SonoPath
Clinical Sonography & Telecytology
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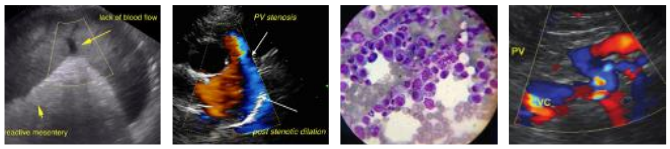


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Fritz Masquelier

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

10 Years

WEIGHT

19 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jack Reese

HOSPITAL NAME

Willow Run VC

REFERRING VET

Molly Arnold, DVM

INVOICE

17975

DATE

11/4/22

PRESENTING CLINICAL SIGNS

History: Chronic history of diarrhea, Cushing's disease. Symptoms have improved with Vetoryl treatment, but symptoms of polydipsia and increased appetite have worsened recently. Currently taking 35mg Vetoryl BID and fluoxetine 10mg SID.

Abnormal PE/Chem/CBC/UA Results: August 2022: ALP 191 Remainder of b/w WNL ACTH Stimulation 10/6/22 Pre 2.4, Post 5.5 (good control) Urinalysis 10/6/22 UPC 1.3 Texas A&M GI Panel WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally distended with anechoic urine, and luminal sediment is not present. The bladder wall is focally thickened (up to 4.5 mm) and there are irregularities to the mucosal surface. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses or calculi are noted. Urethra visualized to 3.0 cm

The prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins.

Both 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 5.0 cm in length. The right kidney is 5.6 cm in length.

Adrenal Glands

Both adrenal glands are diffusely enlarged and hyperechoic. They have normal phrenic vasculature and are found in the normal location. The left adrenal gland height is 1.2 mm at the cranial pole and 1.1 mm at the caudal pole. The right adrenal gland height is 2.0 mm at the cranial pole and 1.1 mm at the caudal pole

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

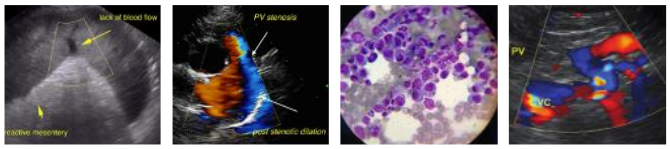
Liver

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. There is a 5.0 mm hypoechoic cyst present in the left caudal lobe.

The gallbladder is moderately distended with anechoic contents. There is a 9.0 mm shadowing cholelith present within the gallbladder lumen. 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 4.3 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 4.2 mm. The jejunal wall measures up to 3.2 mm. . Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.6 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
- Mildly thickened and irregular bladder wall

Secondary Findings

- A 9.0 mm cholelith
- Chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the adrenal glands is consistent with the diagnosis of Cushings disease. Given that the most recent ACTH stimulation exhibited good control, and the current dose of Trilostane is quite high, it seems unlikely that the reported polyuria and polydipsia are due to the hyperadrenocorticism.

The changes in the bladder wall are typical of cystitis. Because the dog has Cushings, a urine culture is recommended even in the presence of a quiet urine sediment. If a UTI is present, that could be the cause for the polyuria and polydipsia.

The finding of a cholelith in the gallbladder is usually incidental. Interestingly, polyuria and polydipsia has been reported as a clinical sign of cholelithiasis in dogs. Unless more significant clinical signs were to develop, this would not be an indication for removal of the gallbladder. There is no indication of inflammation in the gallbladder wall, however, choleliths can be associated with bacterial cholecystitis. Thus, if liver enzymes were to increase, cholecentesis for culture or an antibiotic trial with enrofloxacin could be considered.

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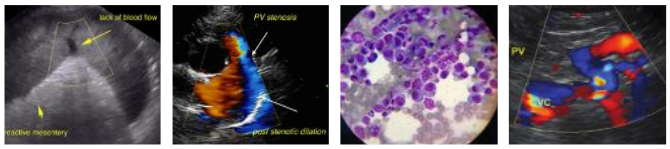

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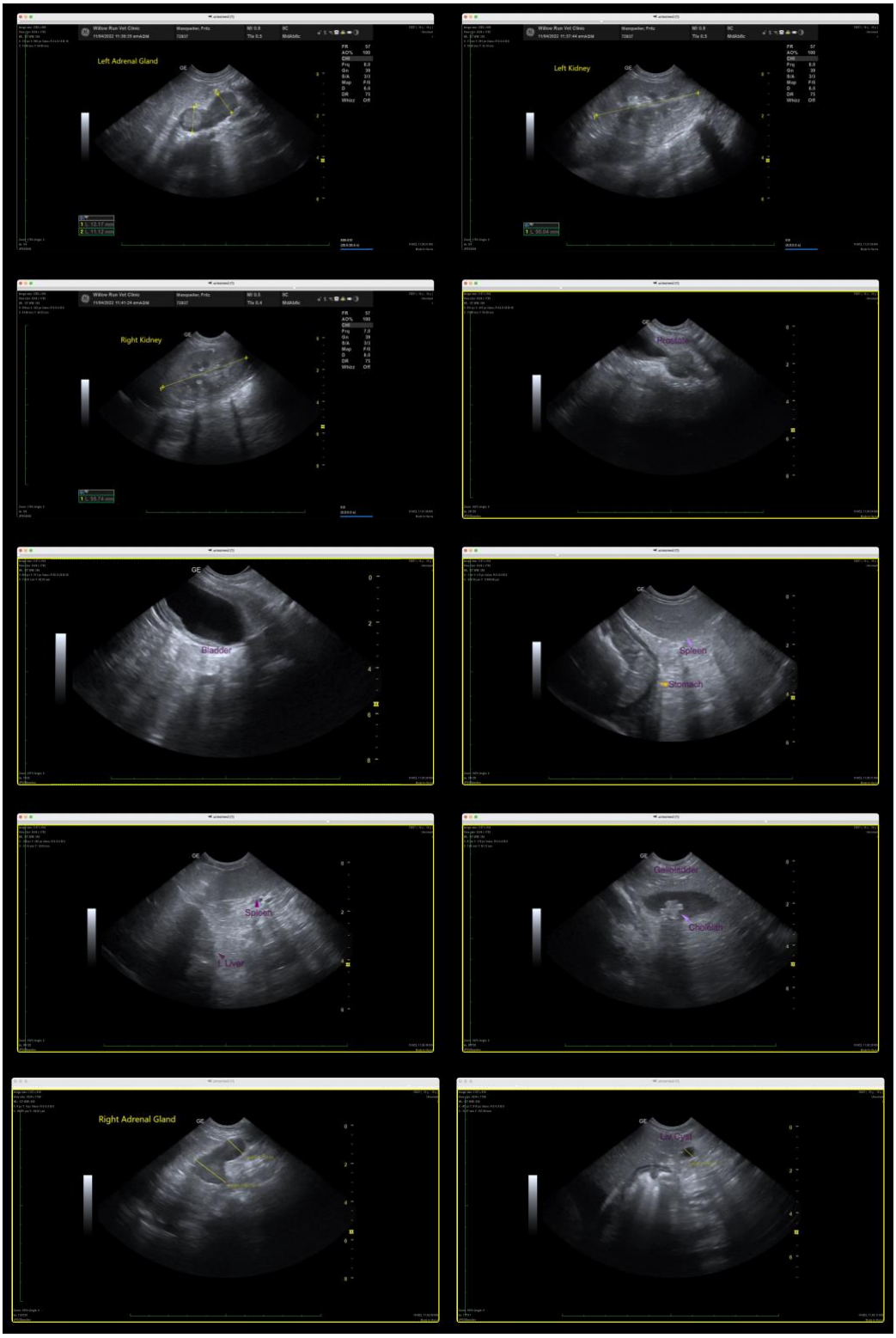

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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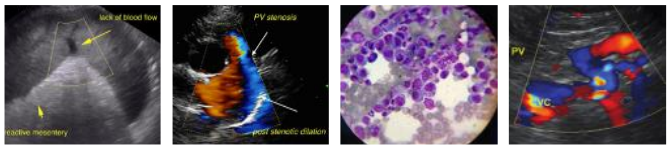

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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