



PATIENT PRESENTING CLINICAL SIGNS

Mia Ryan History: Patient was diagnosed with Cushing Disease in sept 2021. Has been on Vetoryl since. Currently on 5 mg. Getting a ACTH stim today and abdominal ultrasound.

SPECIES

Canine

BREED

Shichon

SEX

Spayed Female

AGE

15 years

WEIGHT

15 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Anthony Smatt

HOSPITAL NAME

The Pets I Love

REFERRING VET

Debra Szpicek

INVOICE

13653

DATE

7.12.23

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full, with a thickened and irregular appearance of the apical wall, with the rest of the wall having a normal thickness and appearance. 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 kidney 4.50 cm / right kidney 4.40 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.

Left Adrenal Gland

Normal shape, echogenic appearance, size (1.83 cm in length x 0.52 x 0.59 cm in width). The right adrenal gland is of normal shape, echogenic appearance, size (1.83 cm in length x 0.52 x 0.59 cm in width).

Left Adrenal Gland

Mottled echogenic mass (1.50 x 2.14 cm in size) with no obvious infiltration into the surrounding vasculature.

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. Focal hypoechoic parenchymal nodule (0.80 x 1.00 cm in size) with not bulging of the overlying capsule.

Liver

Enlarged with rounded edges, increased echogenic appearance, decreased portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

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 (0.52 cm), small intestine (0.30 cm), 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

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



PATIENT *Free Abdomen*
Normal mesenteric lymph nodes.

Mia Ryan
No ascites evident.

SPECIES
ULTRASONOGRAPHIC FINDINGS

Canine

BREED **Primary Findings**

Shichon • Hepatopathy

SEX • Right adrenal mass

Spayed Female • Urinary bladder pathology

AGE **Secondary Findings**

15 years • Splenic nodule

WEIGHT

15 lbs

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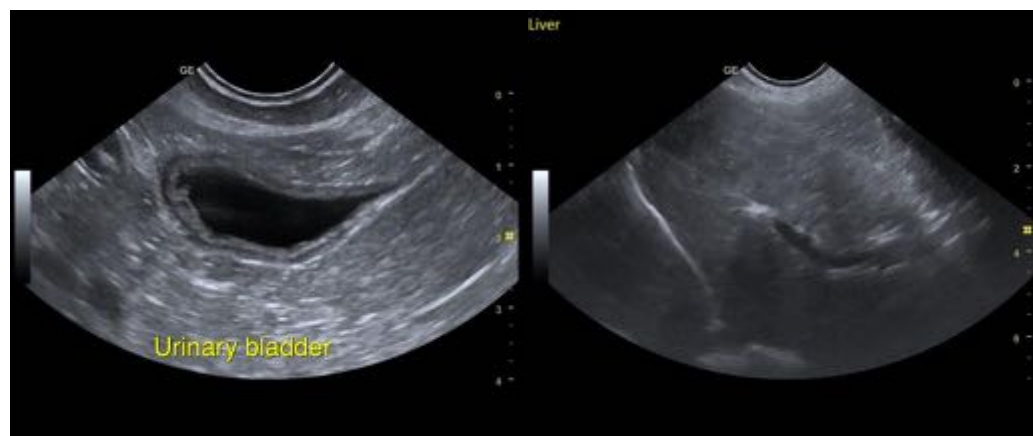
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the hepatopathy would be metabolic, secondary to Cushing's disease, with reactive, vacuolar, and chronic hepatitis differential diagnoses. Although infiltrative neoplasia could be considered, it would be a highly unlikely differential diagnosis.

The appearance of the right adrenal is consistent with functional neoplasia.

Etiologies for the appearance of the apical wall of the urinary bladder would be chronic cystitis and emerging neoplasia.

Further assessment would be urinalysis, urine culture and BRAF analysis.

Further assessment and therapy need to be based on an ACTH stimulation test result.



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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.

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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