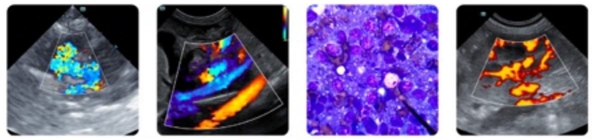


PATIENT

Nashville Williamson

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered male

AGE

11 years

WEIGHT

15.6 lbs

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Dr. Cristy Fisher

HOSPITAL NAME

Pine Creek VH

REFERRING VET

Dr. Chasteen

INVOICE

68589

DATE

11/12/25

PRESENTING CLINICAL SIGNS

History: Hair loss along dorsal back, worsening over summer Episodes of excessive/obsessive licking of carpet, floor, and dirt: Occurring primarily late evening/night Duration 20-60+ minutes per episode Unable to interrupt behavior Sometimes results in vomiting Increasing in frequency over past year Abnormal PE/Chem/CBC/UA Results: Marked alopecia along dorsum, slightly pendulous abdomen. Lab work showed thrombocytosis, mild leukopenia, elevated ALT (210). elevated ALP (911), elevated cholesterol (388) and a UPC of 1.4. LDDS showed resting cortisol at 7.1, 4hr post was 4.2 and 8hr post was 6.6. Ultrasound report revealed Hepatopathy- consistent with diffuse infiltrative disease, vacuolar hepatopathy, chronic hepatitis. Mild gallbladder debris (non-mucocele). Sonographically unremarkable gastrointestinal tract. Nonspecific mild chronic renal changes with small cortical cysts. Two uroliths present Omental mass - r/o neoplasia, lymph node, granuloma, cyst, open

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment evident. Two, small, uroliths are present measuring 0.3 cm in size.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

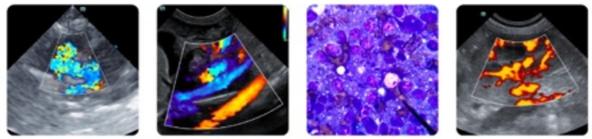
Normal renal size (left measured 4.9 cm, right measured 4.9 cm), increased echogenic appearance, some loss of cortico-medullary differentiation and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. A few, small, incidental cortical cysts are present in both kidneys.

Adrenal Glands

The adrenal glands are bilaterally enlarged with a rounded shape, but maintained a normal echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.62 cm and 0.69 cm in width. The right adrenal gland measured 0.52 cm and 0.84 cm in width.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 0.9 cm in width.



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Liver

The liver is enlarged with rounded edges with a diffuse, increased echogenic and coarse appearance, decreased portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full containing a small amount of non-adhered, hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Enlarged mesenteric lymph nodes measuring up to 0.4 x 1.6 cm in size maintaining a normal shape and echogenic appearance.

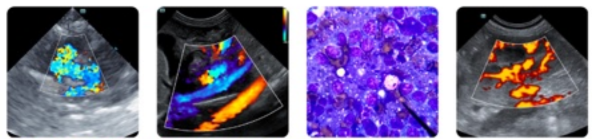
No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenomegaly.
- Hepatopathy.
- Mesenteric lymphadenomegaly.
- Age related renal changes versus early chronic kidney disease.
- Uroliths.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the adrenal glands and liver would be consistent with Cushing's disease and in line with the results of the low-dose Dexamethasone suppression test. The most likely etiology for the



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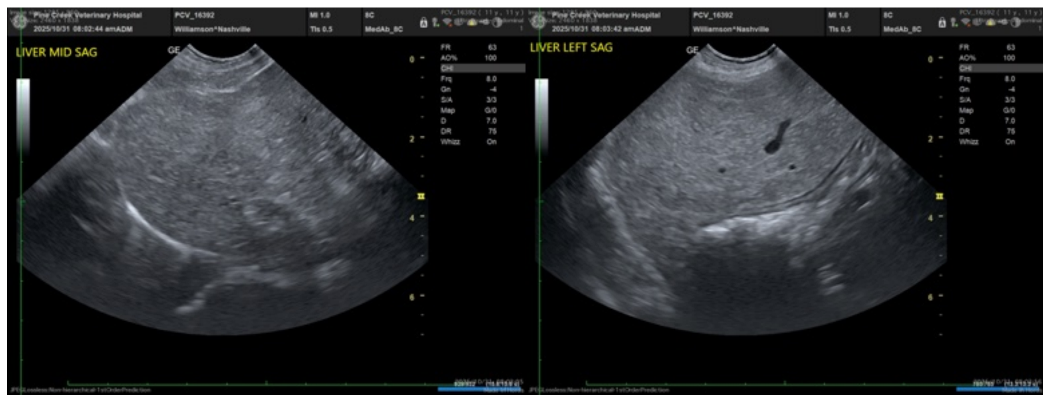
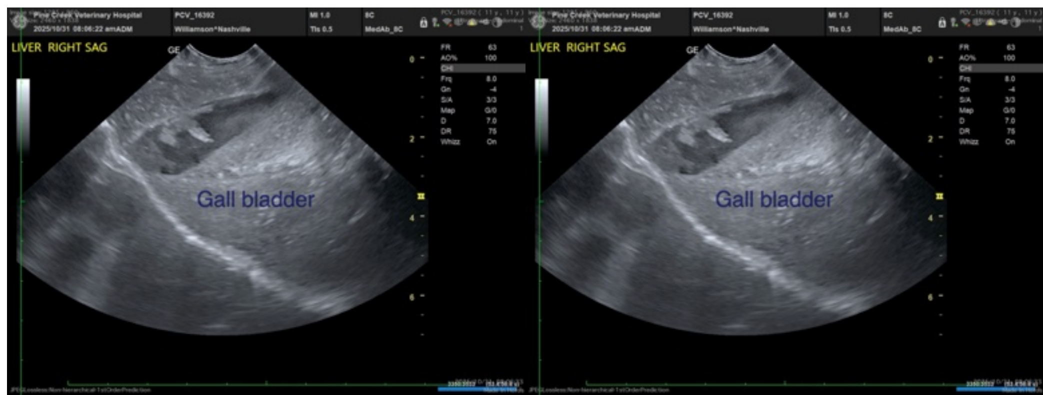
mesenteric lymphadenomegaly would be reactive hyperplasia with infiltrative neoplasia and lymphadenitis a less likely differential diagnosis.

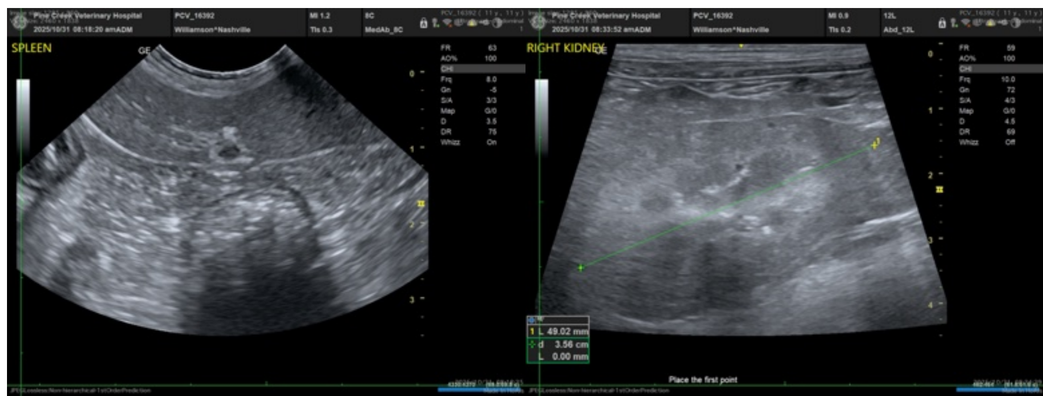
Both the uroliths and the gallbladder sediment can be considered incidental findings at this point in time.

Further assessment that can be considered would be FNA cytology of the mesenteric lymph nodes.

Management of the Cushing's disease with Trilostane would be recommended.







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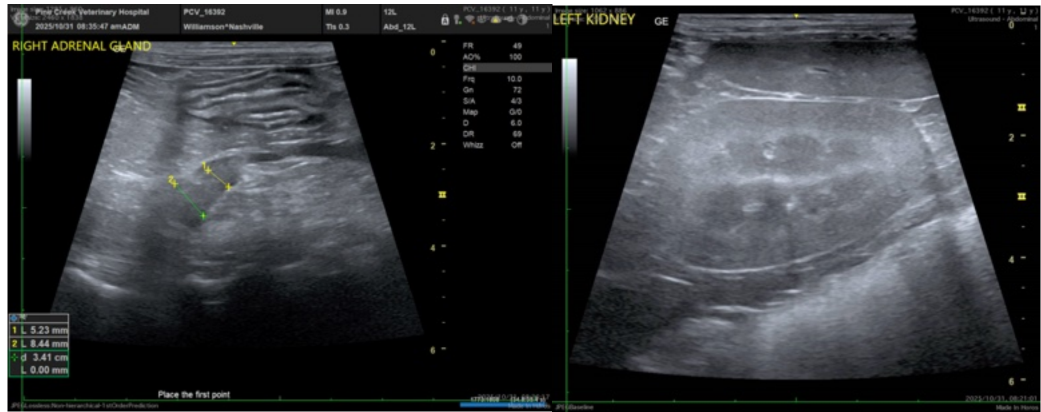
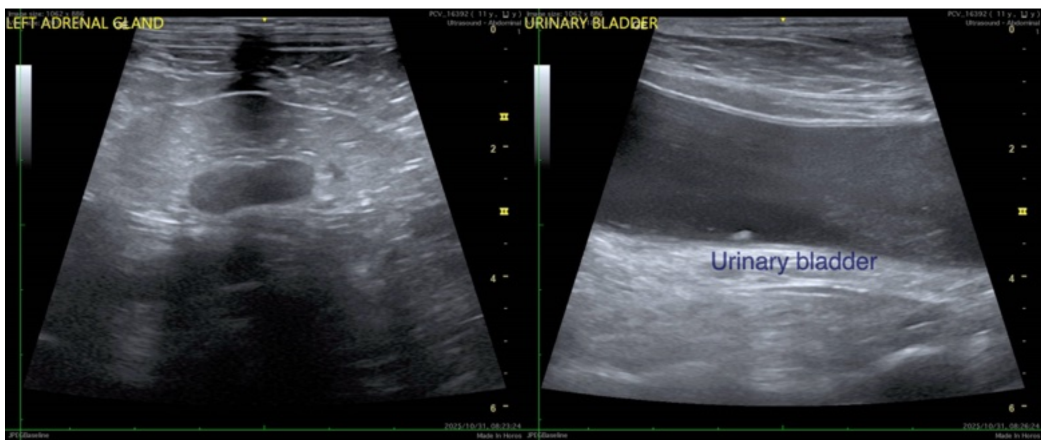
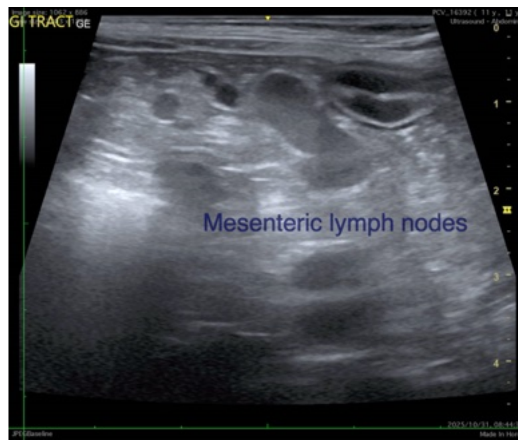


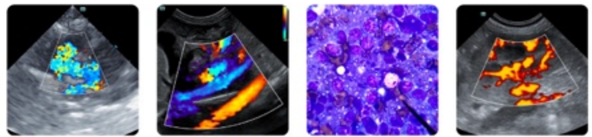




The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)



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