



PATIENT

Artemis Hinshaw

SPECIES

Canine

BREED

Lab/Shep Mix

SEX

Spayed Female

AGE

12 years 6 months

WEIGHT

68 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of
 Boone

REFERRING VET

Dr. SHutt

INVOICE

10991

DATE

12/19/2025

PRESENTING CLINICAL SIGNS

P presented for US due to incontinence and increased ALT. P sedated with dex and torb.

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 visible to 3.0 cm.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). Left kidney measures 6.2 cm, and the right kidney measures 6.8 cm.

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 2.1 cm at the cranial pole and 1.2 cm at the caudal pole. The right adrenal gland height is 1.8 cm at the cranial pole and 6.6 mm at the caudal pole.

Spleen

There are numerous hyperechoic masses diffusely distributed throughout the splenic parenchyma, 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 of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. 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 moderate 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 3.9 mm, with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

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. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, 1.8 mm, with intact wall layering. The ileocecal junction visualized and appears normal.

Pancreas



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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.

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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.

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PRIMARY FINDINGS

- Bilateral adrenomegaly.

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SECONDARY FINDINGS

- Numerous hyperechoic splenic nodules, typical of splenic myelolipomas.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the adrenal glands are consistent with either pituitary-dependent hyperadrenocorticism, or benign hyperplasia, as might occur secondary to physiologic stress. Given the magnitude of enlargement, pituitary dependent hyperadrenocorticism is considered likely, provided that there are signs to support this diagnosis. If the patient's urine is dilute, this may be contributing to the reported incontinence.

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- If signs of Cushing's disease are present, then adrenal function testing (either a low-dose dex-suppression test or ACTH stimulation test) is recommended.
- Monitoring the glands for changes in size or appearance, via serial ultrasounds at 6-8 week intervals.

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If the urine is well concentrated, and there is no evidence of infection, then primary urinary sphincter mechanism incontinence is suspected, and could potentially be treated with phenylpropanolamine or estriol.

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The nodules throughout the splenic parenchyma are typical of benign myelolipomas, and there is minimal vascularization noted on doppler interrogation. Fine needle aspiration could be considered for a definitive diagnosis, but most likely these are an incidental finding.

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There is no apparent explanation for the increase in liver enzymes. If the magnitude of the increase is small, this may be due to hyperadrenocorticism, if present, or another benign reactive hepatopathy. Liver biopsy would be needed to definitively rule out more significant pathology.

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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.

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