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Clinical Sonography & Telecytology
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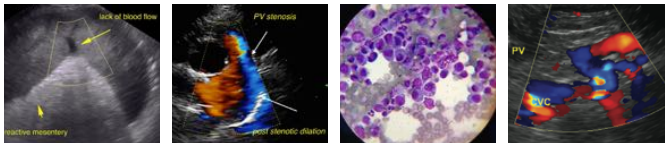



**PATIENT**

Mellie Costa

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Spayed female

**AGE**

10 ½ years

**WEIGHT**

19.4 lbs

**INTERPRETED BY**

Tam Mengine, DVM, DABVP (canine/feline practice)

**IMAGING PERFORMED BY**

Dr. Mengine

**HOSPITAL NAME**

Stoney Creek VH

**REFERRING VET**

Dr. Mengine

**INVOICE**

42489

**DATE**

1/3/23

## PRESENTING CLINICAL SIGNS

History: Recheck AUS from 8/22 - at that time patient had a mildly elevated ALP, and U/S showed reactive hepatopathy and bilateral adrenomegaly. A LDDS was performed at that time and was equivocal for Cushing's. Patient has no symptoms of Cushing's. Recheck liver values last week showed mild progression in ALP to 500, and a newly elevated ALT (442).

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to (2.0) cm.

The kidneys are hyperechoic, and exhibit mildly decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is (4.3) cm in length. The right kidney is (4.6) cm in length.

### *Adrenal Glands*

The adrenal glands are diffusely enlarged and hyperechoic. The left adrenal gland is mildly increased in size from the scan performed in August 2022, and there is a tiny area of mineralization in the caudal pole. The adrenal glands have normal phrenic vasculature and are found in the normal location. There is no evidence of vascular invasion. The left adrenal gland height is (1.9) cm at the cranial pole and (0.9) cm at the caudal pole. The right adrenal gland height is (1.5) cm at the cranial pole and (0.5) cm at the caudal pole.

### *Spleen*

There are multiple hyperechoic masses within the splenic parenchyma measuring up to (0.6) cm in size, with no visible deviation of the splenic capsule. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

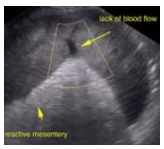
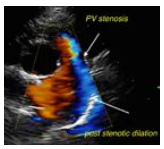
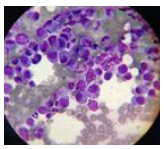
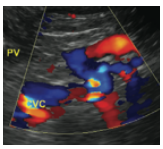
### *Liver*

The liver is diffusely hyperechoic and subjectively enlarged. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents and a large amount of freely-moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

### *Gastrointestinal*

The stomach is empty. The gastric wall is (3.4) mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

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The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures (5.7 ) mm. The jejunal wall measures up to (4.3) mm. Intestinal motility appears normal.

The visible portions of the colon have increased thickness, up to (2.3) mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

### *Pancreas*

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

### *Free Abdomen*

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

## ULTRASONOGRAPHIC FINDINGS

**PRIMARY FINDINGS:**

- Bilaterally enlarged adrenal glands with mild increase in size of the left gland relative to August 2022.
- Reactive hepatopathy.

**SECONDARY FINDINGS:**

- Chronic renal changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There has been minimal change to the adrenal glands since the last ultrasound 5 months ago. Given the borderline results of the low-dose Dexamethasone suppression test reported from August 2022, it is possible that the changes are secondary to pituitary dependent hyperadrenocorticism. Other changes include bilateral, benign adenomas or less likely adenocarcinoma and pheochromocytoma. If signs of Cushing's are present, then a low-dose Dexamethasone suppression test or ACTH stimulation test could be repeated. Given the progression of the liver enzymes, bile acids testing is recommended. If the bile acids are elevated then a liver biopsy is indicated. Otherwise, ongoing monitoring is reasonable.

If the bile acids are normal, then supportive care for hepatopathy can also be considered, such as treatment with Denamarin and Ursodiol.

The changes in the kidneys are consistent with chronic renal disease. Findings should be correlated with laboratory values, IRIS staging and clinical signs.

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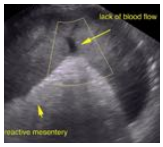

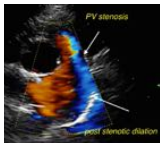

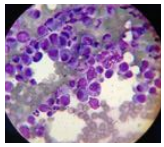
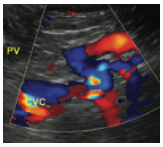


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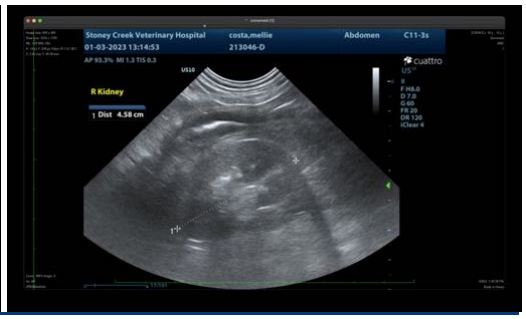

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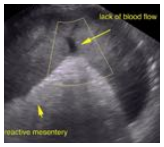

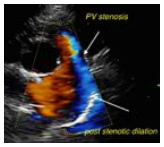

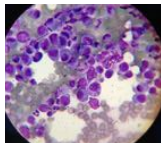
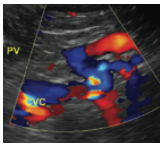


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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**Tam Mengine, DVM, DABVP (canine/feline practice)**

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