


**PATIENT PRESENTING CLINICAL SIGNS**

Jackson Puetz History: Chronic treatment for Cushing (vetoryl), hypothyroidism (Levothyroxine), and DJD (Adequan, laser, PT). Recent history of decreased appetite and weight loss. Bloodwork showed severe elevation of liver values.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: ALT 1740 ALP 3933 GGT 148 SST 114 Phos 6.2 PSL 233

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**
**BREED**

Dachshund

**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.

**SEX**

Neutered Male

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.

**AGE**

16 years

Normal renal size (left kidney 5.10 cm) (right kidney 4.50 cm), with increased echogenic appearance, loss of cortico-medullary differentiation, and normal pelvis, and capsule. No infarcts or renoliths evident. Bilateral pinpoint mineralization present.

**WEIGHT**

16 lbs

**Reproductive System**

Small hypoechoic prostate.

**Adrenal Glands**

Normal size of the right gland (0.54 cm), enlarged left gland (1.20 x 2.40 cm), both with a rounded shape, increased echogenic appearance, but with normal position, and appearance of the surrounding vasculature.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Tiffany Brady DVM

**Liver**

Enlarged with rounded edges, diffuse mottled echogenic appearance, loss of portal markings, and regular curvilinear capsule. Large, irregular cystic mass (4.00 x 6.60 cm) in the left cranial lobe. Normal appearance of the hepatic and portal vasculature.

**HOSPITAL NAME**

Shiloh VH

**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.

**REFERRING VET**

Stephanie Herr VMD

**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.

**INVOICE**

13552

**Pancreas**

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**DATE**

6.30.23



**PATIENT** *Free Abdomen*  
Normal mesenteric lymph nodes.

Jackson Puetz  
No ascites evident.

**SPECIES** **ULTRASONOGRAPHIC FINDINGS**

Canine **Primary Findings**

**BREED**

Dachshund

- Hepatic mass
- Hepatopathy
- Left adrenomegaly

**SEX**

Neutered Male

**Secondary Findings**

- Age-related renal changes

**AGE**

16 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The most likely etiology for the hepatic mass would be neoplasia.

The most likely etiology for the hepatopathy would be metabolic, secondary to the Cushing's disease.

**WEIGHT**

16 lbs

The left adrenomegaly would be consistent with the diagnosis of Cushing's disease, and most likely a unilateral functional carcinoma. However, the use of trilostane can result in adrenomegaly. However, it should be bilateral, and not unilateral as in this case.

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MMedVet (Med),  
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Further assessment that could be considered would be FNA cytology of the hepatic mass, and following up with adrenal function testing (ACTH stimulation test/LDDS test), if not recently done.

Specific therapy would be dependent on an etiological diagnosis.

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**PATIENT**

Jackson Puetz

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

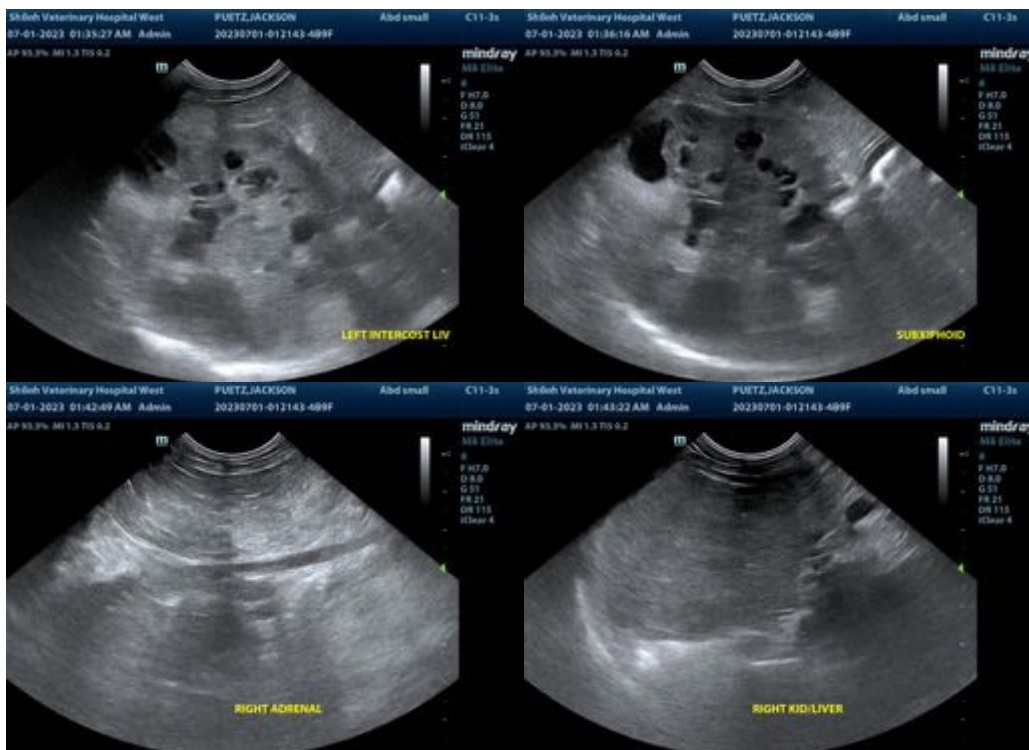
Neutered Male

**AGE**

16 years

**WEIGHT**

16 lbs



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

**INTERPRETED BY**

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

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.

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[info@sonopath.com](mailto:info@sonopath.com)

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Tiffany Brady DVM

**HOSPITAL NAME**

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