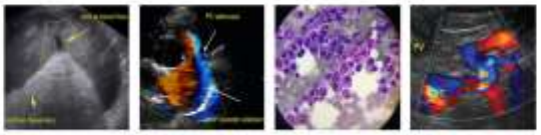


PATIENT

Daisy Smith

SPECIES

Canine

BREED

Pitbull

SEX

FS

AGE

8 years

WEIGHT

60 Pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Alburtis AH

REFERRING VET

Dr. Smith

INVOICE

12359

DATE

10.13.2021

PRESENTING CLINICAL SIGNS

History: Calcinosis cutis, LDDT consistent with hyperadrenocorticism

Medication: topical DMSO

CBC- Lymphopenia / Eosinopenia

Chemistry Panel- Mildly increased ALT and GGT, normal ALP, otherwise unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction was normal. The urethra exhibited subtle nonspecific decreased tone to a depth of 3.0 cm. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.5 cm in length. The right kidney measured 6.3 cm in length.

Adrenal Glands

Bilateral symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.90 cm width at the caudal pole and 0.97 cm width at the cranial pole. The right adrenal gland measured 0.87 cm width at the caudal pole and 0.88 cm width at the cranial pole.

Spleen

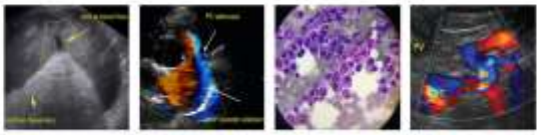
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate, echogenic ingesta with subtle progressive distal acoustic shadowing.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral prominent adrenals
- Sonographically unremarkable liver and gallbladder
- Gastric ingesta - probable post prandial presentation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In light of the LDDST, the bilateral adrenal glands were consistent with pituitary-dependent hyperadrenocorticism without evidence of adrenal neoplasia / tumor.

Interestingly, the liver was normal in size and sonographically unremarkable without overt sonographic suggestion of steroid hepatopathy.

Regardless, given the presence of calcinosis cutis and assuming nor iatrogenic steroid use, Trilostane trial with monitoring of ACTH Stimulation test is likely indicated.

Minor potential for some degree of metabolic gastric stasis or hypomotility is possible if documented NPO.

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services

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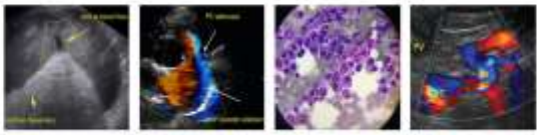

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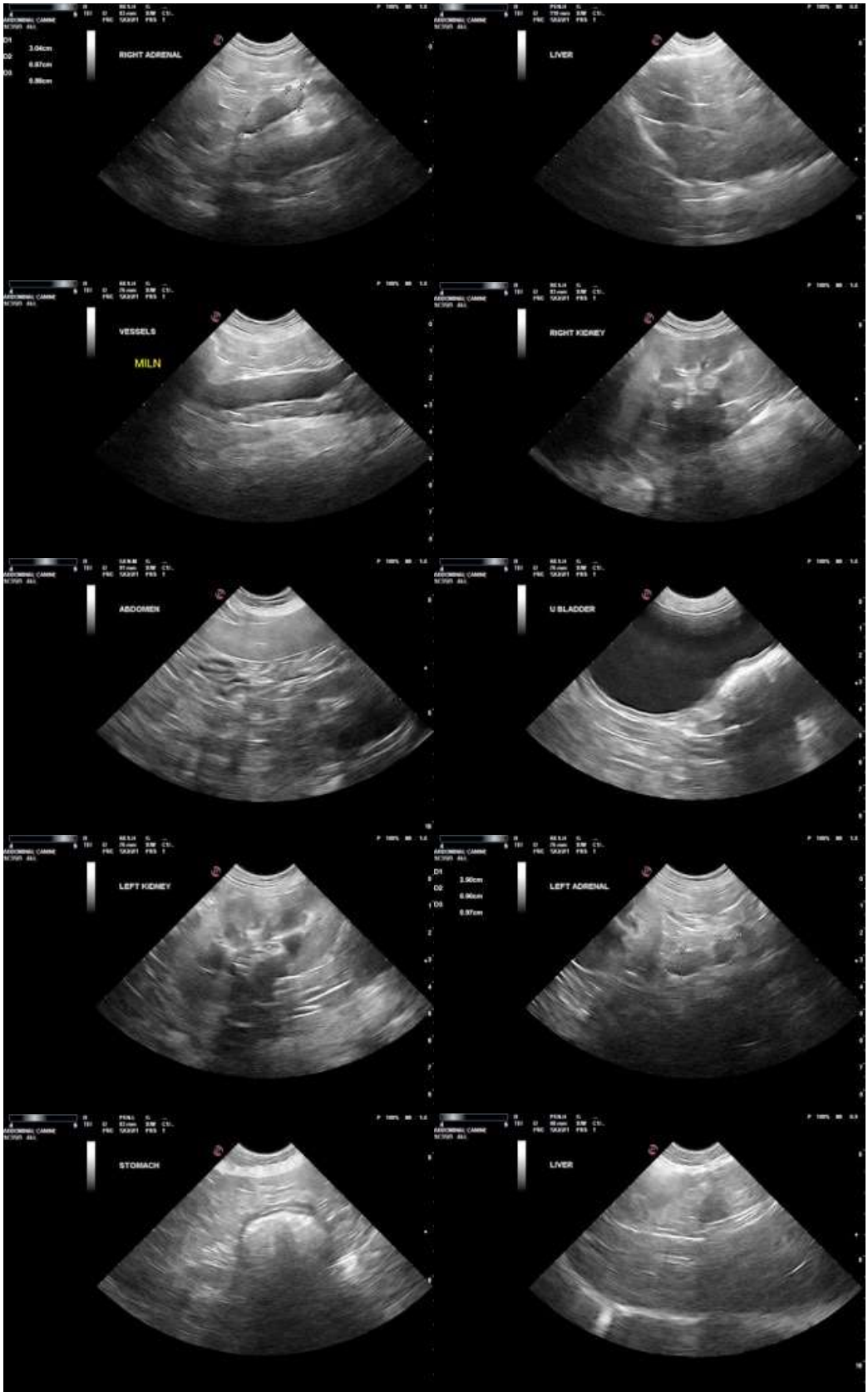

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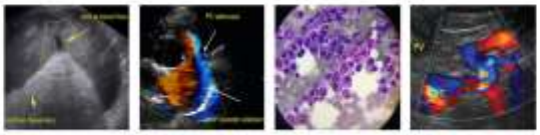

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com