



PATIENT

Sadie Walker

SPECIES

Canine

BREED

Labrador Retriever

SEX

Female

AGE

8 years

WEIGHT

35.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Veldman

HOSPITAL NAME

Dog & Cat Hospital
Clearview

REFERRING VET

Dr. Volk

INVOICE

74088

DATE

4/2/26

PRESENTING CLINICAL SIGNS

- Clinical symptoms include panting, PU/PD, weakness, abdominal enlargement. Abdominal scan to assess for Cushing's disease - inconclusive LDDST. (Hepatic enlargement, adrenals, etc)
- Cortisol - 4 hr Post Dex: 64.1 nmol/L Cortisol - 8 hr Post Dex: <13.8 nmol/L ALP 1912 U/L (Normal 21-212) Cholesterol 9.86 mmol/L (Normal 2.84 - 8.26) Lipase 2,069 U/L (Normal 200 - 1,800)

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 5.8 cm, right measured 7.1 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. Normal color flow pattern is noted in both kidneys.

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 1.1 cm and 1.01 cm in width. The right adrenal gland measured 1.02 cm and 0.66 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 1.8 cm in width.

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.



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Gallbladder

The gallbladder is full containing normal anechoic bile. 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.
- Bilateral adrenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the adrenomegaly would be age related reactive hyperplasia, disease, stress and pituitary dependent Cushing's disease.

Etiologies for the hepatopathy would be reactive hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia unlikely differential diagnosis.

Although the low dose Dexamethasone suppression test is inconclusive, the presenting clinical signs, hepatopathy and bilateral adrenomegaly, Cushing's disease still needs to be considered.

Further assessment would be ACTH stimulation test. However, if Cushing's disease has been conclusively ruled out with ACTH stimulation test then further assessment would be FNA cytology of the liver.

Specific therapy would be dependent on an etiological diagnosis.



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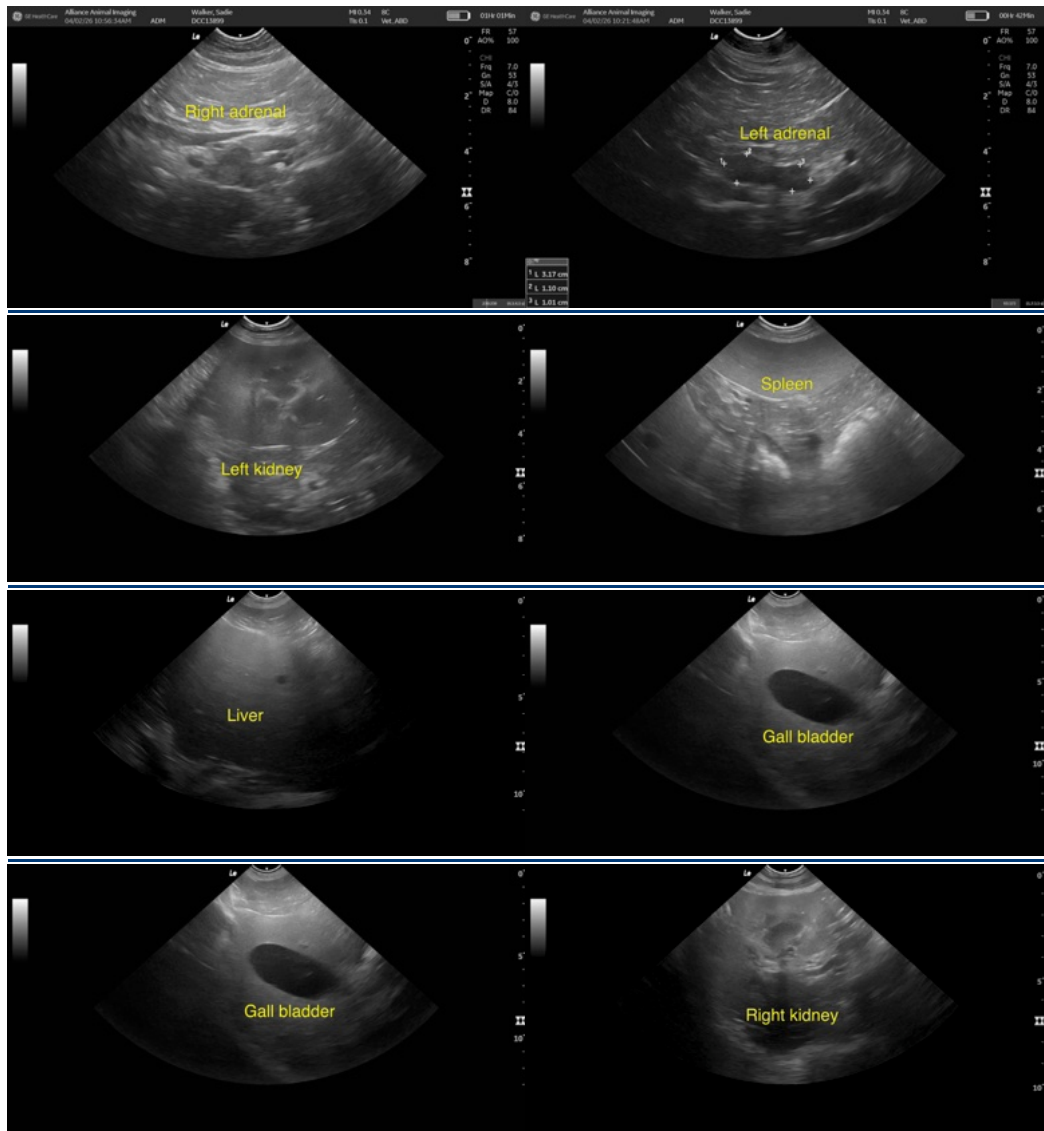
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com