**PATIENT**

Coco Sherry

SPECIES

Canine

BREED

Labrador

SEX

Spayed Female

AGE

10.5 lbs

WEIGHT

85 Pounds

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

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Union Lake VH

INVOICE

30403

DATE

5/13/22

PRESENTING CLINICAL SIGNS

Recently dx with DM and we've been questioning possible Cushing's for awhile. PU/PD HX: DM, UTI's, Bladder stones- dissolved with SO diet, Peri-vulvar pyoderma
 Abnormal PE/Chem/CBC/UA Results: BG 423 Alk Phos 1283, Fructosamine 405, Spec cpli 584, UA-glucose +3/4 Dog not clinical for pancreatitis. Started Vetsulin 14U bid and performing first curve today.. dog will not be fasted for AUS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is poorly filled, however, its contents are anechoic. 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 6.74 cm. The capsule is smooth. A very mild loss of the normal definition of the cortico-medullary junction is present. Mineralizations of the diverticulae and pelvis are present, without evidence of nephroliths or pyelectasia. An accumulation of intrapelvic fat is noted. The surrounding mesentery is not hyperechoic.

The **right** kidney measures 7.73 cm. Findings are similar to the left kidney.

Aortic bifurcation/trifurcation

No abnormalities observed.

Adrenal Glands

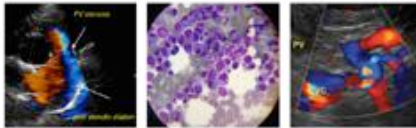
The **left** adrenal gland measures 0.72 cm at the cranial pole, 0.76 cm at the caudal pole. The caudal pole is slightly "plump" and hyperechoic. However, there are no signs of a nodule or a mass. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The **right** adrenal gland measures 0.85 cm at the cranial pole, 0.98 cm at the caudal pole. The cranial pole is rounded and plump, with a possible nodule. There is no evidence of a mass. 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

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

Liver

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There are no obvious signs of hepatomegaly. The liver's borders are smooth, but mildly rounded. A diffuse, mildly coarse or granular echotexture is observed, in addition to mild and diffuse hyperechogenicity. 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. The GB is moderately distended with a mild to moderate amount of echogenic material. 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.

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Gastrointestinal

Food is present in the stomach. Coco is not fast due to her diabetes. The gastric wall is within normal limits in thickness and the wall layers are well defined. No obvious abnormalities are observed with its peristalsis.

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The duodenum is within normal limits in thickness. The definition of wall layers is preserved, however, subjectively, mild stippling of the mucosa is present.

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The small intestinal wall thickness, including the duodenum, is within normal limits and the definition of the wall layers is preserved. Abnormally dilated loops of bowel are not observed.

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

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Pancreas

The pancreas has a mildly coarse echotexture, which is considered secondary to age related changes, however, previous episodes of pancreatitis cannot be excluded. There are no signs of neoplasia.

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No abnormalities are observed

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Abdominal effusion is not visualized.

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ULTRASONOGRAPHIC FINDINGS**REFERRING VET**

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- The **left adrenal gland** is at the high end of the normal reference range. Mild to moderate **adrenomegaly** of the **right gland** is present. There are no signs of a mass. Adrenal hyperplasia secondary to stress (chronic illness) is likely, however, pituitary dependent hyperadrenocorticism (HAC) cannot be excluded.
- **Gallbladder sludge**; 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.

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- Vacuolar and reactive hepatopathies, as well as cholestasis, may be present as a result of diabetes, stress, chronic illness, as well as possible underlying HAC. Other differential diagnoses, such as, hepatitis and cholangitis/cholangiohepatitis, and a (breed related) copper hepatopathy are considered less likely.

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- Age related changes are noted with the **pancreas**. A component of the changes may be also be due to previous episodes of pancreatitis. There are no signs of neoplasia.

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- The clinical significance of the mild stippling of the **duodenal mucosa** is unknown. It may be clinically irrelevant, however, underlying inflammatory bowel disease cannot be excluded.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

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Treatment with detemir or long acting glargine (Tujeo) is suggested in large breed dogs.

Psyllium may be added to her diet to help regulate his diabetes (avoid formulations with sugar AND ensure they are not sweetened with xylitol).

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A Freestyle LIBRE sensor can be placed for close at home monitoring.

Further diagnostics, such as a low-dose dexamethasone suppression test or an ACTH stimulation test, are *not* recommended at the moment due to Coco's concurrent disease. That is, stabilization of her diabetes mellitus is recommended prior to performing further testing for hyperadrenocorticism.

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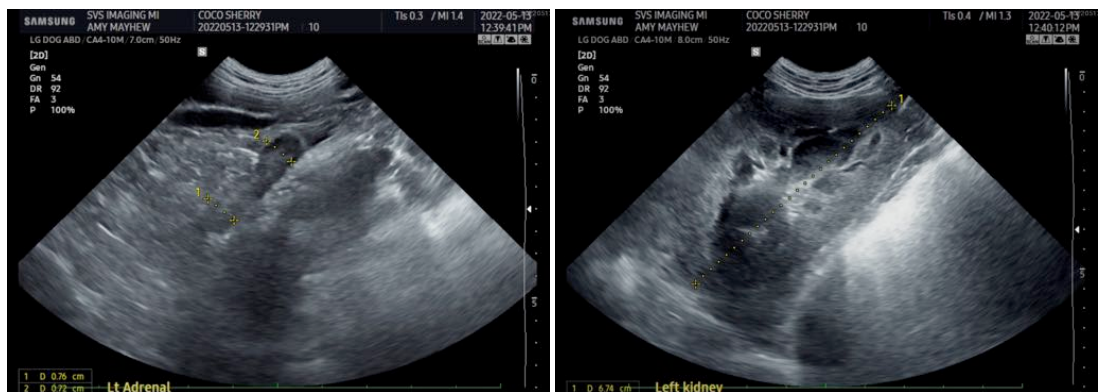
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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