PATIENT

Abby Stargratt

SPECIES

Canine

BREED

Morkie

SEX

Spayed Female

AGE

8 Years

WEIGHT

6.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Dundas AH

REFERRING VET

Dr. Hall

INVOICE

35983

DATE

2/27/26

PRESENTING CLINICAL SIGNS

- Presented Oct 2025 for PU/PD/PP ongoing for about 1.5 months
- History of chronic skin issues but is not on any topical or systemic steroids
- ACTH stim Jan 2026 was supportive of hyperadrenocorticism
- Vetoryl started at 10mg SID, no response and symptoms continued
- Increased dose to 10mg BID and still no response to treatment
- Repeat ACTH Stim Feb 2026 showed some improvement, but not ideal range achieved. Further increase of dose to 15mg in AM and 10mg in PM and still no improvements, continues to wake owner up multiple times per night to go outside to urinate
- Abnormal PE/Chem/CBC/UA Results: ALP 209(5-160)Chloride 101(108-119) Retics 144.5(21-140)platelets 438(120-412)USG 1.009 3+ protein ACTH Jan resting cortisol 103(28-120) 1 hour post 869nmol/L ACTH Feb resting cortisol 66(29-120) 1 hour post 298nmol/L

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 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). The left kidney is 4.4 cm in length. The right kidney is 5.1 cm in length.

Adrenal Glands

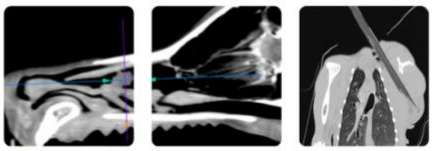
The adrenal glands are both diffusely enlarged and of normal echogenicity. They have normal phrenic vasculature and are found in the normal location. The left adrenal gland height is 9.4 mm at the cranial pole and 1.0 cm at the caudal pole. The right adrenal gland height is 1.1 cm at the cranial pole and 8.2 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, with sharp borders and a homogenous echotexture. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.



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The gallbladder is distended with sludge and a small of amount of striating bile. The wall is normal with no evidence of regional inflammation or rupture. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is moderately distended with gas. The gastric wall is 2.4 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, up to 1.8 mm, with intact wall layering. The ileocecal junction is not visualized.

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

- Mild bilateral adrenomegaly
- Small amount of organized bile within the gallbladder, typical of an emerging biliary mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The clinical history and bilateral adrenomegaly are consistent with pituitary dependent hyperadrenocorticism. Typically, patients will continue to have an improving response to trilostane therapy over the course of four to six weeks, thus, dose adjustments typically are made at 4-6 week intervals. Given that the patient is on a relatively high dose of trilostane now, it is recommended to wait a full six weeks from the time of the last dosage change prior to rechecking an ACTH stim or increasing the dose.

At that time, if symptoms have not improved, then a subsequent dosage increase of 25% would be recommended. If not recently performed, a urinalysis is recommended to rule out the possibility of emerging diabetes mellitus or urinary tract infection, both of which may be seen in cushingoid animals, and which may be contributing to the lack of improvement in polyuria/polydipsia.

There is no indication of a mature or inflamed mucocele, but the beginning of striating bile in a

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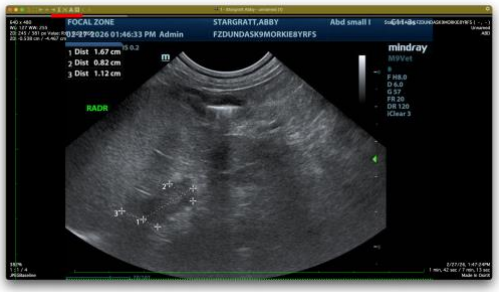
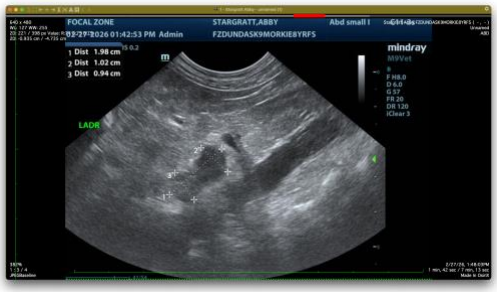
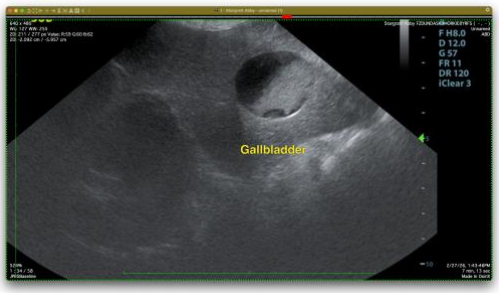
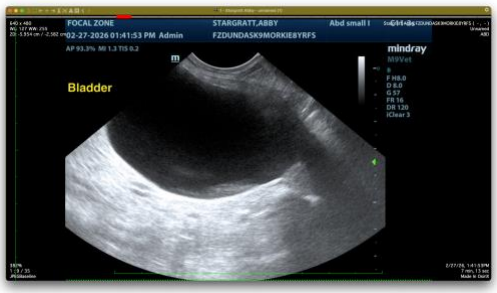
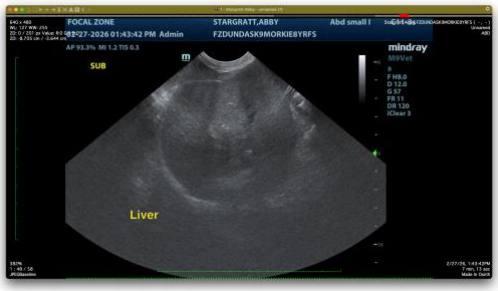
cushingoid dog raises concern for mucocele development. Thus, treatment with ursodiol is recommended, and serial ultrasounds of the gallbladder should be considered at 2-3 month intervals.











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.

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

info@SonoPath.com