

**PATIENT**

Mabel Eaton

**SPECIES**

Canine

**BREED**

Pit Bull X

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

91.2

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Hadley Harris

**HOSPITAL NAME**

TotalBond VH

**REFERRING VET**

Dr. Hadley Harris

**INVOICE**

25215

**DATE**

9/7/21

**PRESENTING CLINICAL SIGNS**

9 yo FS Pit Bull mix with a known history of HAC that was recently started on Trilostane (most recent cortisol level on 8/18 was 1.7). Patient continues to be pu/pd despite adequate control of cortisol. At last visit, a dermal MCT was identified on the right hip. Pt has prev history of several low grade, completely excised MCT over the last few years. Abdominal ultrasound to assess for additional causes of unresolved pu/pd and assess prior to surgical removal of MCT.  
Abnormal PE/Chem/CBC/UA Results: see attached

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (8.1 cm). Overall echogenicity is normal with adequate 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 (8.18 cm). Overall echogenicity is normal with adequate 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 normal/borderline large in size measuring 1.0 cm at the caudal pole. 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.

The right adrenal gland is normal/large in size measuring 1.14 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.

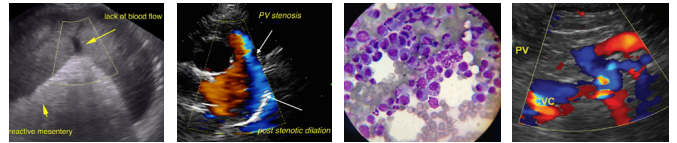
**Spleen**

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 normal 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. There is a somewhat indistinct hyperechoic mass effect measuring 5.34 cm x 4.38 cm in the hepatic parenchyma.

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***

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The stomach contains minimal luminal contents. It measures at a normal thickness of 0.52 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.

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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 measured 0.58 cm. Jejunum wall measured 0.33, 0.37, 0.42 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**BREED**

Pit Bull X

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.

**SEX**

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***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.

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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**

**INTERPRETED BY**

Kathleen Sennello DVM,  
MS, Diplomate ACVIM  
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- Hyperechoic mass effect in the liver – This could represent a benign or a neoplastic lesion, less likely abscess or granuloma.
- Bilateral adrenomegaly – 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. This is consistent with a diagnosis of PDH and the information provided.
- Mildly echogenic urine in urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

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**SECONDARY FINDINGS**

- Mild gallbladder sludge – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.
- There is a mass lesion observed in the liver. It is somewhat ill-defined and appears deep for a fine needle aspirate, but could be considered. Ideal plan would probably entail advanced imaging of the liver and referral to a veterinary surgeon for removal and histopathology.

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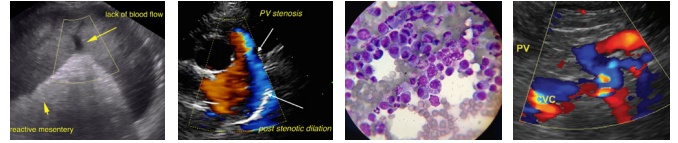
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The urine is mildly echogenic in the urinary bladder. Recommend urinalysis and culture to rule out UTI as a possible differential for PU/PD. It is possible that the PU/PD described is either from the hepatic mass or a urinary tract infection (among other things). Additionally, if dosing Trilostane once daily, modify treatment regimen to a twice daily regimen (with dose adjusted), as this can help significantly.

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Recommend 3-view thoracic radiographs.

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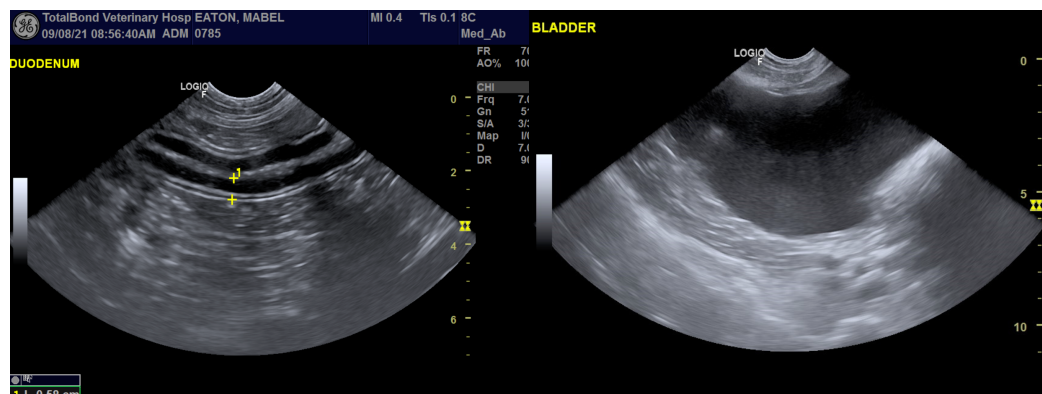
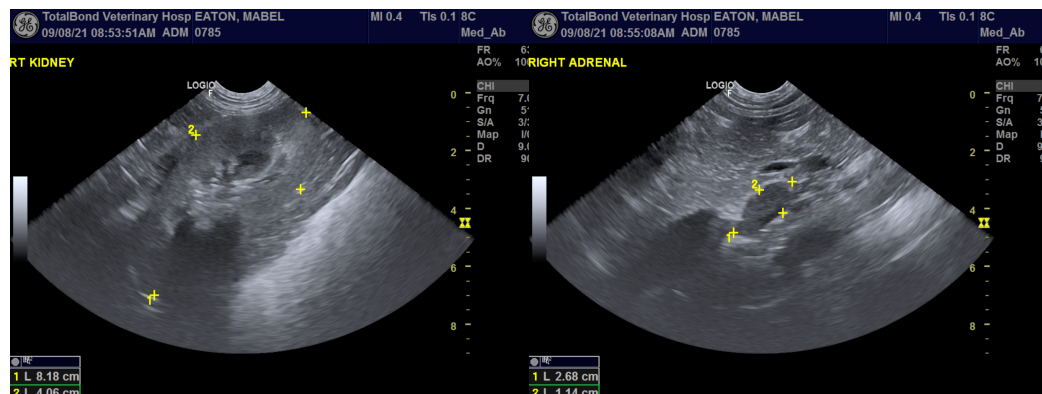
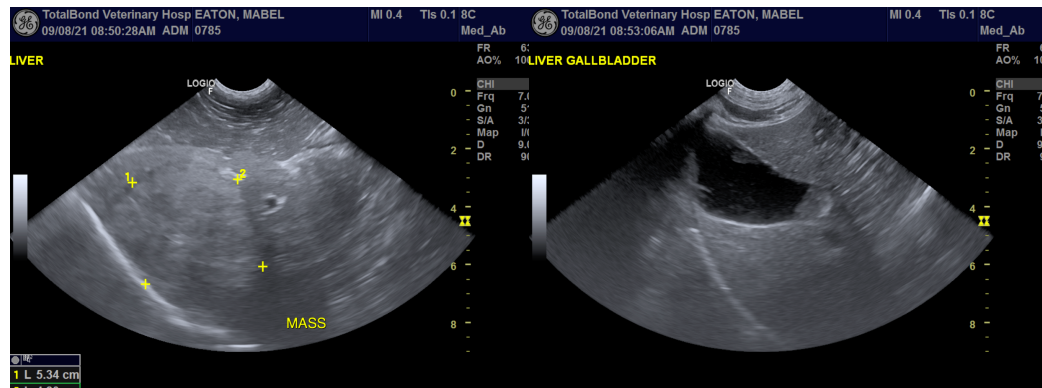
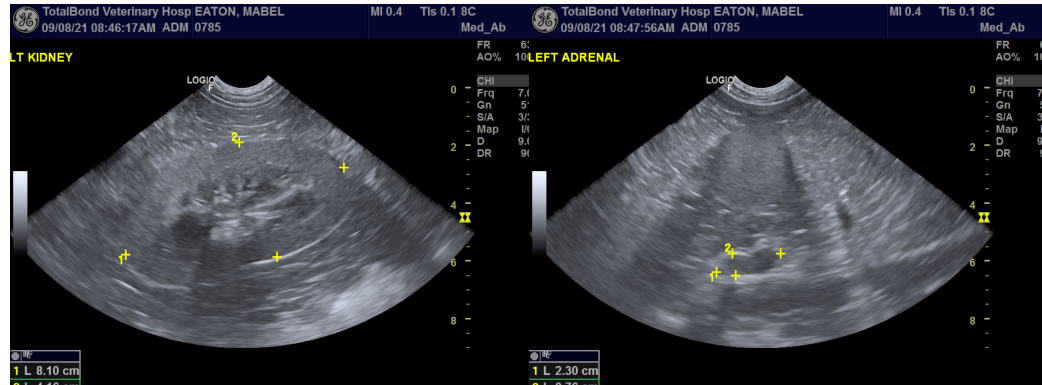
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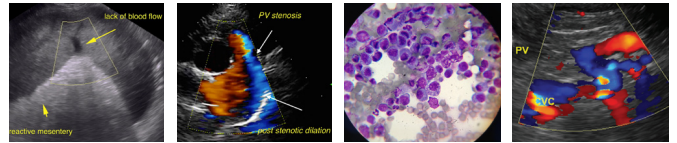
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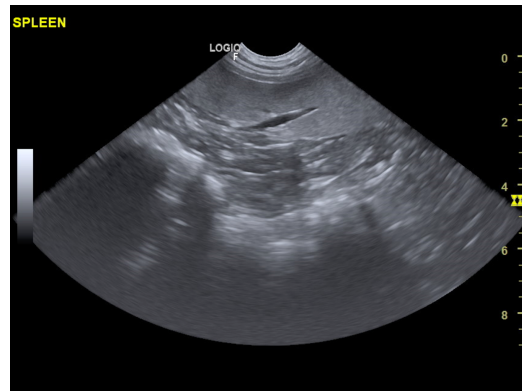
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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