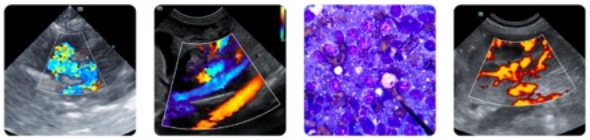


PATIENT

Millie Southall

SPECIES

Canine

BREED

Toy Poodle

SEX

Spayed female

AGE

9 years

WEIGHT

25.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Amy Issac

HOSPITAL NAME

Valley West & Elk Valley VH

REFERRING VET

Dr. Isaac

INVOICE

72075

DATE

3/2/26

PRESENTING CLINICAL SIGNS

- Presented for abdominal distention on 1/21/26 and marked hepatomegaly seen on radiographs.
- Owner reports very PU/PD
- WBC 30,000 characterized by predominantly neutrophilia ALT 569 ALP 5,657 GGT 80 Cholesterol 521 USPG 1.010 with trace protein. T4 0.8 LDDST confirmed Cushing's disease but unable to differentiate between pituitary and adrenal Currently on 15 mg Vetoryl BID Wanting to make sure there wasn't anything else other than Cushing's causing the hepatomegaly. Owner does report that the PU/PD signs are improving.

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 4.4 cm, right measured 4.6 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.

Adrenal Glands

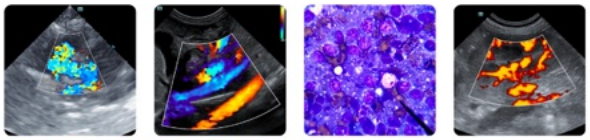
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.67 cm and 0.7 cm in width. The right adrenal gland measured 0.62 cm and 0.55 cm in width.

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 1.4 cm in width.

Liver

The liver is enlarged with rounded edges with a diffuse, increased echogenic appearance, decreased portal markings, and regular curvilinear capsule. Few, hypoechogenic, parenchymal nodules measuring up to 0.9 x 1.6 cm in size. No masses evident. Normal appearance of the hepatic and portal vasculature.



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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

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Hepatic nodules.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver would be consistent with Cushing's disease as per the patient's history. The most likely etiology for the hepatic nodules would be nodular hyperplasia, with granulomas and infiltrative neoplasia a highly unlikely differential diagnosis.

Although the gallbladder sediment is most likely an incidental finding, monitoring for the development of a mucocele would be recommended.

Further assessment that can be considered would be FNA cytology of the liver and the hepatic nodules. However, a tru cut or wedge biopsy of the nodules may be required for a final etiological diagnosis.

Management would be to continue with the current therapy.

Dogs with Cushing's disease may have adrenal glands of normal size and shape on ultrasound, particularly in pituitary-dependent hyperadrenocorticism. This highlights the importance of functional testing over anatomical imaging alone in diagnosing Cushing's disease.

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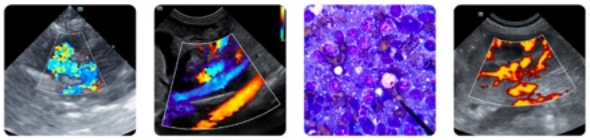

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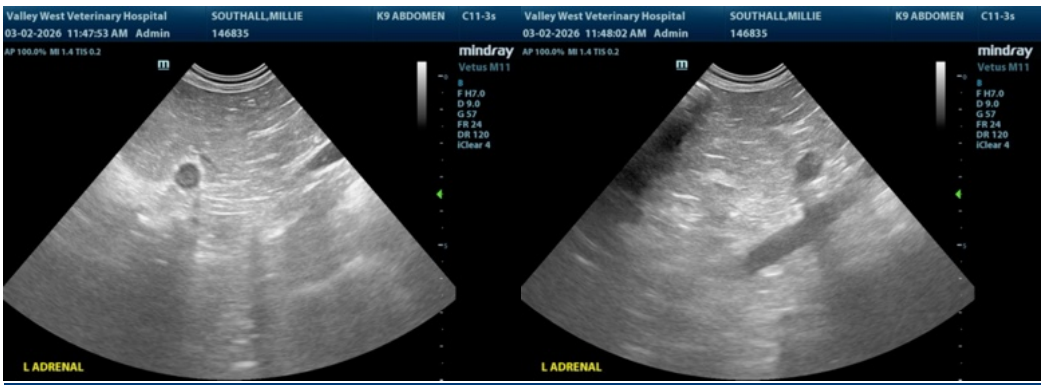

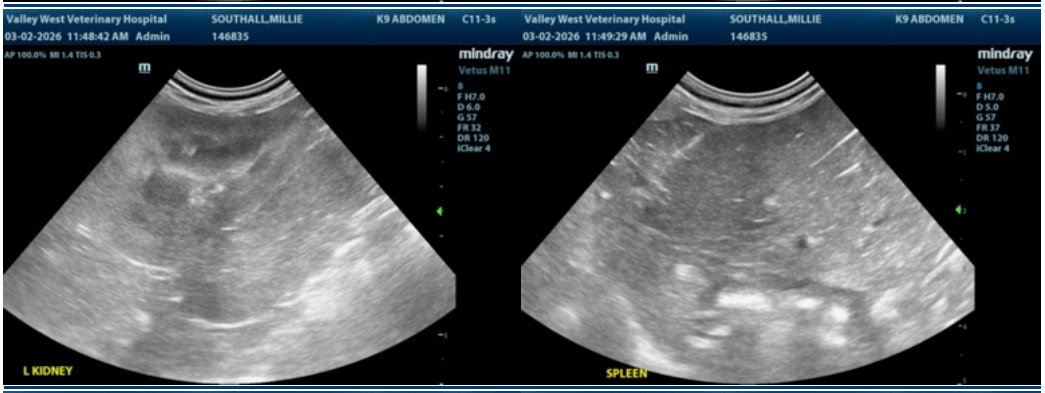

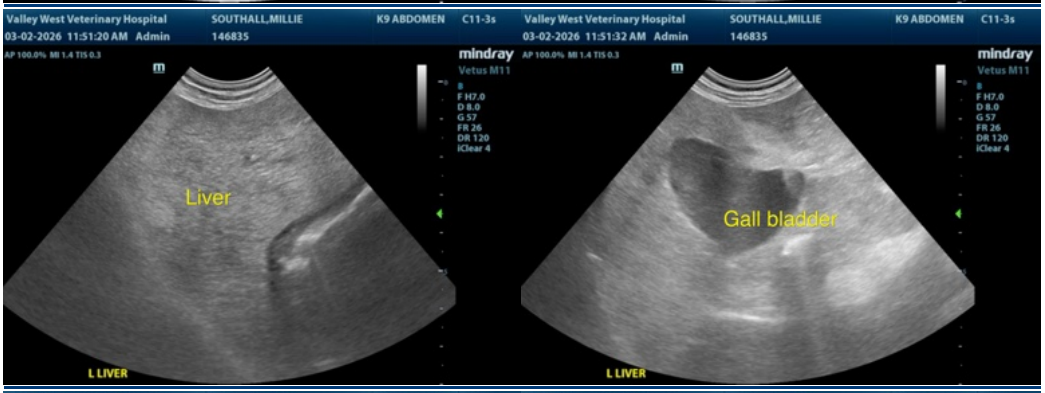

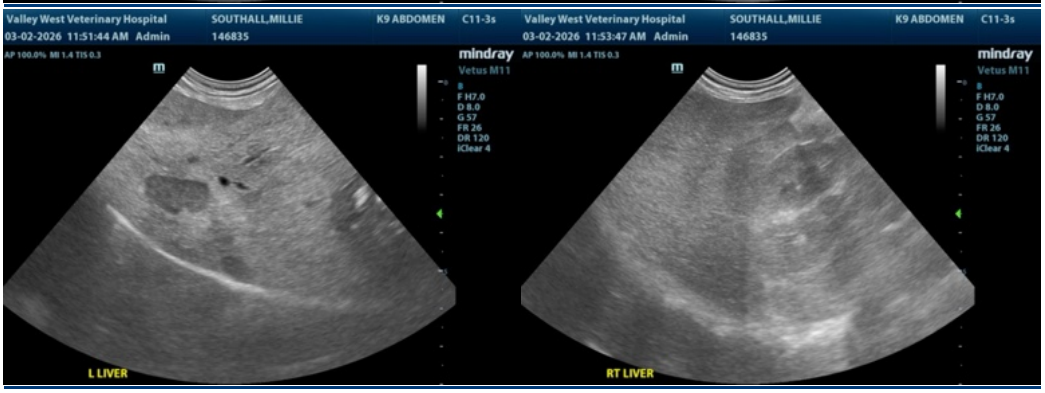

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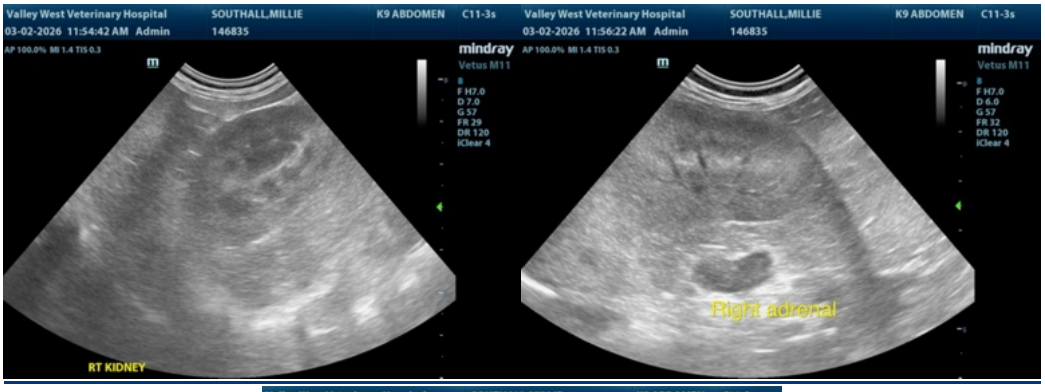

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com