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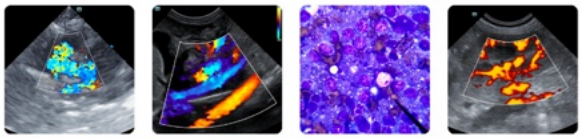


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Mila Ebenezer

SPECIES

Canine

BREED

Jack Russell Terrier
Shih Tzu Mix

SEX

Spayed female

AGE

2016

WEIGHT

17.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Denise Bruno, LVT, RDMS

HOSPITAL NAME

Ideal Pet VC

REFERRING VET

Dr. Kolta

INVOICE

74390

DATE

4/9/26

PRESENTING CLINICAL SIGNS

History: Diagnosed with Cushing's - Evaluate adrenal glands. Rx Trilostane 20mg OD

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A small amount of floating, hyperechogenic sediment.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels. The urethra measured 0.4 cm.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts or renoliths evident. Focal, corticomedullary mineralization was present in the caudal pole of the right kidney. The left kidney measured 4.7 cm. The right kidney measured 5.7 cm. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

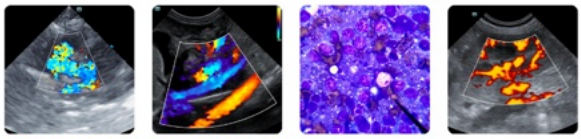
The adrenal glands are bilaterally enlarged, but maintained a normal shape, echogenic appearance, position and appearance of the visible periadrenal vasculature. The left adrenal gland measured 3.0 cm in length x 1.02 cm and 0.89 cm in width. A hyperechogenic, parenchymal, nodule/small mass in the cranial pole of the right adrenal gland measuring 1.8 x 2.2 cm in size. The right adrenal gland measured 4.63 cm in length x 2.26 cm and 1.01 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 0.6 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature. Mild pinpoint mineralization is present.



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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. A small amount of ingesta is present in the stomach compatible with a recent meal. Small intestine measured up to 0.45 cm.

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.
- Right adrenal nodule/small mass.
- Urinary bladder sediment.
- Gallbladder sediment.
- Renal and hepatic mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the adrenal glands would be consistent with pituitary depended Cushing's disease. The most likely etiology for the right adrenal nodule/small mass would be incidental, non-functional adenoma.

The likely etiologies for the urinary bladder sediment would be incidental debris, crystalluria and possibly bacterial cystitis.

The gallbladder sediment can be considered an incidental finding.

The renal and hepatic mineralization can be considered incidental findings.

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

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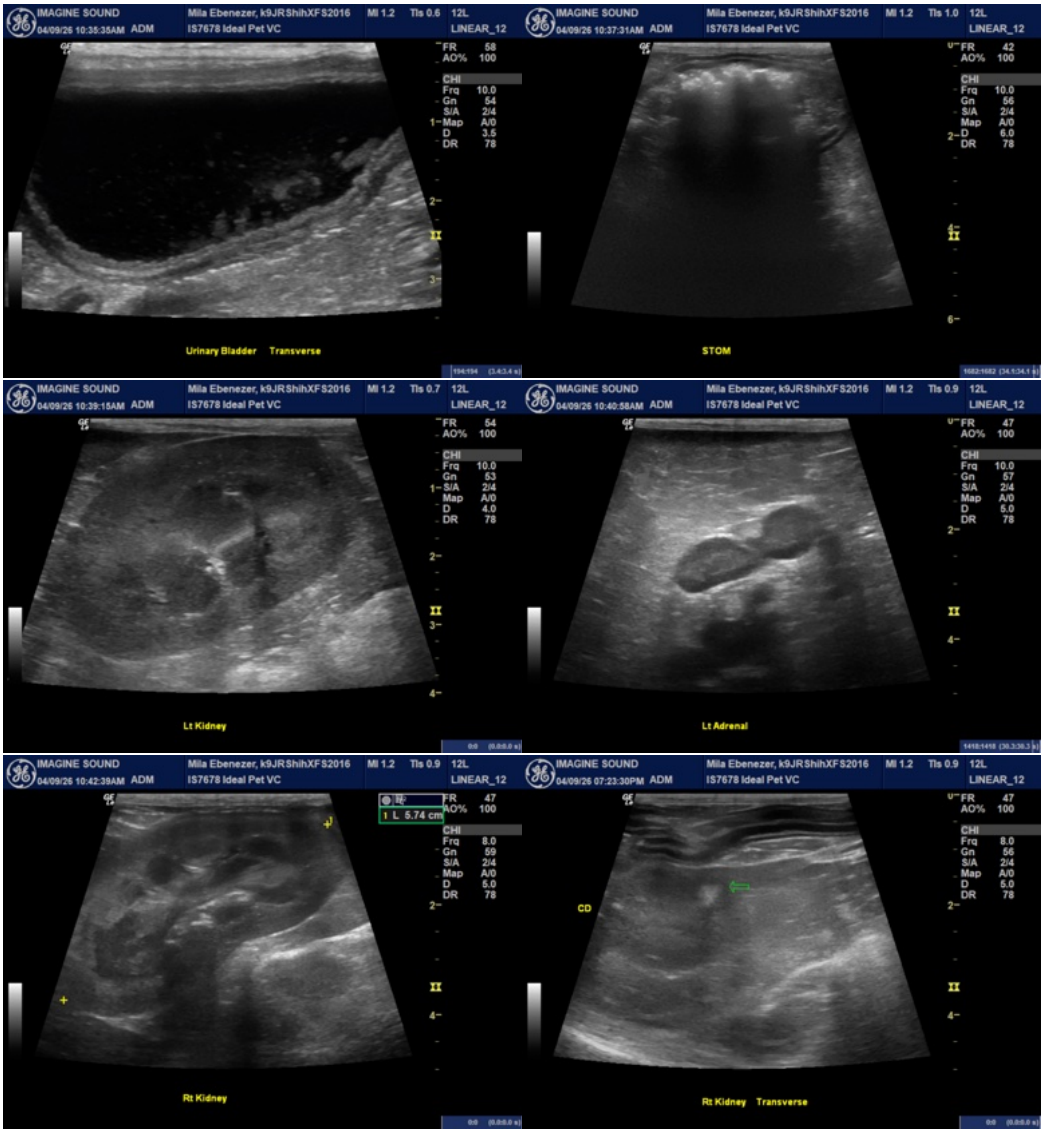
Regular ultrasound monitoring of the adrenal glands would be recommended and if there is any progressive enlargement of the right adrenal nodule/small mass then adrenalectomy should be considered.



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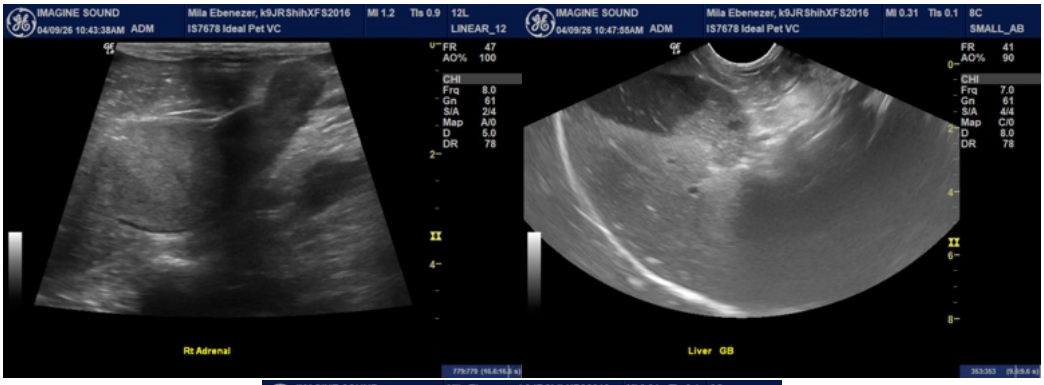

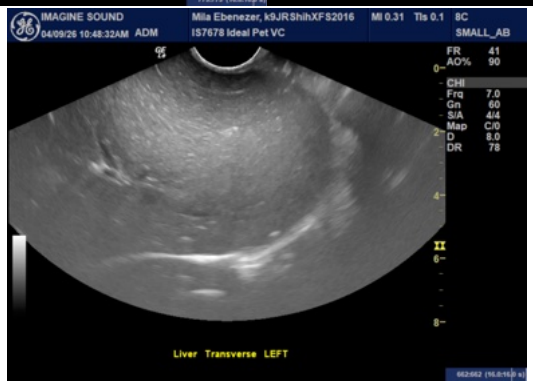

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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