



PATIENT

Tumbleweed Angie

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered male

AGE

15 years

WEIGHT

17.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York
Veterinary Service

REFERRING VET

Dr. Lefler

INVOICE

73613

DATE

3/19/26

PRESENTING CLINICAL SIGNS

- RDVM REASON FOR REFERRAL:
- Tumbleweed, a Cushing's patient on Vetoryl, presented for his annual exam having lost 3 lbs. Lab work showed elevated white blood cells, ALKP, and lipase, plus proteinuria. He is pacing but has normal appetite, drinking, and urination. An abdominal ultrasound was recommended to check for neoplasia or liver issues. The patient is weak in his hind legs and falls frequently, but has no vomiting, diarrhea, polydipsia, or cough.
- CLINICAL SIGNS: Weight loss
- This dog is 15yrs old and spry and has a great appetite and responding very well to Trilostane
- MEDICATIONS: Trilostane (vetoryl) x over a year
- Bloodwork done 3/4/26 - Lymphocytosis: 8.37 thousand/uL - Mild monocytosis: 1.15 thousand/uL - ALP: 1875 U/L - Lipase is mildly elevated at 2,648 U/L - Alb and TP WNL 3/5/26 UA - proteinuria (3+) Non-Hyaline Casts >1/LPF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small 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 4.8 cm, right 5.0 cm), increased echogenic appearance, some loss of cortico-medullary differentiation and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys. A few, small, incidental cortical cysts were present in both kidneys.

The prostate was small and hypoechoic measuring 1.0 cm in width.

Adrenal Glands

The adrenal glands were bilaterally enlarged with a rounded shape, but maintained normal echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.74 cm in length x 1.24 cm and 0.93 cm in width. The right adrenal gland measured 2.88 cm in length x 1.06 cm and 0.91 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 1.2 cm in width.



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Liver

The liver is enlarged with rounded edges, diffuse increased echogenic appearance, normal 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 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

Mild thickening of the gastric wall (up to 0.7 cm) with no loss of layering and maintaining a 1:3 muscularis to mucosa ratio. There was no distension of the lumen and normal peristaltic activity. Normal appearance of the 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

Normal mesenteric lymph nodes.

No ascites evident.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenomegaly.
- Hepatopathy.
- Gastric thickening.
- Age related renal changes versus early chronic kidney disease.
- Gallbladder sediment.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the adrenal glands is consistent with pituitary dependent Cushing's disease and the Trilostane therapy.

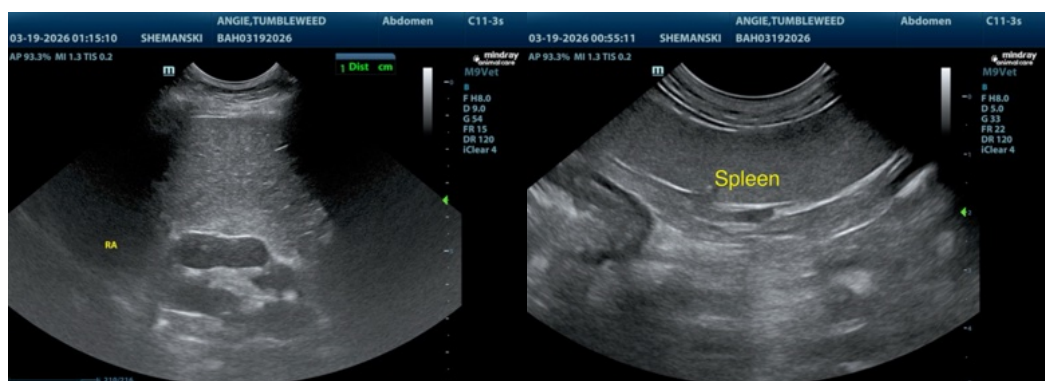
The most likely etiology for the hepatopathy would be metabolic secondary to the Cushing's disease with reactive hyperplasia and vacuolar differential diagnosis.

Infiltrative neoplasia and hepatitis would be highly unlikely differential diagnosis.

As there are no clinical signs indicative of underlying gastric disease, the gastric thickening can be considered an incidental finding.

The gallbladder sediment can be considered an incidental finding; however, monitoring for the development of a mucocele would be recommended.

Further assessment that can be considered would be UPC and FNA cytology of the liver with further specific therapy dependent on an etiological diagnosis.





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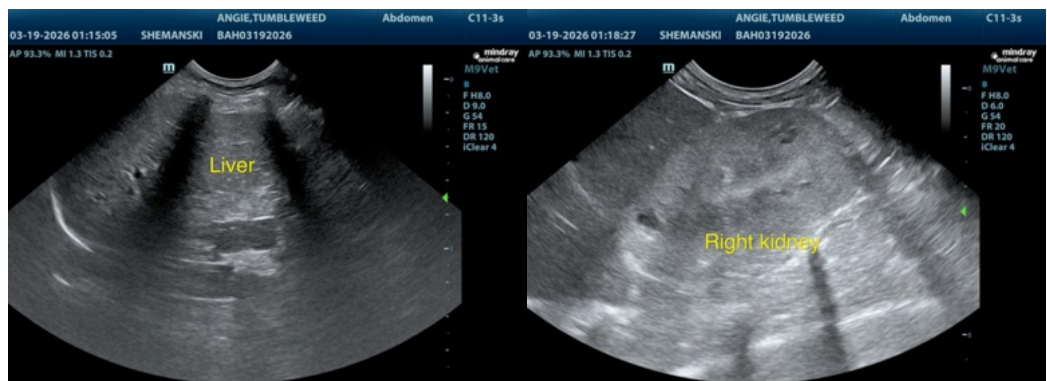
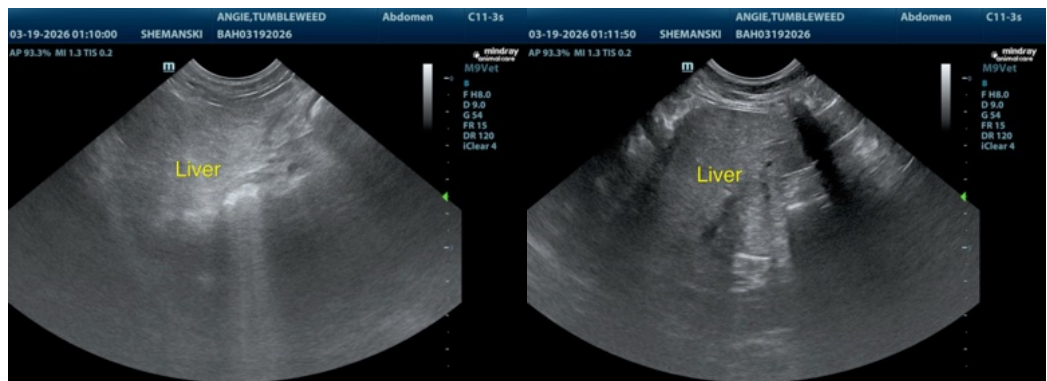
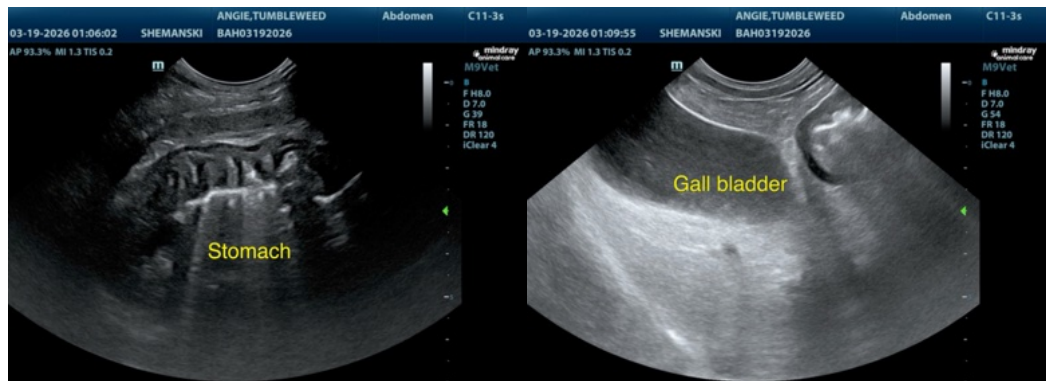
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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