



**PATIENT**

Lily Weaver

**SPECIES**

Canine

**BREED**

Pitbull Mix

**SEX**

Spayed Female

**AGE**

5.5 Years

**WEIGHT**

69 Pounds

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

**IMAGING  
PERFORMED BY**

Amy Mayhew, LVT

**HOSPITAL NAME**

SVS Imaging MI

**REFERRING VET**

Family Pet Practice

**INVOICE**

15743

**DATE**

5/24/22

**PRESENTING CLINICAL SIGNS**

History: Current Medications: Phenobarbital 64.8mg 1 tab PO q12h Keppra ER 750mg 2 tab PO q12h  
Cytopoint Patient History: Hx of epilepsy- maintaining well on pheno and keppra ER polyphagia,  
pu/pd Increased pigmentation on ventral abdomen Recently presented for otitis

Abnormal PE/Chem/CBC/UA Results:4. Head shaking, limited otoscopic exam due to mobility. AS-  
superficial mild excoriation inner ear base, canal otherwise clean/normal. AD- NSF 5. NE- used caution  
around face, no muzzle used 8. salivary staining and moist dermatitis mild hyperperemia, no pustules  
seen - front left and rear left paws. O has noticed increased pigmentation of skin on ventral abdomen  
9/10. Pendulous abdomen, weight gain noted Asked about water intake/urination- per O has noticed  
increased, also increase in appetite, O to pheno. Discussed monitoring for cushings given clinical signs,  
pigmentary changes to skin, pot-bellied appearance. Consider AUS, ACTH stim for screening 13.  
Overweight- plan to recheck Tg today, decrease amt fed from 2.5c to 2 cups per day T4: 5/20/22 <0.5

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is well distended with anechoic contents. Polydipsia and polyuria (very well  
distended urinary bladder). 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 6.66 cm. The capsule is smooth and its overall architecture, including the  
definition of the cortico-medullary junction, is preserved. The cortex is mildly hyperechoic, i.e., it is  
isoechoic to the spleen. Mild mineralizations of the diverticulae and pelvis are present, without  
evidence of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

The **right** kidney measures 7.20 cm. Findings are similar to the left kidney.

**Aortic bifurcation/trifurcation**

No abnormalities observed.

**Adrenal Glands**

The **left** adrenal gland measures 0.56 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.

The **right** adrenal gland measures 0.48 cm at the cranial pole, 0.49 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**

Possible splenomegaly, i.e., tail of spleen touches the urinary bladder, however, the urinary bladder is  
well distended due to pu/pd. The spleen is within normal limits in architecture, echotexture, and  
echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e.,  
congestion and thrombi are not identified.

**Liver**



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Hepatomegaly is suspected; however, this is better characterized at the time of the ultrasound or with radiographs. The liver's borders are smooth and sharp. The liver's echotexture is homogeneous, but diffusely hyperechoic, i.e., it is hyperechoic to the falciform fat, but slightly hypoechoic to the spleen. No abnormalities are observed with the hepatic vessels visualized.

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The gallbladder wall is within normal limits in thickness and echogenicity. A small amount of echogenic material is present within the GB. 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**

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 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. Formed stools are present in the colon.

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

**Pancreas**

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

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**Other**

**Lymph nodes**

No abnormalities are observed

**Abdominal effusion** is not visualized.

**IMAGING PERFORMED BY**

Amy Mayhew, LVT

**ULTRASONOGRAPHIC FINDINGS**

**HOSPITAL NAME**

SVS Imaging MI

- **Splenomegaly** without abnormalities in architecture, echotexture or echogenicity. Differential diagnoses include splenitis due to antigenic stimulation and secondary inflammation, including immune mediated induced inflammation and extramedullary hematopoiesis and reactive hyperplasia. Neoplasia, such as lymphoma, or other round cell tumour, is considered highly unlikely.

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- **Hepatic changes** are suggestive of phenobarbital induced changes, including a vacuolar hepatopathy.
- The presence of **sludge in the gallbladder** is most likely clinically insignificant, however, some dogs may show clinical signs of gastroesophageal reflux disease (GERD); obtaining a history regarding signs of GERD from the client is suggested. Treatment with an anti-acid, proton pump inhibitor may be required depending on the patient's history. The amount of sludge is not significant enough to warrant treatment with ursodeoxycholic acid

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- There are no signs of neoplasia.



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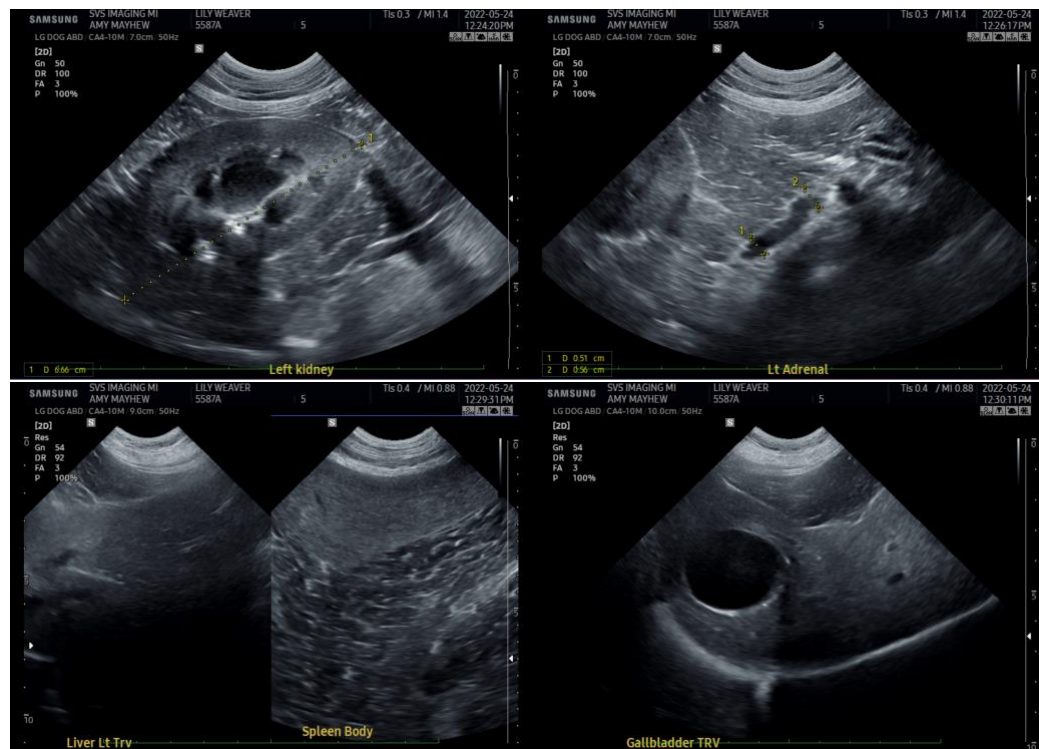
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Hyperadrenocorticism (HAC) cannot be excluded based on Lily's clinical signs. The adrenal glands within normal limits does not exclude the possibility of pituitary dependent HAC. Due to the physical exam abnormalities suggestive of HAC, an arterial blood pressure and urine protein: creatinine ratio are suggested (if a urinary tract infection is ruled out).

Hypothyroidism could explain Lily's otitis and other dermatological changes, therefore, a TSH is suggested, or ideally, a ft4 (EQD).

Underlying food allergies are possible for the cutaneous lesions, including otitis externa. A low fat, hypoallergenic diet may be considered.

A consultation with an internist is suggested due to Lily's complicated history and clinical signs.





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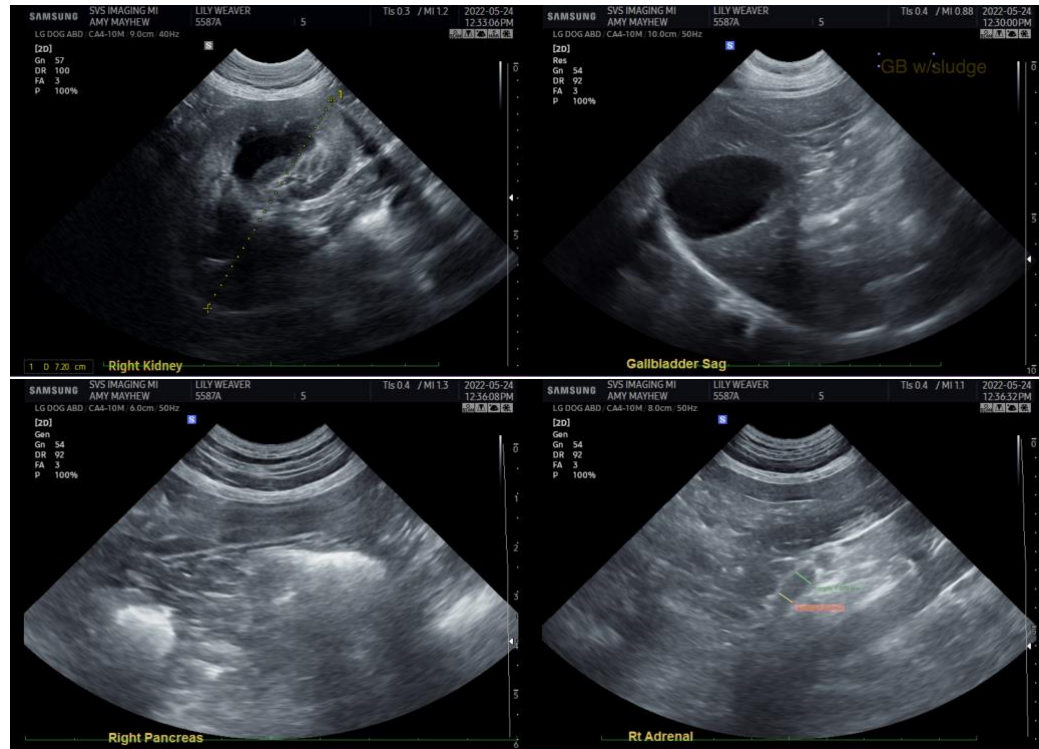
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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