SonoPath
Clinical Sonography & Telecytology
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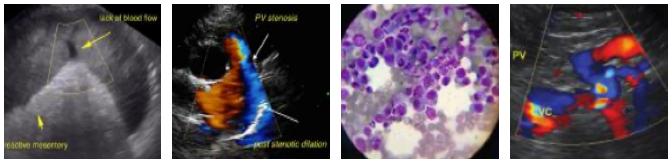


SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

Maya Bhatia

**SPECIES**

Canine

**BREED**

Maltese

**SEX**

Female Spayed

**AGE**

12 years

**WEIGHT**

4 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Banfield PH of Bridgewater

**REFERRING VET**

Dr Baker

**INVOICE**

12927

**DATE**

5.1.23

## PRESENTING CLINICAL SIGNS

History: Weight loss, inappetence, lethargy, LDDST consistent with Cushing's => vetoryl started but discontinued due to pet side effects. No current meds.
Abnormal PE/Chem/CBC/UA Results: ALKP >2000, ALT 385, Chol 438, GGT 51. PLT 503

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. There is a 6.0 x 3.0 mm polyp arising from the mucosal surface in the apex of the bladder. The bladder wall is otherwise unremarkable. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No calculi are noted. Urethra visualized to 4.0 cm.

Both kidneys are hyperechoic and exhibit moderately decreased cortico-medullary differentiation. There are small cortical cysts present within the left kidney. There is pinpoint mineralization present throughout both renal cortices. There is no evidence of nephrolithiasis, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 3.7 cm in length. The right kidney is 4.3 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 8.3 mm at the cranial pole and 1.5 cm at the caudal pole. The right adrenal gland height is 1.1 cm at the cranial pole and 6.9 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 parenchyma is disrupted by focal pinpoint mineralization throughout the spleen. 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. There are hypoechoic nodules present throughout the parenchyma, measuring up to 7.0 mm. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

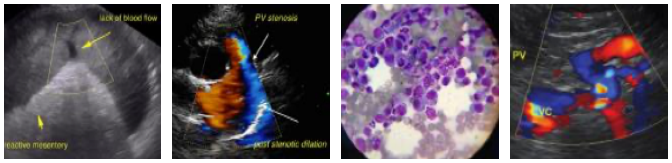
The gallbladder is moderately distended with anechoic contents and a large amount of freely-moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

### *Gastrointestinal*

The stomach is empty. The gastric wall is subjectively normal in thickness, and exhibits appropriate wall layering, but cannot be accurately measured due to normal deviations of the rugal folds. 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. The duodenal wall measures 3.8 mm. The jejunal wall measures up to 2.8 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.



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***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 gland, consistent with either pituitary-dependent hyperadrenocorticism or less likely, bilateral adrenal gland neoplasia

### Secondary Findings

- Small bladder polyp
- Bilateral chronic renal changes
- Diffuse splenic mineralization that is common with endocrine disease
- A large amount of gall bladder sludge
- A reactive nodular liver

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in both the adrenal glands, liver and spleen, are most consistent with hyperadrenocorticism. The possibility of adrenal neoplasia, or hepatic neoplasia, cannot be definitively ruled out without biopsies, but is deemed less likely. Depending on the nature of the side effects from vetoryl, it may be possible to try a lower dose, or ultimately consider treatment with mitotane.

The bladder polyp is likely incidental but can be seen with chronic cystitis. Thus, a urinalysis and culture are recommended, given that Cushing's Disease can dispose to urinary tract infection.

The mobile sludge in the gallbladder shows no evidence of mucocele formation at this time. Recommendations include:

- Monitoring for progression in 2-3 month's time is recommended.
- Treatment with ursodiol could be considered, especially given the concurrent elevations in cholestatic enzymes.

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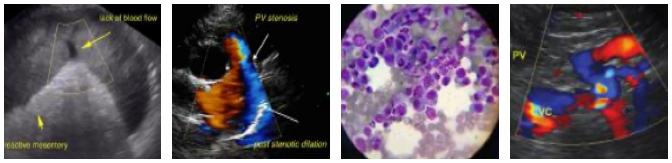

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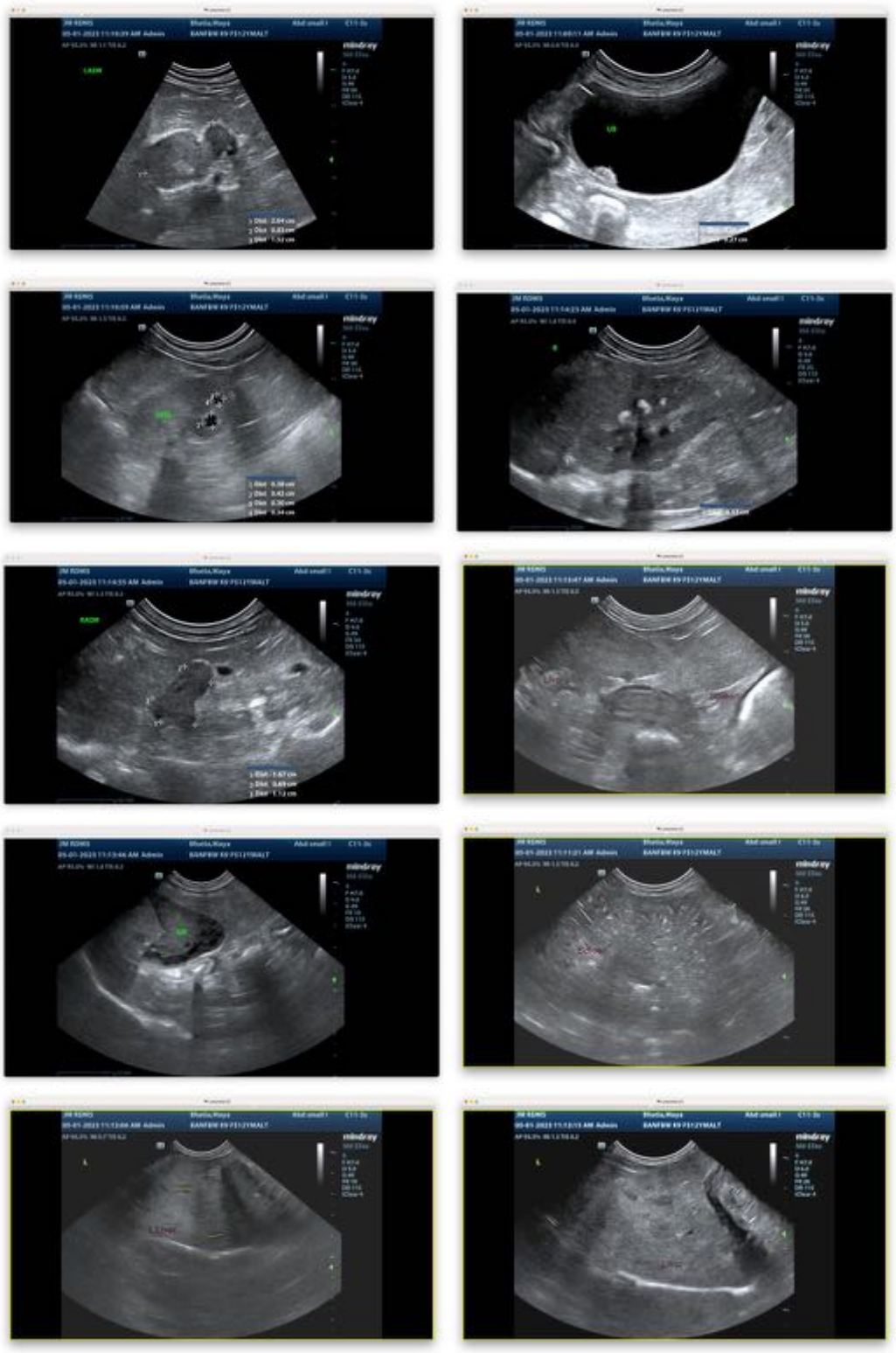

**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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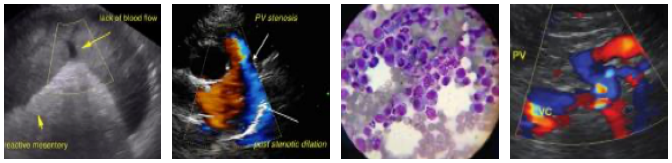


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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

**Tam Mengine, DVM, DABVP (canine/feline practice)** info@SonoPath.com