0.33 cm. The omentum is generally of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral adrenomegaly with a mixed echogenicity mass effect/nodule at the caudal pole of the left adrenal - 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. The mass effect/nodule at the caudal pole of the left adrenal could represent a benign or neoplastic lesion.

- Large heterogenous 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 neoplasia (less likely) or other hepatopathy.

- Mild subjective small intestinal thickening –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).

Secondary Findings

- Decreased corticomedullary distinction bilaterally - The bilateral renal findings are consistent with age-related change.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

My suspicion is that this dog has pituitary-dependent hyperadrenocorticism and a large nodule on the caudal pole of the left adrenal, which could be benign or neoplastic, and could be secreting hormone or be nonactive. It is unknown if this pet's symptoms currently are associated with its Cushing's, the adrenal mass, etc., of if this is an incidental finding at this time. Nevertheless, I might consider discontinuing the trilostane for a week or two to see if the patient feels better. If she does, then either the trilostane is making her not feel well, or the cortisol levels are too low under the circumstances for this individual. Additionally, I'd recommended a blood pressure evaluation, if hypertension is present, measuring catecholamine levels.

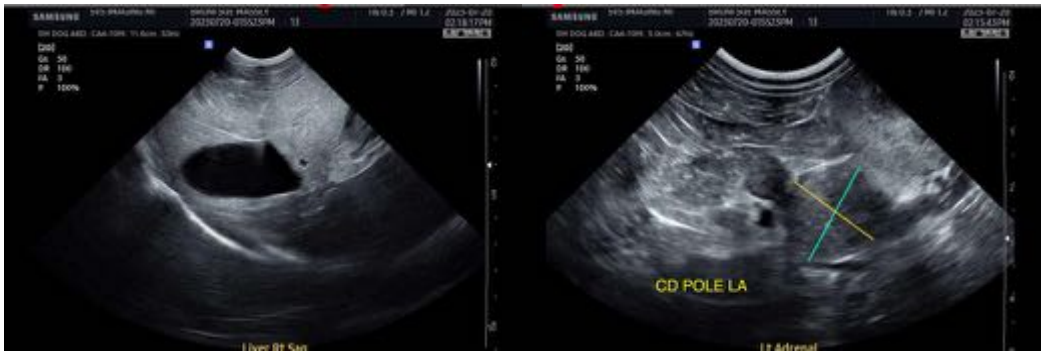
The lesion at the caudal pole of the left adrenal is consistent with a small mass effect. I do not see overt vascular invasion, but it does deviate the local vasculature significantly. Options for further evaluation would include a contrast CT scan looking for signs of invasion, metastasis, etc., or you could consider continued monitoring with ultrasound. A contrast CT scan is strongly recommended before considering surgical removal.

Recommend three-view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

The liver is large and heterogenous. I suspect this is a persistent vacuolar hepatopathy. A liver function test could be considered, +/- fine-needle aspirate of the liver.

The changes observed associated with the kidneys are consistent with chronic, age-related change. A urinalysis and culture, as well as the aforementioned blood pressure should be considered.

There is subjective thickening of the small intestine. This may be incidental, but if no other source for the patient's not feeling well is identified, you could consider a GI panel to TX A&M for a qualitative PLI, TLI, cobalamin and folate to further evaluate the GI tract.



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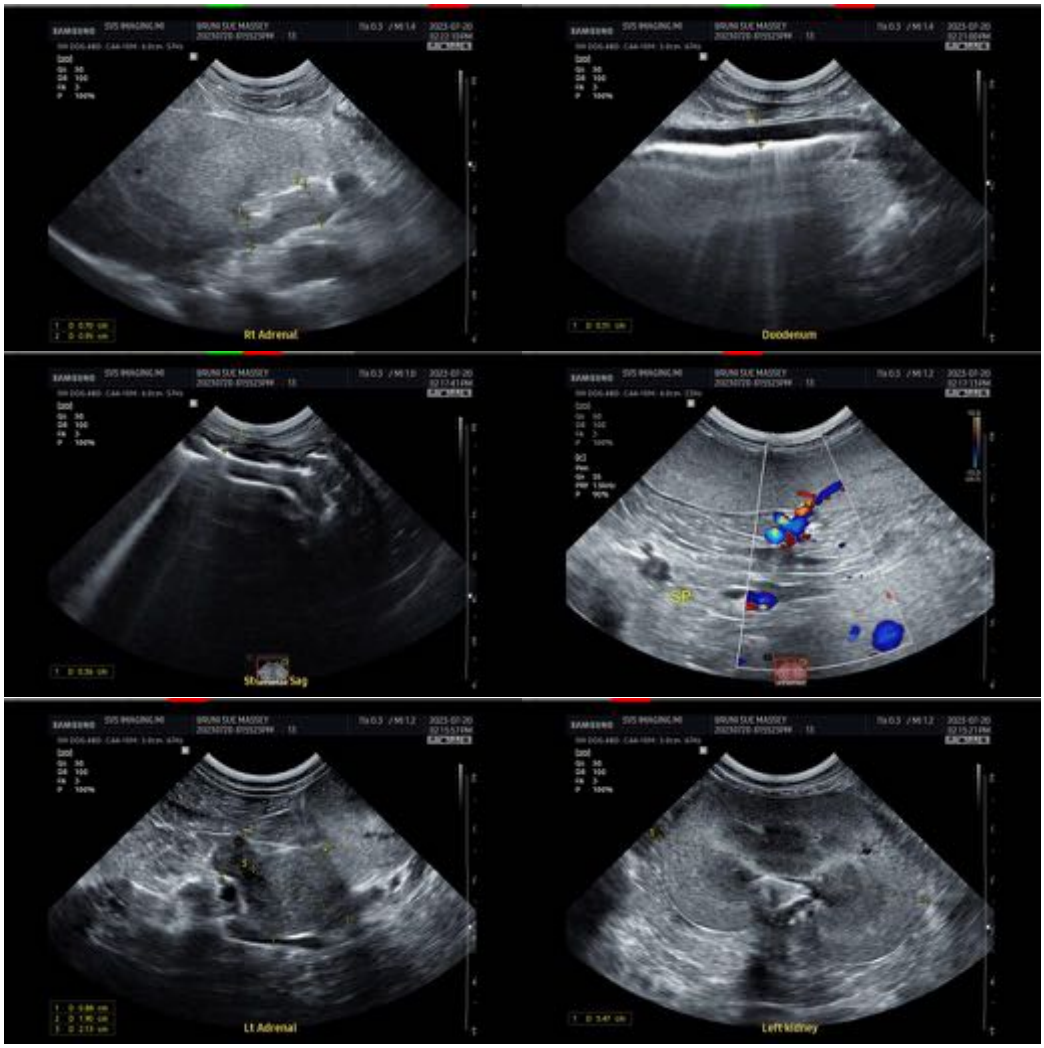

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small animal Internal Medicine)
info@SonoPath.com

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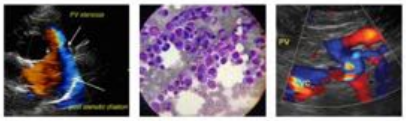

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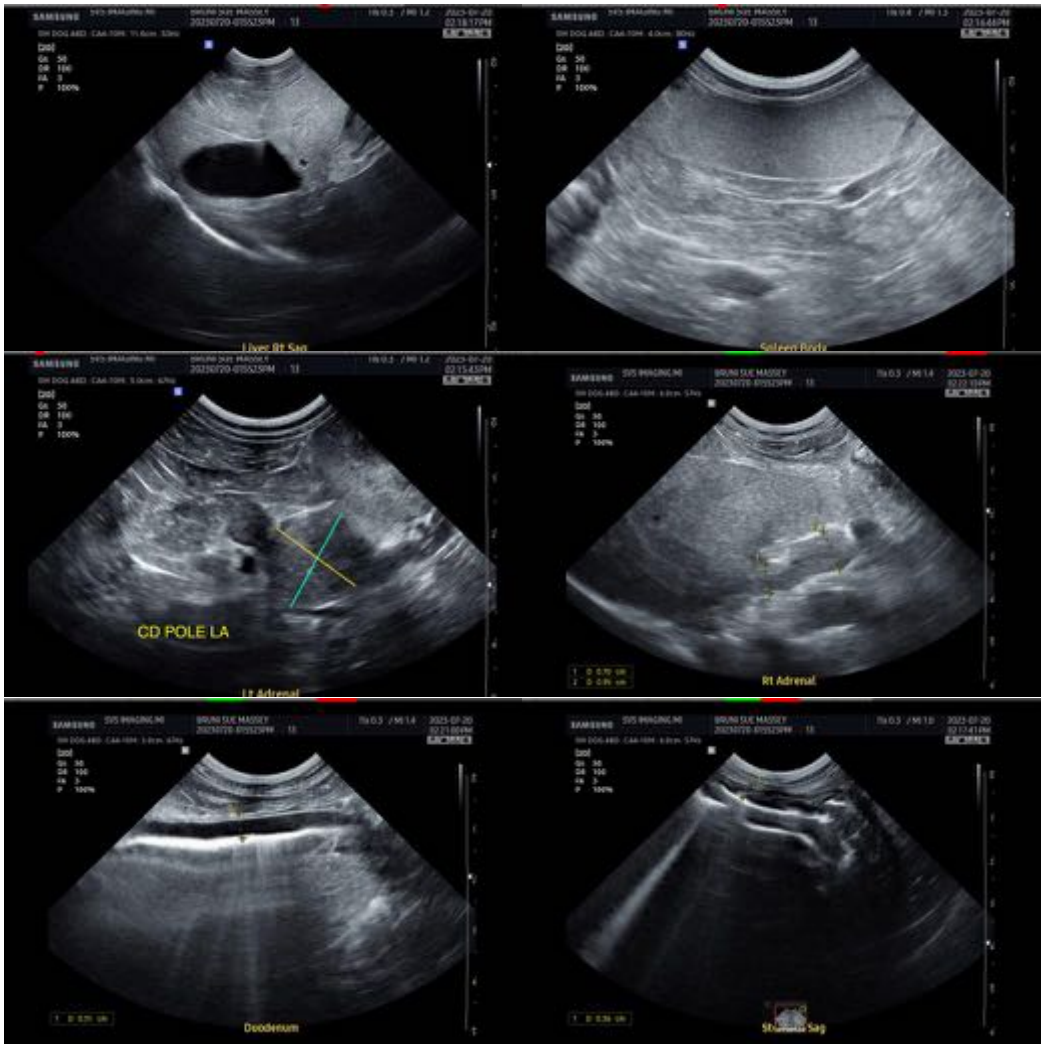

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