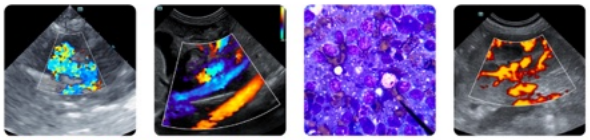


PATIENT

Lexi Jackson

SPECIES

Canine

BREED

Schnauzer Jack Russell Terrier Cross

SEX

Spayed female

AGE

12 years

WEIGHT

6.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Cassie Jackson

HOSPITAL NAME

Huntsville AH

REFERRING VET

Dr. Jackson

INVOICE

71286

DATE

2/5/26

PRESENTING CLINICAL SIGNS

- Has had two prior US read by Sonopath but not in the past 6 months. History of R adrenal swelling/mass originally diagnosed 1 year ago
- Approx 6 weeks ago began being PU/PD with SG of urine 1.009. Occ. having urinary accidents in the house
- Intermittent coughing/throat clearing at rest - no murmur appreciated
- On PE no major relevant findings
- Prolonged history of mildly elevated ALP and ALT - BW Jan 9 M1 increased ALT and ALP, slightly worsened from previous, and random cortisol <28 - ACTH stim done Jan 29 - resting cortisol high 234 (28-120), post 538 (220-550) - LDDST Feb 3 - resting cortisol high 194 (28-120), 8 hour post 60 - consistent with hyperadrenocorticism

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 or uroliths evident.

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.

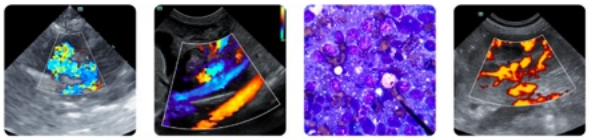
Normal renal size (left measured 3.7 cm, right measured 4.4 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. A large cyst is present in the left kidney measuring 2.0 x 2.3 cm in size.

Adrenal Glands

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.72 cm in length x 0.29 cm and 0.48 cm in width. The right adrenal gland was enlarged with a rounded shape, but maintained a normal echogenic appearance, position and appearance of the peri-adrenal vasculature. The right adrenal gland measures 1.88 cm in length x 0.8 cm in width.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Incidental myelolipomas are present. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.2 cm in width.



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Liver

The liver is enlarged with rounded edges, diffuse mottled echogenic, coarse and nodular appearance, normal portal markings, and regular curvilinear capsule. Nodules are multiple, irregular, hypoechogenic and measured up to 1.0 x 1.8 cm in size. No masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full containing a moderate 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. A moderate amount of ingesta is present in the stomach.

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

Normal mesenteric lymph nodes.

A scant amount of ascites is present around the liver lobes.

ULTRASONOGRAPHIC FINDINGS

- Right adrenomegaly.
- Nodular hepatopathy.
- Left renal cyst.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the appearance of the adrenal glands, the most likely etiology would be pituitary dependent Cushing's disease.

Etiologies for the nodular hepatopathy would be nodular hyperplasia, chronic active hepatitis, granulomatous disease and possibly infiltrative neoplasia.

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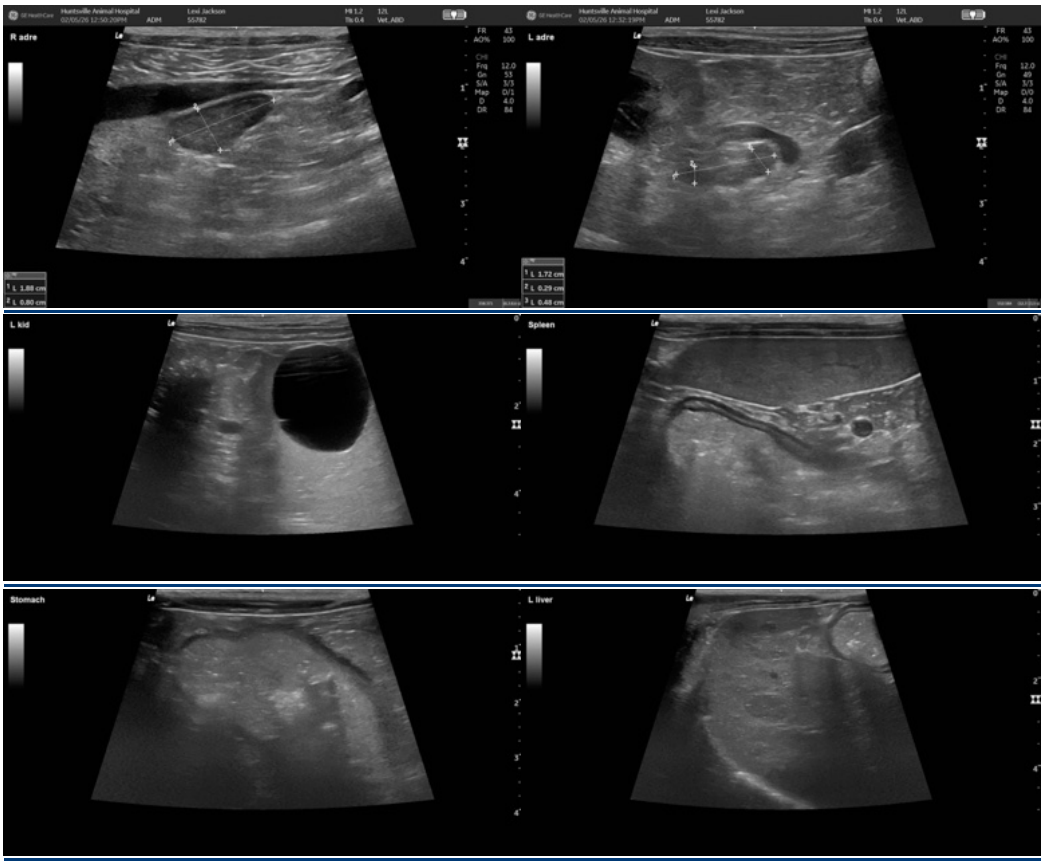
The renal cyst and gallbladder sediment can be considered incidental findings.

The ascites around the liver lobes can be ascribed as secondary to the hepatopathy.

Further assessment would be FNA cytology of the liver. However, a tru cut or wedge biopsy may be required for a finale etiological diagnosis.

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

Further specific therapy would be dependent on an etiological diagnosis.



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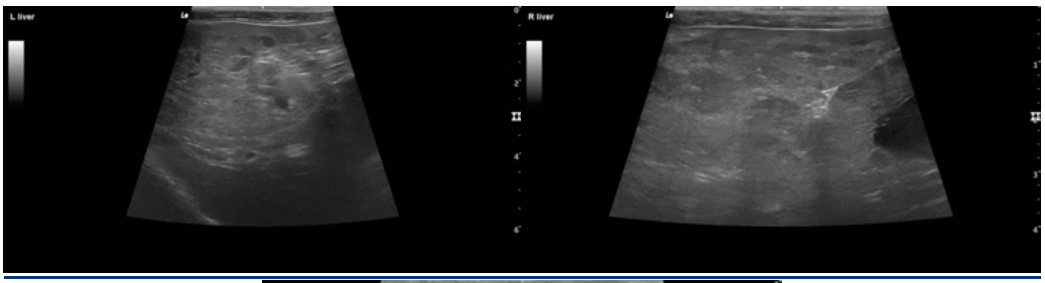

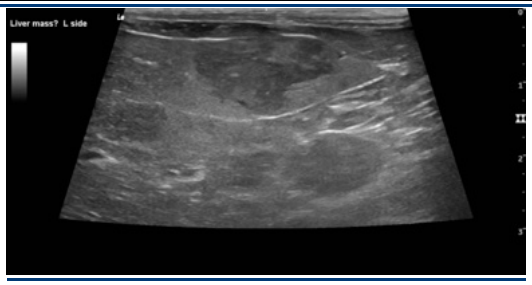

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com