



**PATIENT PRESENTING CLINICAL SIGNS**

Bobbie Mann Suspect Cushing's. PU/PD, panting.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: platelets 480, ALT 135, ALP 1027, UPC 2.5, USG 1.032, 3+ protein with quiet sediment, TT4 1.4.

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

Labrador Mix The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

**SEX** 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 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 6.9 cm in length. The right kidney measured 6.1 cm in length.

FS  
**AGE** 11yr The area of the aortic trifurcation was free of pathology.

**WEIGHT** *Adrenal Glands*

73lb The bilateral adrenal glands were moderately enlarged in size based on caudal pole width measurement in light of body weight. Symmetrical capsule contour and subtle parenchyma heterogeneity were present with indistinct non-disruptive mid left adrenal nodule measuring 0.35 cm in diameter. The left adrenal gland measured 0.87 cm width at the caudal pole and 0.55 cm width at the cranial pole. The right adrenal gland measured 0.84 cm width at the caudal pole and 0.65 cm width at the cranial pole.

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

*Spleen*

**IMAGING PERFORMED BY** Pamela Harrigan, RDCS  
 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**

Wood River Animal Hospital

*Liver/Gallbladder*

**REFERRING VET**

Leah Fischer, DVM

The liver was mild to moderately enlarged with areas of minor capsule asymmetry and generalized non-homogenous increased parenchyma echogenicity. Diffuse subtle hypoechoic hepatic nodules were present, an example measured 0.60 cm in width. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with echogenic, nonmineralized, non-dependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. No signs of peripheral inflammation.

**INVOICE**

14674ag

*Gastrointestinal*

**DATE**

08/20/2023

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.



**PATIENT**

Bobbie Mann

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.

**SPECIES**

Canine

***Pancreas***

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age related changes and considered incidental. No signs of active inflammation or neoplasia.

**BREED**

Labrador Mix

***Free Abdomen***

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

**SEX**

FS

**ULTRASONOGRAPHIC FINDINGS**

- Bilateral adrenomegaly with subtle left adrenal nodule-likely consistent with emerging adenoma, no adrenal tumors.
- Hepatomegaly with non-homogenous hyperechoic mildly nodular parenchyma.
- Immature gallbladder mucocele.
- Mild chronic renal changes.
- Remodeled pancreas.

**AGE**

11yr

**WEIGHT**

73lb

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A full adrenal workup with LDDST is recommended given the hepatic/adrenal presentation and clinical signs. If Cushing's syndrome is confirmed, monitoring of UPC level once treatment is initiated with potential concurrent PLN therapy if persistent UPC level >2.0 without concurrent azotemia.

Hepatosupportive medications such as Denamarin and Ursodiol are recommended. Sonographic monitoring of the left adrenal nodule for evidence of progression as well as the gallbladder if evidence of increasing cholestasis is recommended.

**INTERPRETED BY**

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**IMAGING  
PERFORMED BY**

Pamela Harrigan, RDCS

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Hospital

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**PATIENT**

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**SPECIES**

Canine

**BREED**

Labrador Mix

**SEX**

FS

**AGE**

11yr

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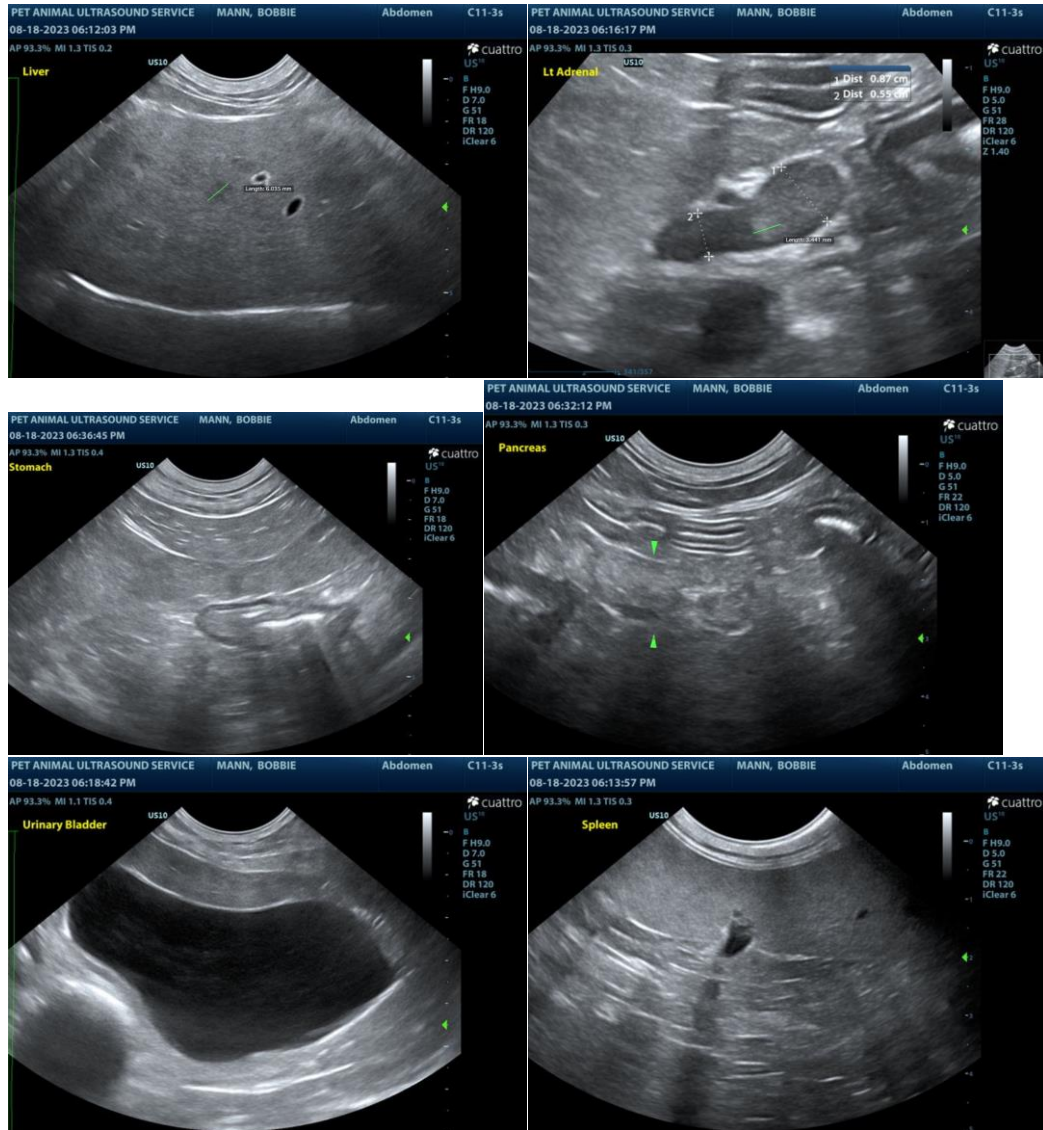
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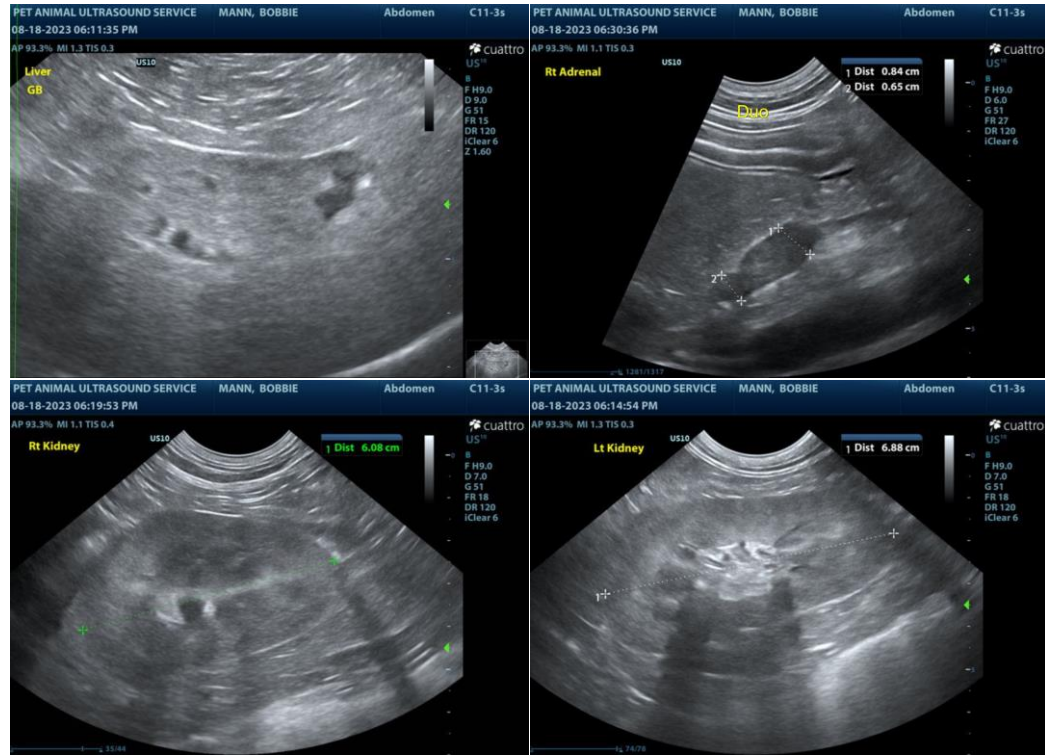
**SPECIES**  
 Canine

**BREED**  
 Labrador Mix

**SEX**  
 FS

**AGE**  
 11yr

**WEIGHT**  
 73lb



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.

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