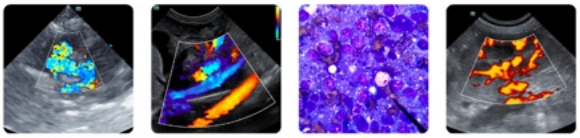

PATIENT

Mile Pennington

SPECIES

Canine

BREED

Dachshund Mix

SEX

Neutered male

AGE

4 years

WEIGHT

25 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Ginny Dodd, DVM

HOSPITAL NAME

Charlotte Natural Animal Clinic

REFERRING VET

Dr. Jimmy Schacht

INVOICE

77963

DATE

5/26/26

PRESENTING CLINICAL SIGNS

History: PU-PD, potbelly, good appetite, slowing down and bark is weaker
Vet has suspected Cushing's for 1 year
Abnormal PE/Chem/CBC/UA Results: CBC- RBC 4.27, HCT 31%, Hgb 10.2 WBC 48,400 Neut 46,800 lym 726, eos low, plt 477 CHEM- ALT 403, ALP 3676, GGT 149, chol 107, creat 0.1

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

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 6.1 cm, right measured 6.0 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 evident in both kidneys.

The prostate is small and hypoechogenic measuring 0.8 cm in width.

Adrenal Glands

The adrenal glands are bilaterally enlarged with a rounded shape, but maintained a normal echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.59 cm in length x 1.14 cm in width and 1.1 cm in width. The right adrenal gland measured 2.59 cm in length x 1.1 cm and 1.2 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. Faint, pinpoint parenchymal mineralization is evident. The spleen measured 2.3 cm in width.

Liver

The liver is enlarged with rounded edges, with a 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 small 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

Normal size (right pancreas 1.2 cm in width) with an increased echogenic appearance and an irregular capsule. Mild increased echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenomegaly
- Hepatopathy
- Urinary bladder sediment
- Splenic mineralization
- Chronic pancreatitis versus pancreatic fibrosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the bilateral adrenomegaly would be pituitary dependent Cushing's disease.

The most likely etiology for the hepatopathy would be metabolic secondary to Cushing's disease with reactive hyperplasia and vacuolar possible differential diagnosis. Hepatitis and infiltrative neoplasia would be highly unlikely differential diagnosis.

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

The splenic mineralization can be considered an incidental finding; however, it can be associated with Cushing's disease.

Further assessment would be adrenal function testing (ACTH stimulation/LDDST) and CPL/PSL assay.

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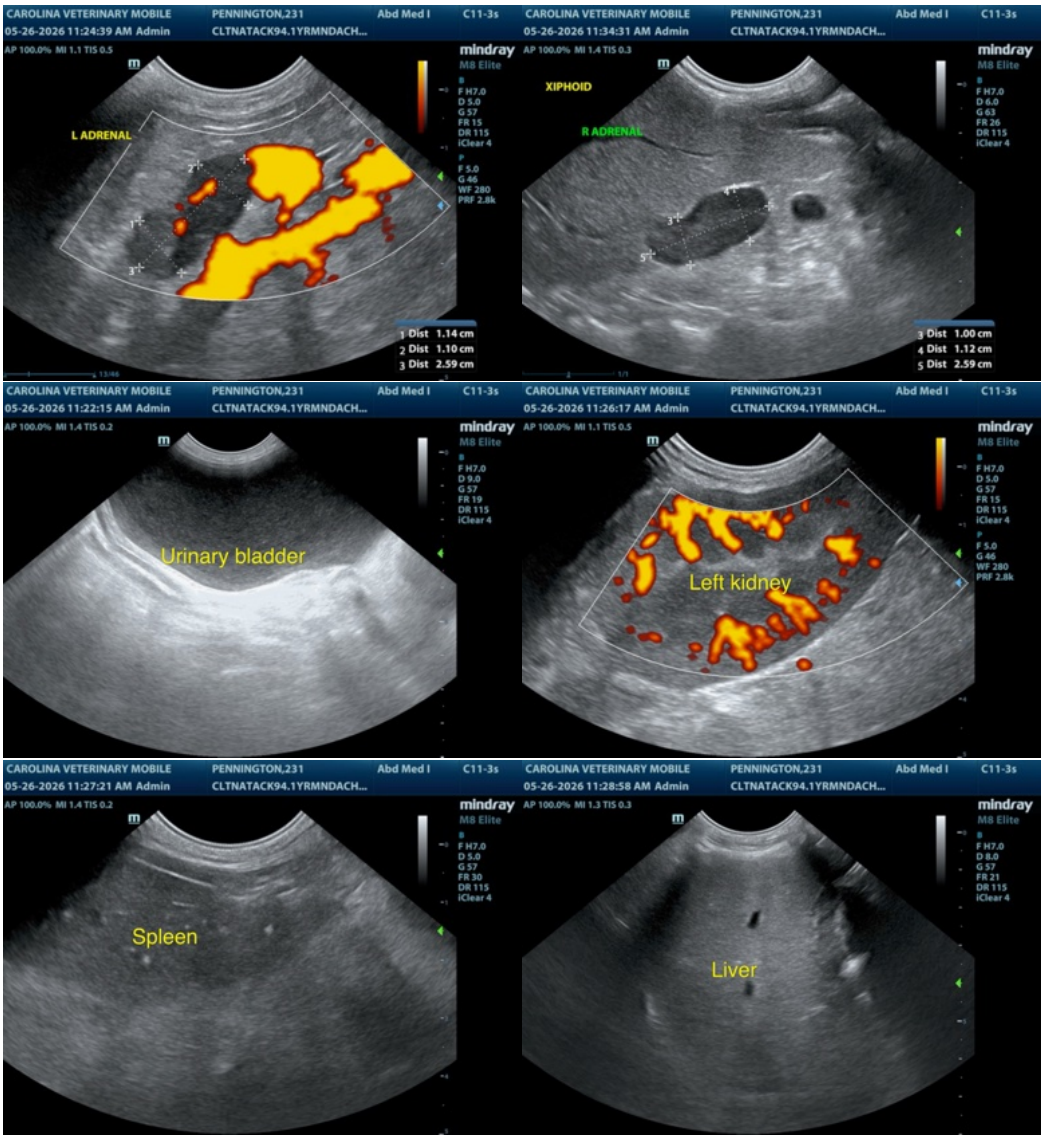
Specific therapy would be dependent on an etiological diagnosis.



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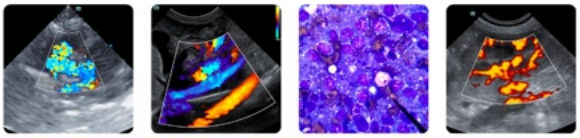

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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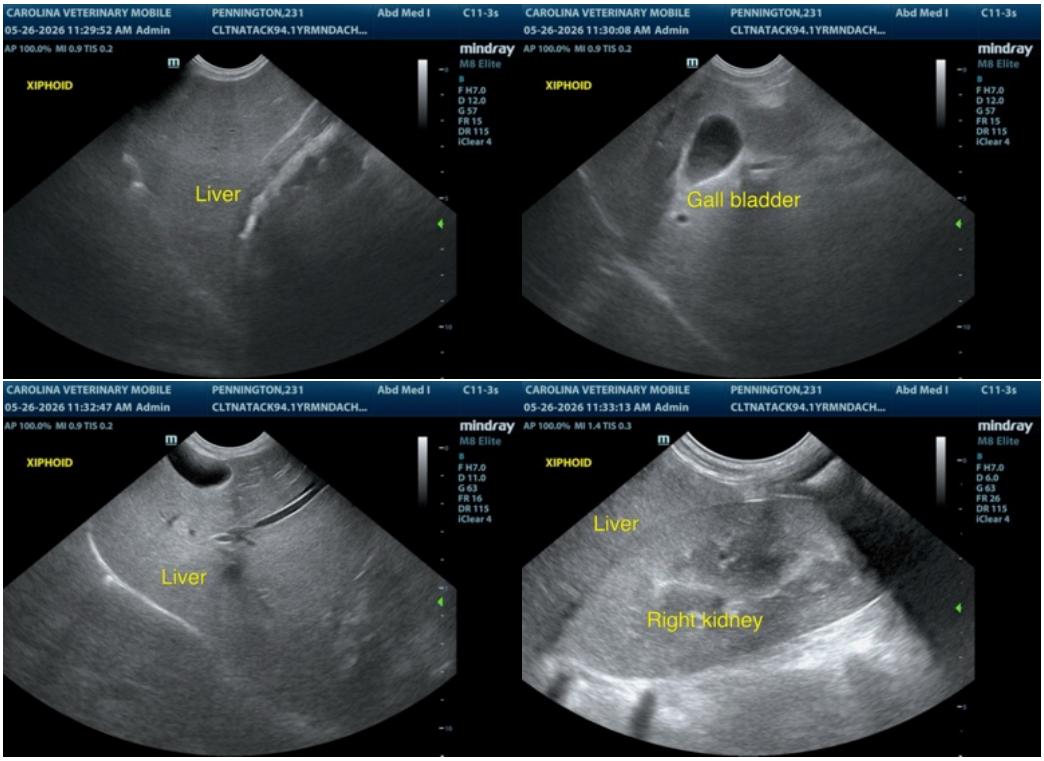

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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