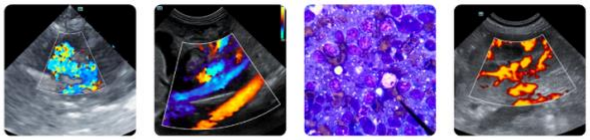


PATIENT

Mickey Lee

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

11 Years

WEIGHT

7.66 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Olsen, VMD

HOSPITAL NAME

Limestone VH

REFERRING VET

Amanda Olsen, VMD

INVOICE

37003

DATE

5/8/26

PRESENTING CLINICAL SIGNS

History: 11 year old MN Yorkie presented to assess a few dermal lumps but otherwise O reports doing well at home. Patient was found to have a few suspected sebaceous adenomas and moderate dental disease. Pre-operative bloodwork was sent out, and noted some mild liver enzyme elevations, proteinuria, increased platelets, and a few nucleated RBCs w/o anemia. LDDS confirmed pituitary dependent Cushings.

Abnormal PE/Chem/CBC/UA Results: 5/1/26: TP 7.8, ALT 168, ALP 324, BUN/Cre 32. Chol 347, USG 1.024, 2+ protein, UPC 1.6, 2-3 fine granular casts, HCT normal at 54, slight polychromasia, nRBC 2, PLT 715 with increased estimate. 5/7/26: LDDS results: Pre: 1.5, 4 hour: 0.5, 8 hour: 2.4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder 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.

Small hypoechogenic prostate.

Normal renal size, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. The left kidney measured 3.2 cm. The right kidney measured 3.7 cm.

Adrenal Glands

Left adrenal gland revealed normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.42 cm in width.

The right adrenal gland was not clearly visualized but appears to be of normal shape, echogenic appearance and size.

Spleen

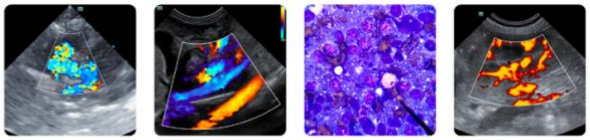
Normal size (1.0 cm in width) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. An incidental myelolipoma was present.

Liver

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

Gallbladder

Full gallbladder, 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.



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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

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

- Gallbladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

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.

Treatment is not indicated if Cushing's is picked up as an incidental finding or there are minimal clinical signs. Generally, Cushing's is treated when the clinical signs affect or reduce quality of life. Important signs are PuPd, possibly polyphagia, polynea, muscle weakness and lethargy and especially if the signs are progressive. Treatment should be started if there are associated complications such as hypertension, concurrent diabetes mellitus, thrombo-embolic disease, or recurrent infections.

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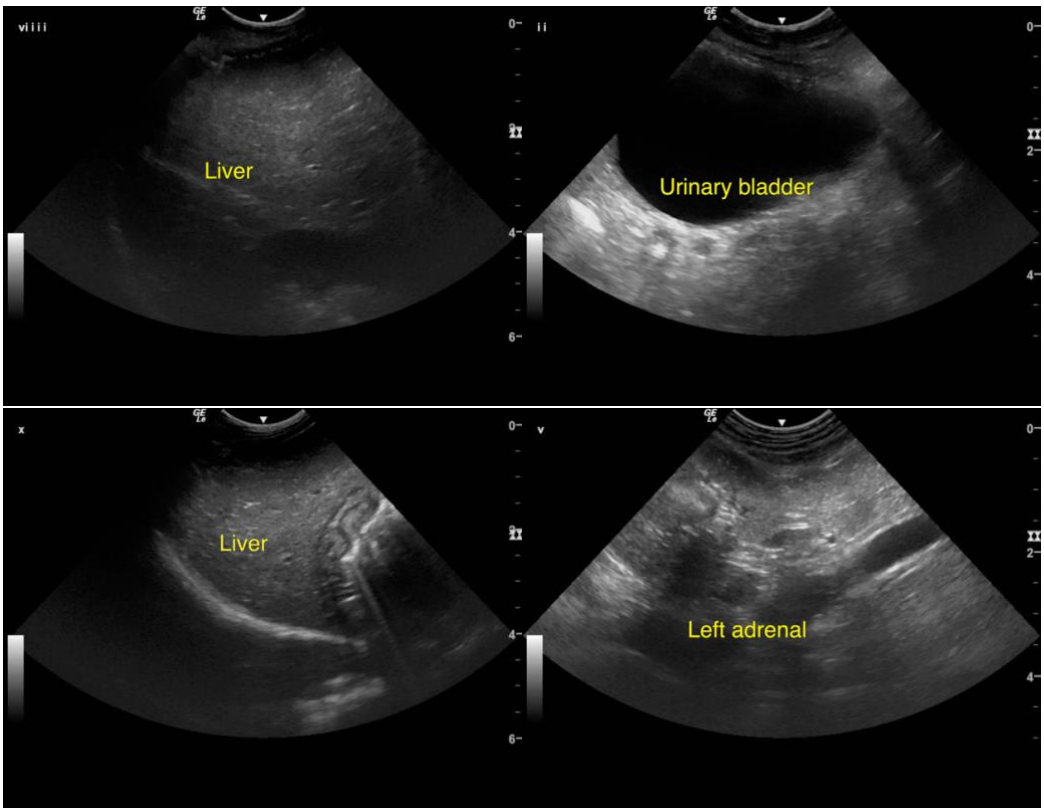

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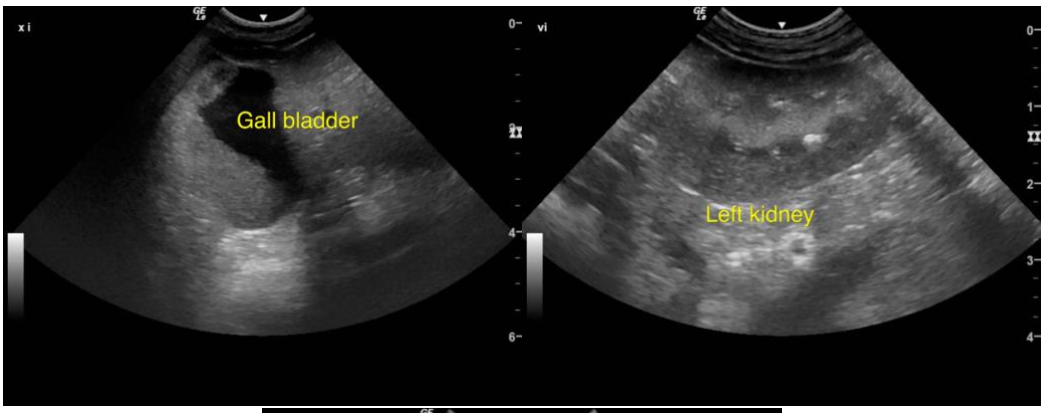

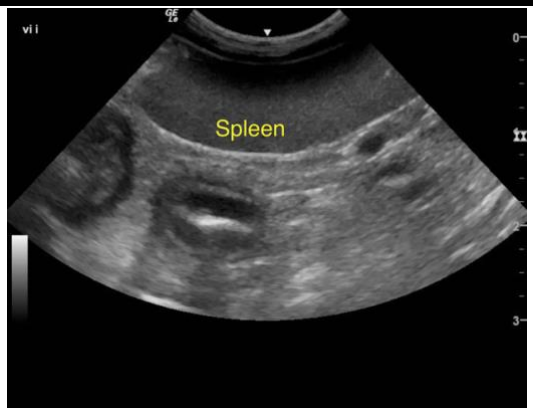

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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