


**PATIENT**

 Adele Clay **PRESENTING CLINICAL SIGNS**
**SPECIES**

Canine

**BREED**

Chihuahua

Diagnosed with Cushings in 10/2021. Started on Trilostane, dose was adjusted based on clinical signs and ACTH stim tests. 4/2021 ACTH stim showed Addisonian state. Trilostane discontinued at that time. Currently, p is on no medication, but clinical signs have returned. Physical exam findings: Thin BCS (3/9), haircoat feels like straw. Hair is thinning over ear tips and neck. PU/PD. Polyphagia. Lethargic. Abnormal CBC values: 5/20/22 - all WNL. Abnormal Chemistry Values: 5/20/22 - all WNL. Abnormal UA Values: 5/20/22 - USG 1012. Radiograph Findings (email radiographs if available): Reason for Ultrasound: Concerned there is more going on in this patient than just Cushings. Previous to diagnosis she had been PU/PD for almost a year. She was vibrant and overweight. Now that she is off of medications and clinical signs have returned she is not herself. There is an ACTH stim pending.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**
**AGE**

13 Years

**WEIGHT**

7.2 Pounds

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint areas of medullary mineral present. The kidneys measured 3.5 cm each.

**INTERPRETED BY**

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

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The adrenal glands were mildly prominent in size, given the breed, with symmetrical capsule contour and subjective homogeneous parenchyma. The left adrenal gland measured 0.47 cm at the cranial pole and 0.52 cm at the caudal pole. The right adrenal gland measured 0.59 cm at the cranial pole and 0.52 cm at the caudal pole.

**IMAGING BY**

 Loetitia Saint-Jacques,  
 LVT

**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.

**HOSPITAL NAME**

Alpine AH

**REFERRING VET**

Dr. Lindsay Sjloin

**Liver**

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. Mild non-dependent yet non-organized luminal debris present. No evidence of gallbladder or peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

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### **Gastrointestinal**

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. Gastric body wall measured 0.30 cm.

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. Duodenum wall measured 0.28 cm.

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

### **Pancreas**

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

### **Free Abdomen**

Focal, intermittent mildly prominent to enlarged mesenteric nodes were present. Example measured 0.53 cm diameter. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). These lymph nodes are not consistent with inflammatory or neoplastic criteria.

## ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes with pinpoint medullary mineral.
- Prominent yet not overtly enlarged bilateral adrenal glands – no adrenal tumors.
- Heterogeneous pancreas – non-specific.
- Age related pancreatic changes. Minor remodeling owing to previous inflammation. Low-grade to chronic pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation.
- Overtly normal gastrointestinal tract.
- Mild gallbladder debris (non-mucocele).

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, largely geriatric abdomen without evidence of significant visceral pathology. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Full CBC/Chem panel suggested, if not recently done. Ursodiol therapy could be considered if evidence of cholestasis. Pending ACTH stimulation test, internal medicine consult is recommended.



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Adele Clay 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/>.

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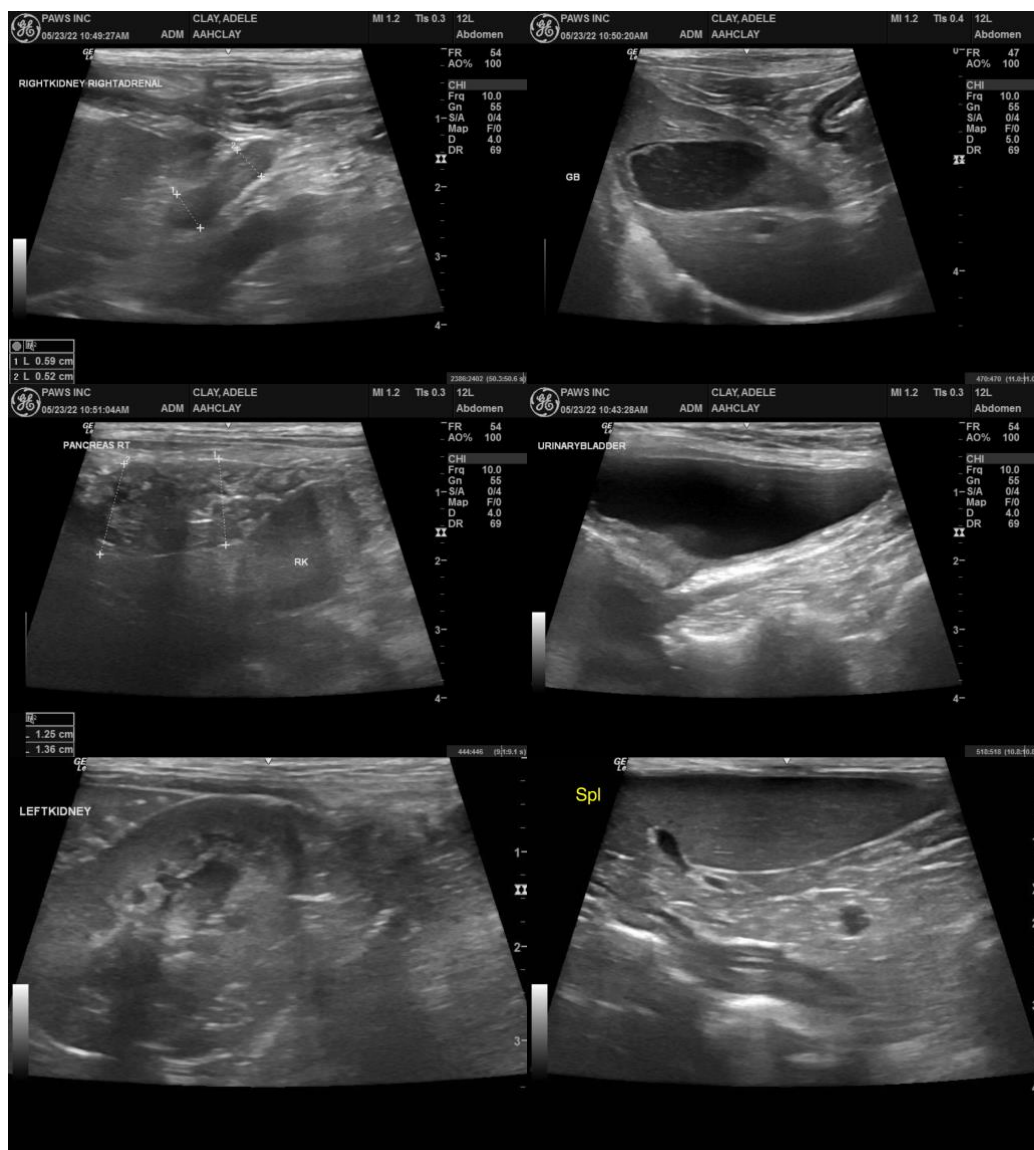
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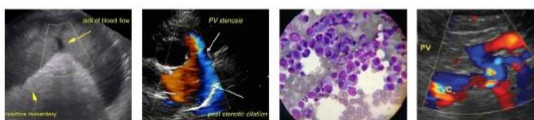
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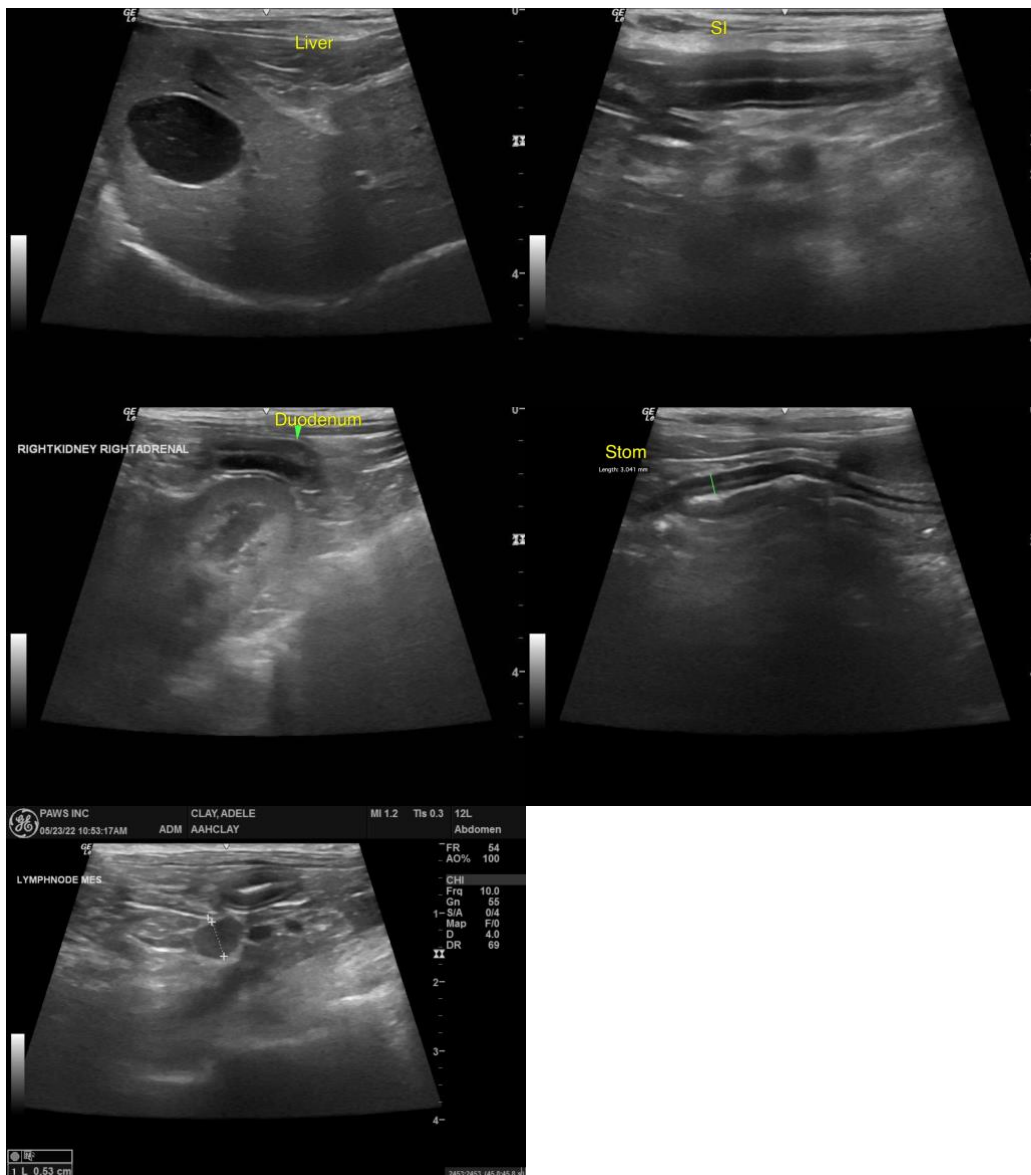
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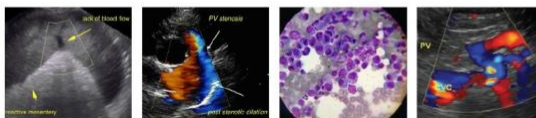
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)  
info@SonoPath.com



Portable Animal Vascular Sonography, Inc.

IMAGING PERFORMED BY  
[pawsonography@gmail.com](mailto:pawsonography@gmail.com) 530-786-8340

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