

## PATIENT

Sierra Smith **PRESENTING CLINICAL SIGNS**

## SPECIES

Canine

## BREED

Aus Shepherd

History: Not sedated- panting heavily and became cyanotic in lateral (RADs taken)- Sierra Smith 14y9m, FS, Australian Shepard Recent diagnosis (within the last 6 months) for Cushing's disease. Started on Vetoryl and has had some dose changes. The owners noted intermittent increased panting in the evenings with episodes of anxiety. Her dosing and clinical signs that the owner reports have been difficult to manage and our goal with the AUS is to R/O an adrenal tumor causing the Cushings.  
Abnormal PE/Chem/CBC/UA Results:

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### SEX

FS

### AGE

14 yrs

### WEIGHT

40 lb

### Urinary System

The urinary bladder exhibited minor subjective thickening measuring 0.36 cm in width. The trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Mild asymmetrical luminal surface to micropolyploid changes were present likely associated with age related mural changes. 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 were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.4 cm in length. The right kidney measured 5.3 cm in length.

### INTERPRETED BY

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

The area of the aortic trifurcation was free of pathology.

### IMAGING BY

Loetitia Saint-Jacques,  
LVT

### Adrenal Glands

Both adrenal glands were prominent in size and maintained symmetrical capsule contour. Mild heterogeneous non mineralized parenchyma was present. No evidence of neoplastic criteria was present. The left adrenal gland measured 0.91 cm width at the caudal pole and 1.0 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.76 cm width at the caudal pole and 0.89 cm width at the cranial pole.

### HOSPITAL NAME

Tahoe Integrative Care

### 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.

### REFERRING VET

Dr. Wendy

### INVOICE

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### DATE

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## PATIENT

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### *Liver*

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### *Gastrointestinal*

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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 was evident.

### *Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

### IMAGING BY

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LVT

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- Bilateral prominent adrenal glands-consistent with PDH
- Vacuolar Hepatopathy with solitary intraparenchymal cyst-suggestive of focal nodular hyperplasia or lipogranuloma. Emerging neoplastic criteria considered less likely
- Mild gallbladder debris (non-mucocele)
- Age related kidneys
- Mild micropolyloid apical urinary bladder changes-likely associated with age, possible mild cystitis

## REFERRING VET

Dr. Wendy

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

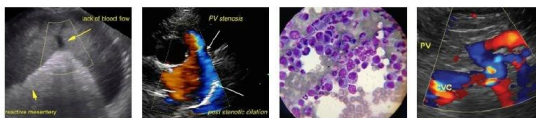
No evidence of adrenal neoplastic criteria or tumors. Three view chest radiographs suggested if not recently done. Continued therapy for pituitary dependent hyperadrenocorticism is recommended.

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## PATIENT

Sierra Smith Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial if clinically applicable.

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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/>.

## BREED

Aus Shepherd

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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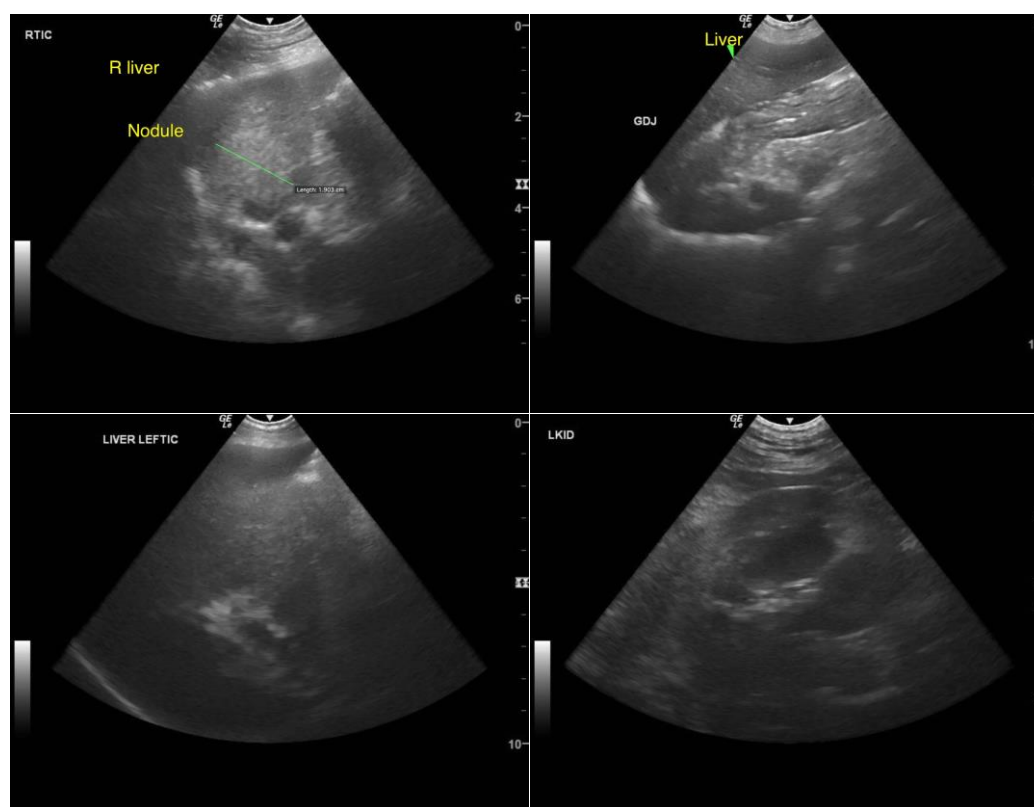
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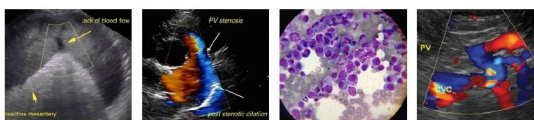
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**SEX**

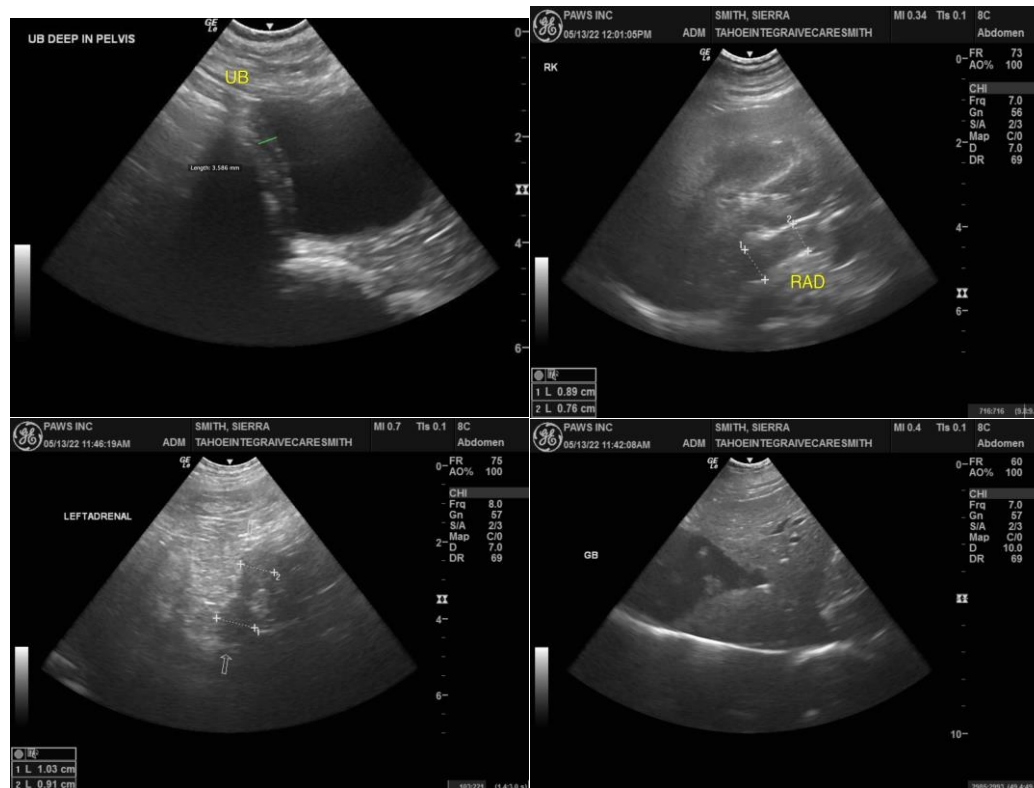
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**IMAGING BY**

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LVT

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