

PATIENT

Annie Landsburg

PRESENTING CLINICAL SIGNS

SPECIES

Canine

BREED

Boston Terrier

Patient not responding to treatment with Trilostane, current dosing: 5mg BID. 8.11.22: Pre-ACTH Cortisol 3.7 (2-6) Post ACTH Cortisol 26 (6-18) Results validated by retesting

Abnormal PE/Chem/CBC/UA Results: Abnormal CBC Values 1.15.22: Platelet 590 (143-448) All else WNL Abnormal Chemistry Values 1.15.22: Phosphorus 6.3 (2.5-6.1) Chloride 107 (108-119) ALP 922 (5-160) All else WNL Abnormal UA Values 1.15.2: WNL r/o adrenal tumor No sedation and panting

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Femlae

Urinary System

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

AGE

12 Years

The left kidney has a normal shape and size (4.8 cm). Overall echogenicity is normal with adequate 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.

WEIGHT

22.5 Pounds

The right kidney has a normal shape and size (6.0 cm). Overall echogenicity is normal with adequate 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.83 cm at the cranial pole, 0.65 cm at the caudal pole, and 2.58 cm in length. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

IMAGING BY

Loetitia Saint-Jacques,
LVT

The right adrenal gland is large and irregular in shape, measuring 0.66 cm at the cranial pole, 0.42 at the caudal pole, and 2.93 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 atypical in appearance in that the caudal pole is large, creating a mass effect. There is no evidence of distinct vascular invasion.

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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.

REFERRING VET

Dr. Sue Lester

Liver

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. There is an ill-defined hypoechoic nodule visualized within the liver measuring 0.94 cm.

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PATIENT

Annie Landsburg The gallbladder 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 <0.7cm 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.

BREED

Boston Terrier

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.43 cm. Jejunum wall measures 0.35 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

Spayed Femlae

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.

AGE

12 Years

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.

WEIGHT

22.5 Pounds

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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ULTRASONOGRAPHIC FINDINGS

- Large, heterogeneous with small hypoechoic nodule – 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. The appearance of the hypoechoic nodule trends towards a benign lesion, although an underlying neoplastic process cannot be ruled out.
- 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.
- Right-sided adrenal mass – Right adrenomegaly could be consistent with neoplasia (e.g., adenoma, carcinoma, pheochromocytoma), hyperplasia, inflammation, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a mass effect involving the right adrenal gland. Based on your poor response to medical



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therapy for Cushing's disease, it is possible that this adrenal tumor is active and resistant to medical treatment. Recommend a blood pressure evaluation. If this patient is hypertensive, then consider catecholamine levels to check for a pheochromocytoma. Options moving forward would include surgical removal of the adrenal gland in hopes to both reduce cortisol levels and reduce the risk of continued growth, etc. If this is considered, I would recommend a contrast CT scan to look for evidence of vascular invasion and consider referral to a veterinary surgeon with the possibility for intensive care, as this is a challenging surgery and it also can be challenging to manage these patients post-operatively.

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Alternately, you could try higher doses of medication to try and control cortisol levels. Unfortunately, the higher you get, the more likely you are to see adverse side effects.

SEX

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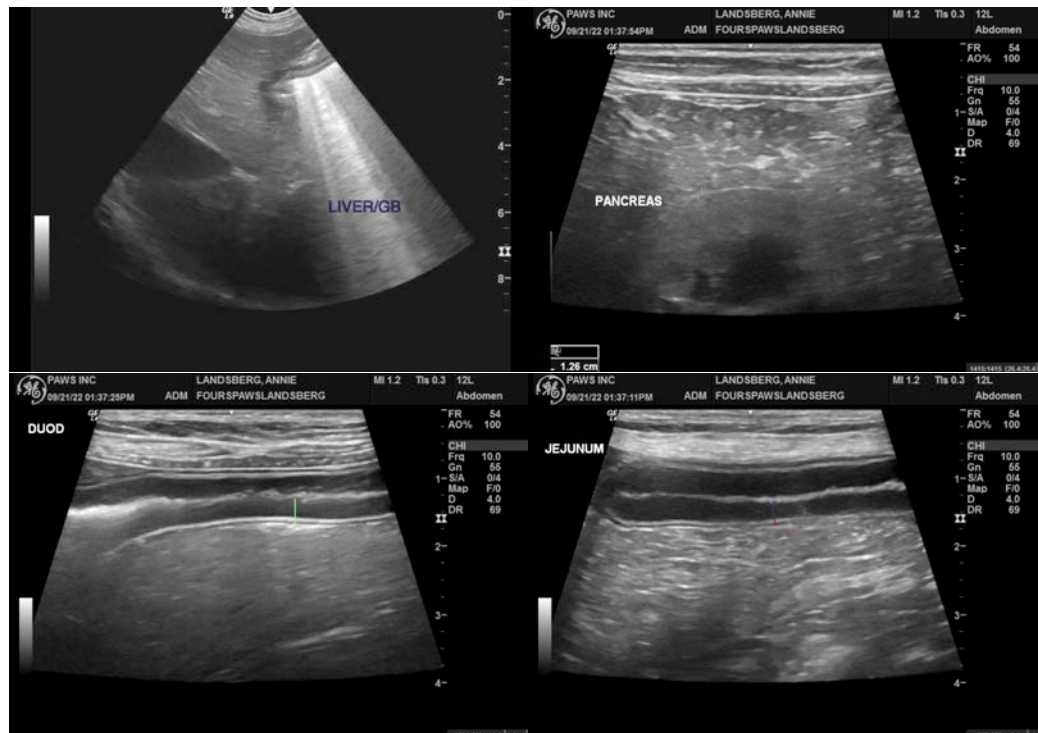
Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

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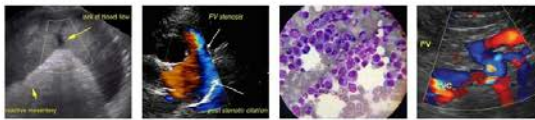
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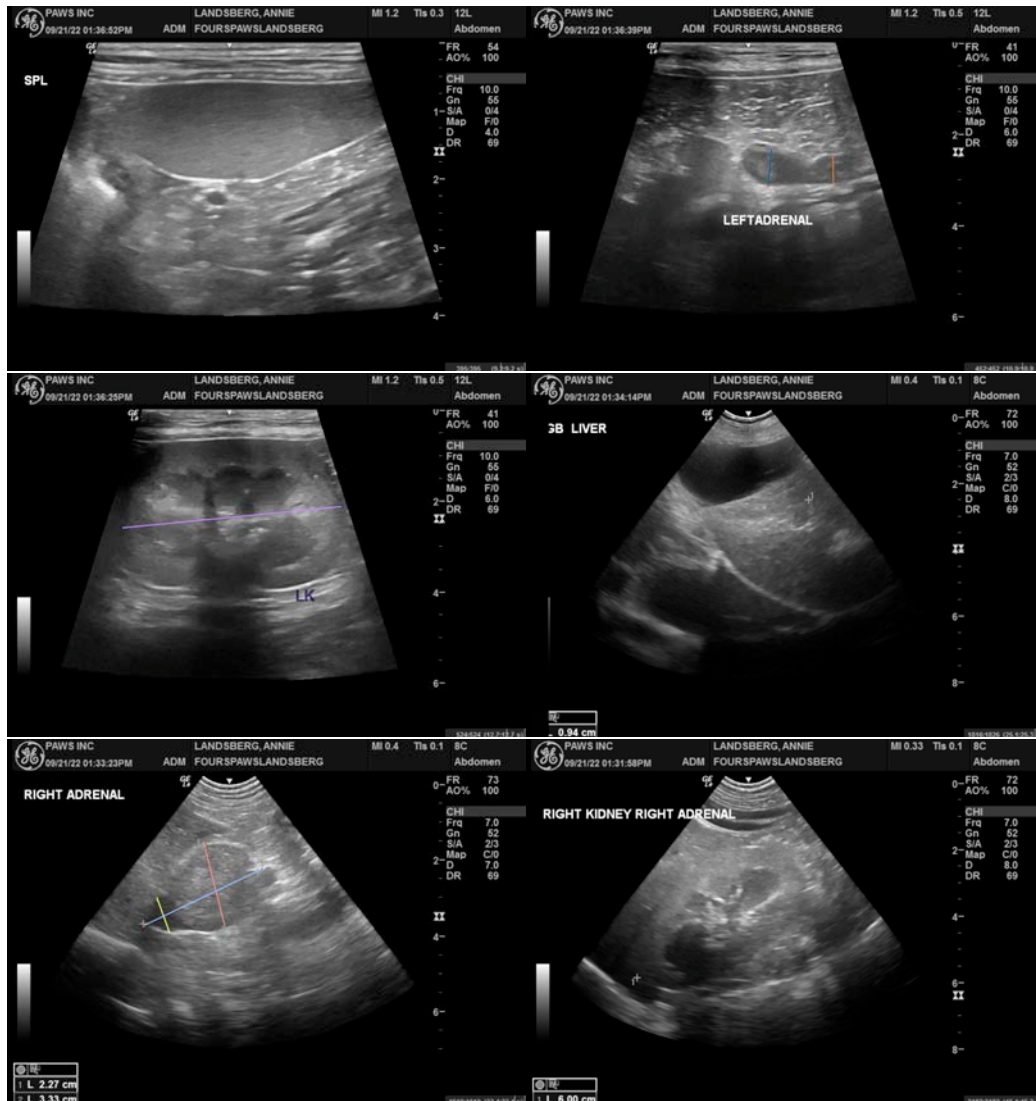
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Dr. Sue Lester

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)
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