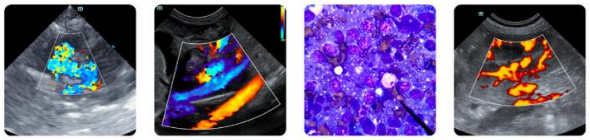


PATIENT

Pepsi Cammons

SPECIES

Canine

BREED

Shih Tzu X

SEX

Male Neutered

AGE

14Y

WEIGHT

5.1kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Dr. Kerr

INVOICE

74924

DATE

5-8-26

PRESENTING CLINICAL SIGNS

P is urinating more frequently, drinking +++, took to rdvm, did bloodwork and rec AUS to further investigate adrenals.
Abnormal PE/Chem/CBC/UA Results: Rdvm bloodwork: Cortisol resting 4.9; 3hr post 3.4; 8hr post 4.0 HGB 21.4; HCT 63; PLT 488; Eos 1; TP 3.7; ALB 2.0; ALT 187; ALK 1215; GGT 13; Crea 0.2; BUN/CRE ratio 60; Phos 6.2; Ca 7.8; PSL 319 UA - SG 1.006; pH 7.5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

The area of the residual prostate appeared normal and free of pathology.

No evidence of pathology in the area of the aortic trifurcation.

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. There were areas of mild medullary mineral present. The left kidney measured 4.6 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

The left adrenal gland presented enlarged in size with nonhomogeneous nonmineralized parenchyma. A small non-capsule deforming cranial left adrenal cyst was present measuring 0.35 cm in diameter. Overall, the left adrenal gland measured 0.85 cm caudal pole width.

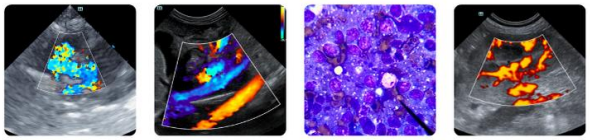
The right adrenal gland presented enlarged in size with nonhomogeneous nonmineralized parenchyma. The right adrenal gland measured 0.84 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A well demarcated to hyperechoic, non-capsule deforming nodule was present measuring 0.56 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. Echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/ Gallbladder

Hepatomegaly was present with symmetrical rounded contour and homogeneous mildly increased hepatic parenchyma echogenicity compared to the spleen. No mass or nodules were present. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non distended in size with normal wall and without evidence of edema. Mild nondependent nonorganized gallbladder debris with probable mild areas of peripherally entrapped mucus. No signs of peripheral inflammation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, 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 formed feces in lumen.

Pancreas

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

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Enlarged nonhomogeneous liver.
- Early immature gallbladder mucocele.
- Bilateral adrenomegaly with cranial left adrenal cyst.
- Pancreatic remodeling/fibrosis.
- Benign splenic nodule – consistent with myelolipoma or possible emerging mineralization.
- Chronic renal changes exhibiting mild medullary mineral.

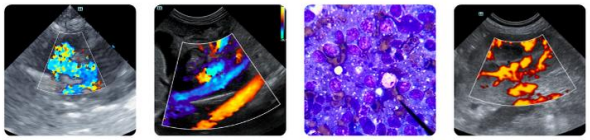
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilateral adrenal glands are most suggestive of pituitary dependent hyperadrenocorticism without overt evidence of adrenal neoplastic criteria or tumors.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Chronic pancreatitis may be suspected if cranial abdomen or subxiphoid discomfort on palpation or concurrent gastrointestinal signs.

Empirical therapy for Cushing's syndrome with concurrent hepatosupportive medications, clinical monitoring, and as needed sonographic reassessment is recommended.



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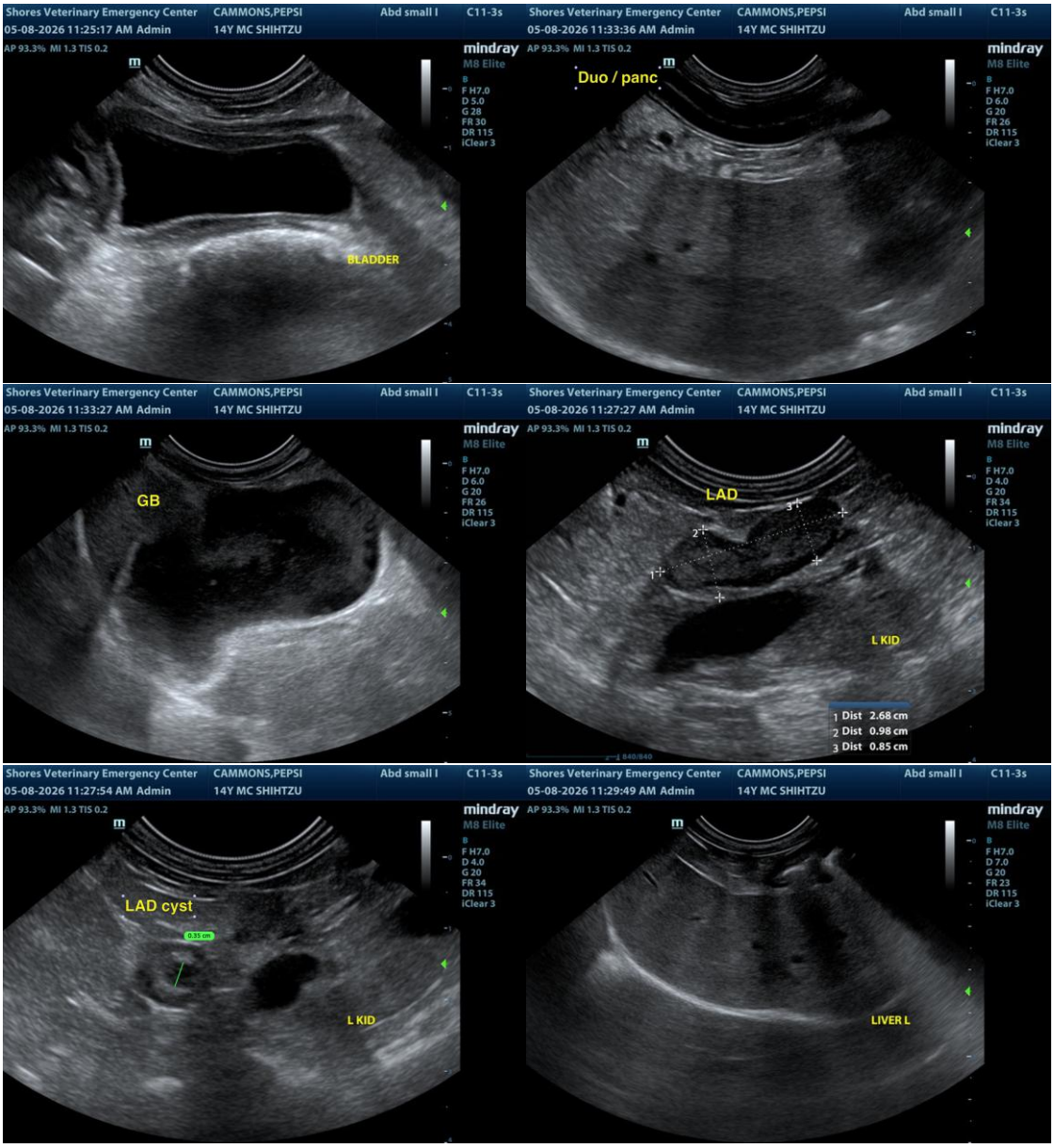

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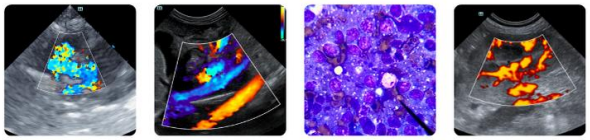

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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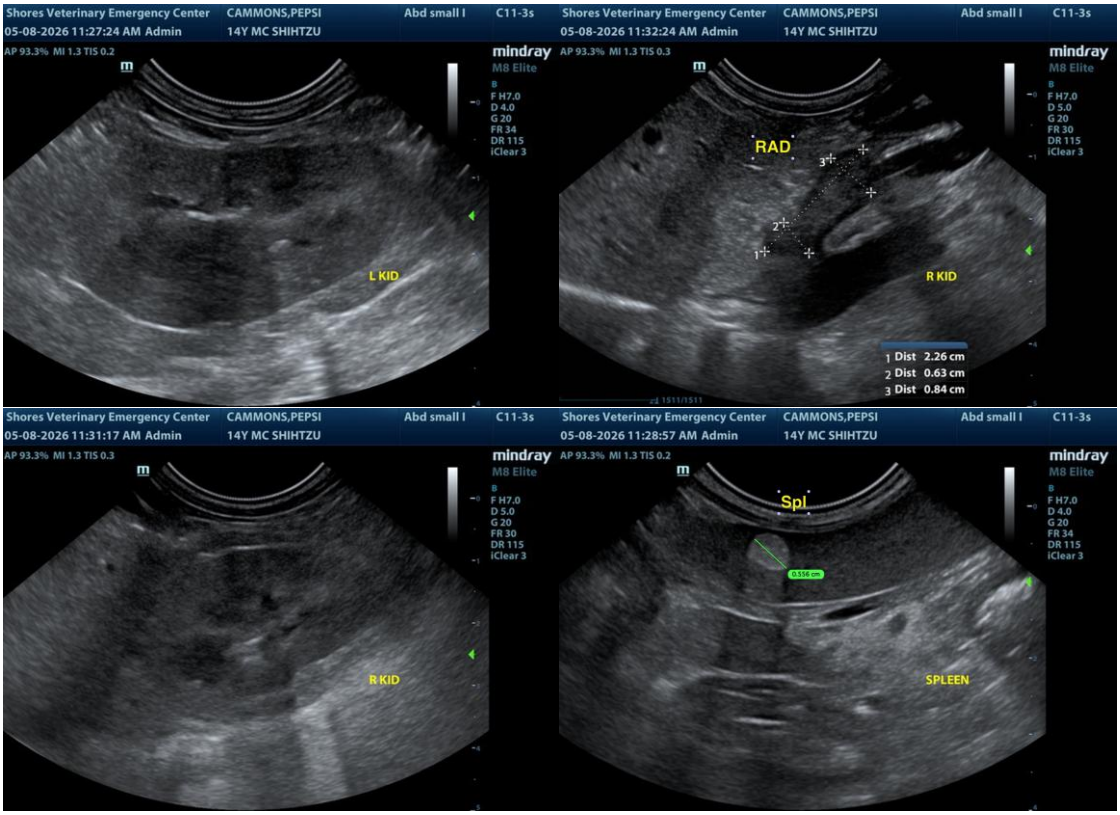

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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