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Clinical Sonography & Telecytology
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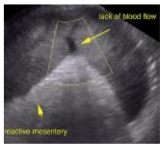

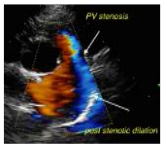

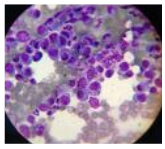
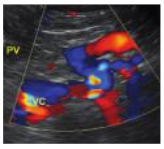

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Stoli Sheehan

SPECIES

Canine

BREED

Havanese

SEX

MN

AGE

13 years

WEIGHT

24 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sorbo

HOSPITAL NAME

Mill Brook AC

REFERRING VET

Dr. Jeffers

INVOICE

17411

DATE

7/27/23

PRESENTING CLINICAL SIGNS

Possible cushingoid dog with suspected adrenal mass
Abnormal PE/Chem/CBC/UA Results: LDDst on 7/19/23 in support of adrenal dependent HAC.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with normal urinary bladder wall. There was no evidence of urinary bladder tumors. Anechoic urine was present with mild, dependent lumen mineral. The urethra exhibited normal structure and tone to a depth of 2.0 cm.

The residual prostate was free of pathology.

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

Normal size and margination were 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present. Nonobstructive medullary renoliths were present in both kidneys. The left kidney measured 4.9 cm in length. The right kidney measured 5.1 cm in length.

Adrenal Glands

The left adrenal gland was enlarged in size exhibiting mild capsule asymmetry and nonhomogeneous parenchyma. There was no overt evidence of left adrenal parenchymal mineralization. The left adrenal gland measured 2.6 cm length x 1.8 cm width at the caudal pole.

The right adrenal gland was indistinctly visualized exhibiting subjective normal size based on caudal pole width measurement in light of body weight. The right adrenal gland measured 0.50 cm width at the caudal 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 enlarged with symmetrical to rounded hepatic capsule contour exhibiting nonhomogeneous, mild increased hepatic parenchyma echogenicity with moderate coarse echotexture. Normal vascular volume was present with no visualized hepatic masses or nodules. The gallbladder was non-distended in size with normal walls. No overt inflammatory criteria were noted.

The gallbladder contained anechoic content with moderate mildly congealed, nonorganized, variably hyperechoic gallbladder sediment. No evidence of peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

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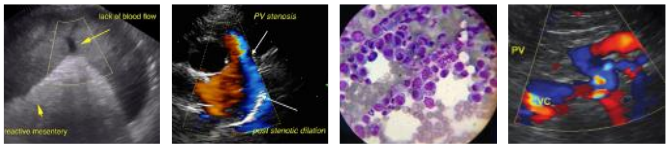

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Gastrointestinal

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.

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 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

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild dependent urinary bladder lumen mineral
- Bilateral chronic renal changes with nonobstructive medullary renoliths
- Enlarged nonhomogeneous liver - subjectively benign
- Gallbladder sediment - possible very early gallbladder mucocele
- Left adrenomegaly, subjectively normal right adrenal gland

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the enlarged left adrenal gland may include functional vs. nonfunctional adenomatous change, benign hyperplasia, or neoplasia. This may potentially indicate adrenal-dependent hyperadrenocorticism in conjunction with LDDST and lack of concurrent overt right adrenomegaly. Abdominal CT, if possible, would likely be ideal for further assessment of the bilateral adrenal glands.

Empirical therapy for hyperadrenocorticism with sonographic monitoring of the bilateral adrenal glands for evidence of progressive adrenomegaly would be reasonable. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. Concurrent sonographic reassessment of the gallbladder is suggested if evidence of progressive cholestasis.

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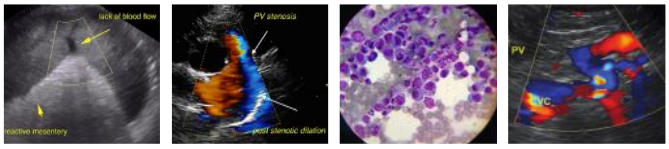

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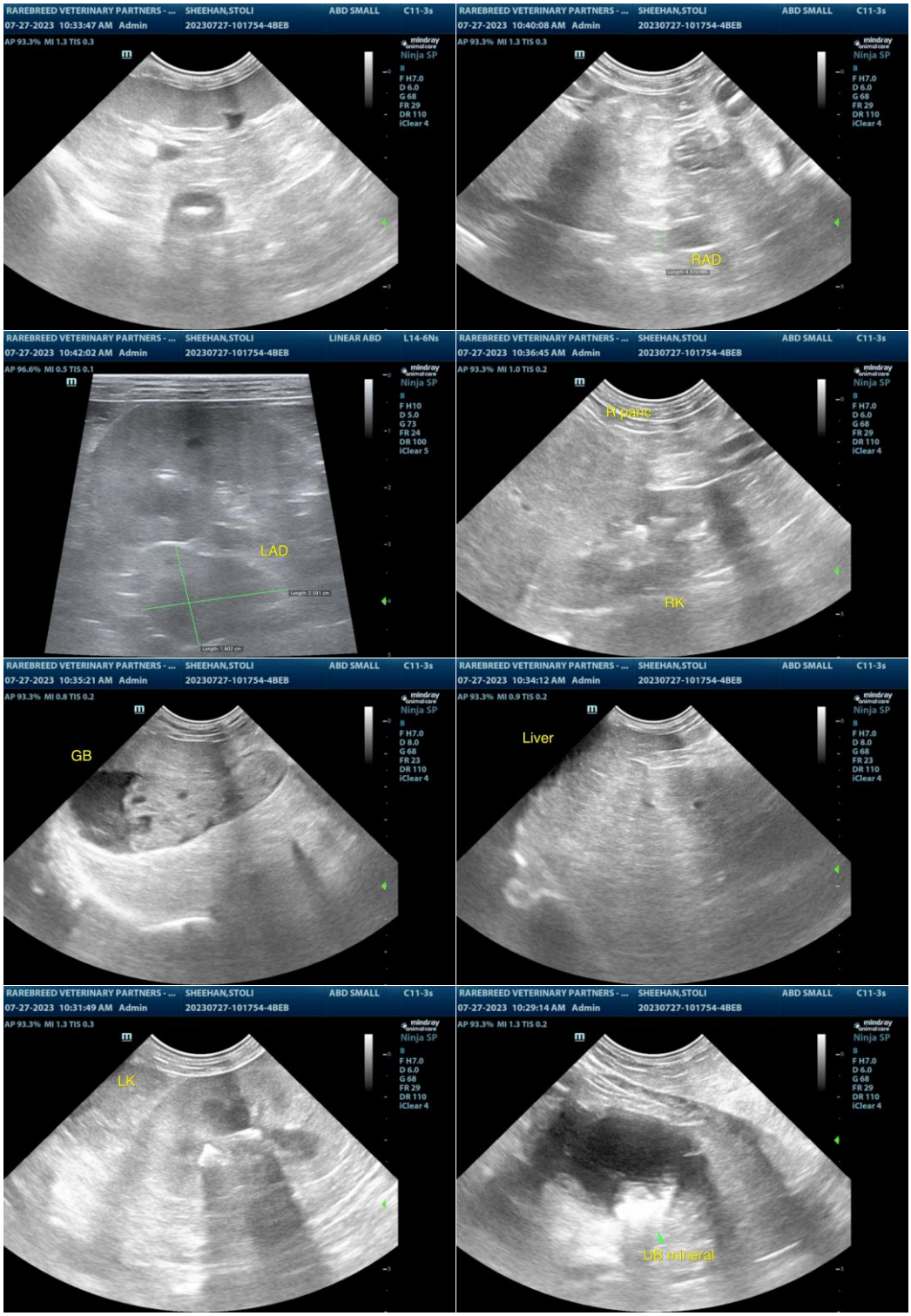

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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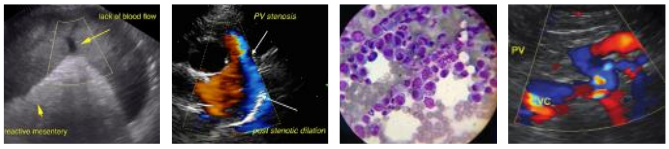

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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