

**PATIENT**

Sadie McClain

**SPECIES**

Canine

**BREED**

Pug Mix

**SEX**

Spayed Female

**AGE**

6 ½ years

**WEIGHT**

30.6 lbs

**INTERPRETED BY**Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM**IMAGING  
PERFORMED BY**

Amy Mayhew LVT

**HOSPITAL NAME**

SVS Imaging Michigan

**REFERRING VET**Wixom Family Pet  
Practice**INVOICE**

99971

**DATE**

11/07/20

**PRESENTING CLINICAL SIGNS**

Current Medications: Interceptor Plus Bravecto Trazodone 100 mg PRN Probiotic Patient History: No clinical signs of illness.

Abnormal PE/Chem/CBC/UA Results: Blood work done in preparation of a dental Chemistry abnormalities - ALP 3511, P 6.8, Ca 12, Mg 2.9, Cholesterol 422. 5# weight gain ACTH Stimulation test: Pre-Cortisol 1.8 (1.0-6.0) Cortrosyn 2 ml constitution 0.55 ml Post-Cortisol 10 (1.0-6.) \*\*BW attached for review.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder is well distended with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

**Kidneys**

The **left** kidney measures 5.10 cm. The capsule is smooth, however, the cortex is thicker than normal and mildly hyperechoic. A subtle hyperechoic band is observed along the medulla, traversing parallel to the corticomedullary junction, which accentuates the definition of the cortico-medullary junction. Mineralizations of the pelvis are present, without evidence of nephroliths or pyelectasia. An accumulation of intrapelvic fat is noted. The surrounding mesentery is very mildly hyperechoic.

The **right** kidney measures 5.79 cm. The capsule is smooth, however, the cortex is thicker than normal and mildly hyperechoic. A subtle hyperechoic band is observed along the medulla, traversing parallel to the corticomedullary junction, which accentuates the definition of the cortico-medullary junction. Mineralizations of the pelvis and cortex are present, without evidence of nephroliths or pyelectasia. An accumulation of intrapelvic fat is noted. The surrounding mesentery is not hyperechoic.

**Aortic bifurcation/trifurcation**

No abnormalities observed.

**Adrenal Glands**

The **left** adrenal gland measures 0.61 cm at the cranial pole, 0.57 cm at the caudal pole. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The **right** adrenal gland measures 0.43 cm at the cranial pole, 0.51 cm at the caudal pole. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

**Spleen**

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The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

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**Liver**

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echotexture is homogeneous and it is within normal limits in echogenicity. Two hyperechoic, well circumscribed nodules are noted in the right liver lobe (sagittal view); one nodule measures 0.70 cm in diameter x 0.56 cm in length and the second nodule measures 0.84 cm in diameter x 0.78 cm in length. No abnormalities are observed with the hepatic vessels visualized.

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The gallbladder (GB) wall is within normal limits in thickness and echogenicity. A very small amount of echogenic material is observed within the GB. The sludge is inspissated and forms nodules, which are adhered to the wall. The portions of the cystic and/or common bile ducts observed are not dilated or tortuous, i.e. there are no signs of an obstruction.

**AGE**

6 ½ years

**Gastrointestinal**

The gastric wall is within normal limits in thickness and the wall layers are well defined. No obvious abnormalities are observed with its peristalsis.

**WEIGHT**

30.6 lbs

The small intestinal wall thickness, including the duodenum, is within normal limits. Although the definition of the wall layers is preserved, diffuse fogging of mucosa of the small intestines is noted. Abnormally dilated loops of bowel are not observed.

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The colonic wall is not thickened and mural detail is considered normal.

There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction in the gastrointestinal tract.

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**Pancreas**

No overt abnormalities are observed with the echogenicity or echotexture of the parenchyma the left or right limbs. There is no evidence of hyperechogenicity of the surrounding mesentery, i.e., signs of active pancreatitis are not present.

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**Other****REFERRING VET**Wixom Family Pet  
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No abnormalities are observed

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Abdominal effusion is not visualized.

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**ULTRASONOGRAPHIC FINDINGS**

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6 ½ years

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- The two hyperechoic nodules noted within the liver are not considered clinically significant. Differential diagnoses include fibrosis, mineralization, fat and nodular hyperplasia.
- Differential diagnoses for the renal changes observed include glomerulonephritis, and interstitial nephritis. Pyelonephritis cannot be excluded despite the absence of typical sonographic signs.
- The mucosal fogging of the intestinal tract is a subjective finding and may not be clinically significant, however, it may be suggestive of inflammation, secondary to inflammatory bowel disease.
- The presence of sludge in the gallbladder may be clinically insignificant, however, some dogs may show clinical signs of gastroesophageal reflux disease (GERD), therefore, obtaining a history regarding signs of GERD from the client is suggested. Treatment with an anti-acid, proton pump inhibitor or ursodeoxycholic acid may be required depending on the patient's history.
- Sadie's weight gain may be a sign associated with hyperadrenocorticism (HAC). The ACTH stimulation test may be a false positive if she is an anxious dog. A low dose dexamethasone suppression test may be considered. An individual suffering from HAC may have adrenal glands within the normal reference range. Inquiring about other clinical signs of HAC is worthwhile, for example, panting excessively, change in body shape ("pot belly" appearance), etc.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS****INTERPRETED BY**Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

A urinalysis and urine culture and sensitivity are suggested to exclude possible pyelonephritis.

If the urine culture and sensitivity is negative, a urine protein: creatinine ratio is suggested, as dogs suffering from HAC may be proteinuric.

An arterial blood pressure is recommended to rule out hypertension associated with hyperadrenocorticism, ideally in the presence of the client to minimize the effects of stress.

A fundic exam is also suggested.

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Obtaining a history regarding signs of GERD from the client is suggested.

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Treatment of HAC is indicated based on Sadie's weight gain, elevated hepatic enzyme activities, ACTH stimulation test results (providing stress did not cause a false positive result).

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1/27/20

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svsimagingmi@gmail.com



**PATIENT**

Sadie McClain

**SPECIES**

Canine

**BREED**

Pug Mix

**SEX**

Spayed Female

**AGE**

6 ½ years

**WEIGHT**

30.6 lbs

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**IMAGING PERFORMED BY**

Amy Mayhew LVT

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**REFERRING VET**

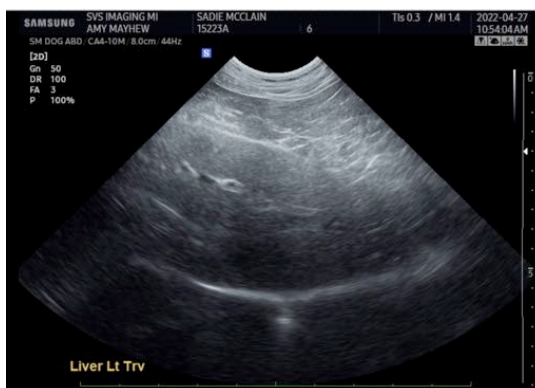
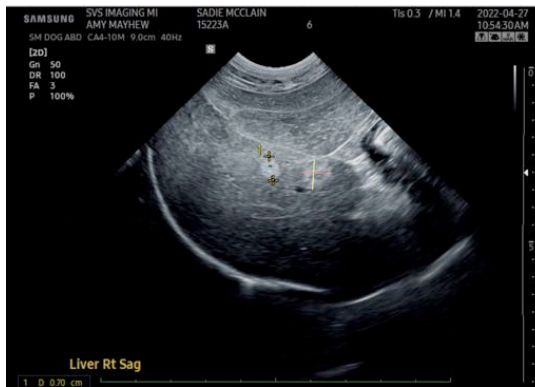
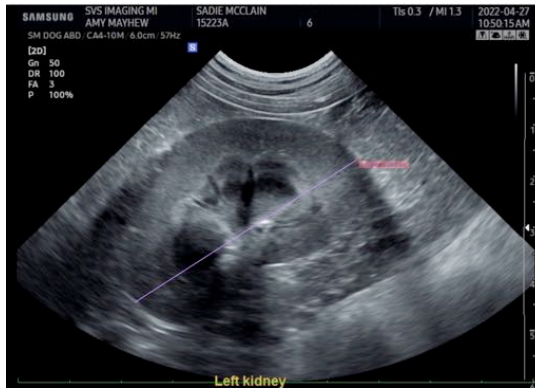
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**PATIENT**

Sadie McClain

**SPECIES**

Canine

**BREED**

Pug Mix

**SEX**

Spayed Female

**AGE**

6 1/2 years

**WEIGHT**

30.6 lbs

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DVSc, Diplomate  
ACVIM

**IMAGING PERFORMED BY**

Amy Mayhew LVT

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**REFERRING VET**

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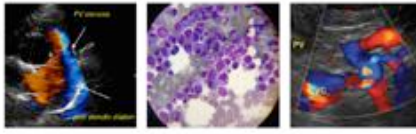
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**PATIENT**

Sadie McClain

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.

**SPECIES**

Canine

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

**BREED**

Pug Mix

[Lisa.Carioto@sonopath.com](mailto:Lisa.Carioto@sonopath.com)

**SEX**

Spayed Female

**AGE**

6 ½ years

**WEIGHT**

30.6 lbs

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