



PATIENT

Teddy Cox

SPECIES

Canine

BREED

Basset Mix

SEX

Neutered male

AGE

10 years

WEIGHT

35.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brandon

HOSPITAL NAME

Dillsburg VC

REFERRING VET

Dr. Pryor

INVOICE

72242

DATE

3/5/26

PRESENTING CLINICAL SIGNS

- History of hypertension, hyperadrenocorticism (most recent ACTH pending), hepatomegaly, and bile sludge in gallbladder. current medications include Vetoryl 10mg SID, Denamarin advanced, Ursodiol 250mg SID, amlodipine 2.5mg SID and Yumove.
- ALT 185, ALKP 1077, GGTP 40, CHOL 374, PSL 262

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 measured 6.0 cm, right measured 5.8 cm), increased echogenic appearance, loss of cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

The prostate is small and hypoechogenic.

Adrenal Glands

The adrenal glands are bilaterally enlarged, but maintained normal shape, echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 3.17 cm in length x 0.79 cm and 0.99 cm in width. The right adrenal gland measured 2.48 cm in length x 1.0 cm and 0.97 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 2.1 cm in width.

Liver

Normal size with a diffuse, increased echogenic appearance, normal portal markings, and regular curvilinear capsule. Focal, parenchymal, hyperechogenic nodule was noted in the left lobe measuring 1.0 x 1.2 cm in size. No additional nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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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.

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

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Etiologies for the hepatopathy would be metabolic secondary to the Cushing's disease. The hepatic nodule can be considered an incidental nodular hyperplasia, although the gallbladder sediment can be considered an incidental finding, monitoring for the development of a mucocele would be recommended.

Management would be to continue with the current therapy.



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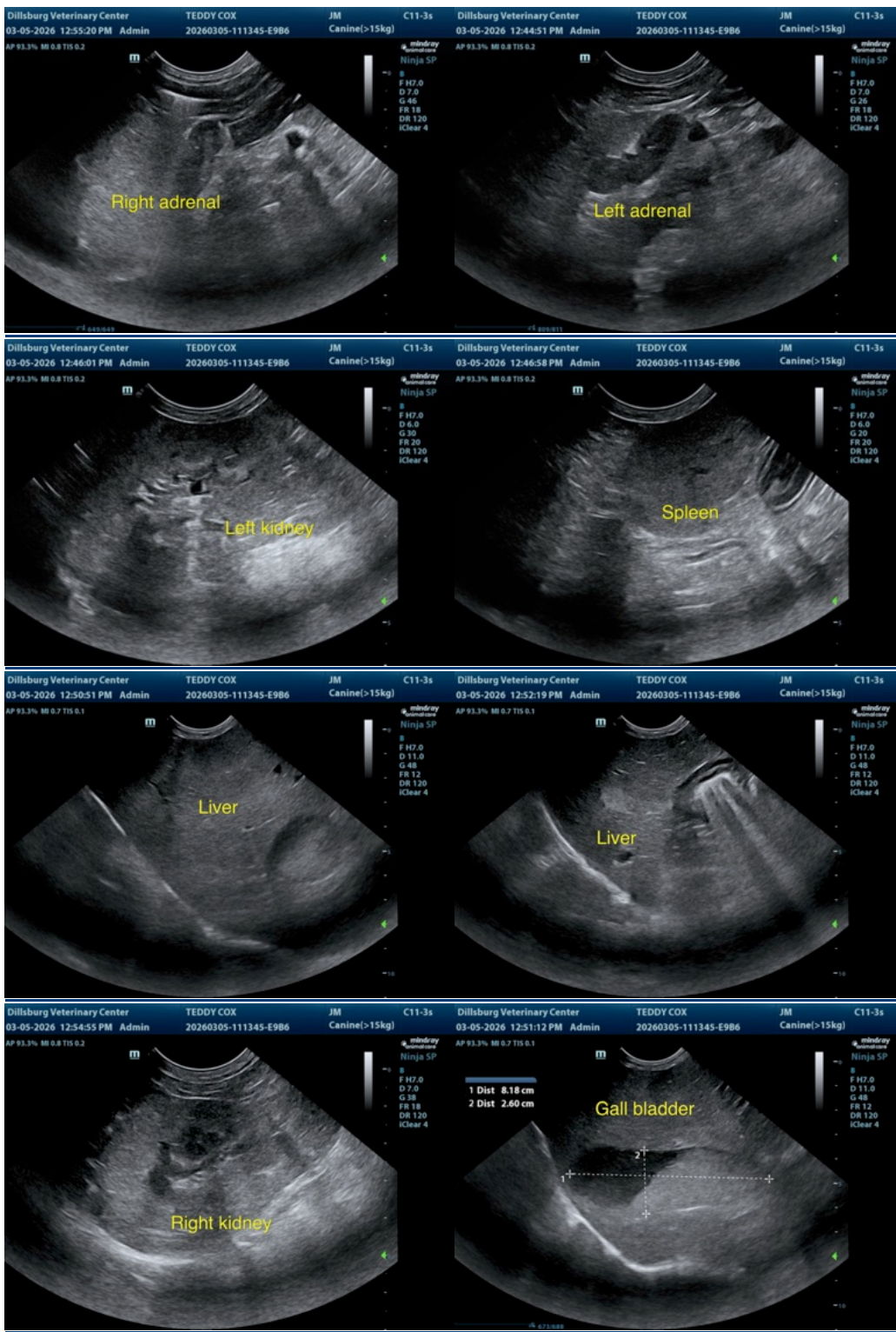
Dr. Pryor

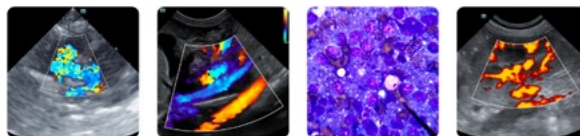
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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