



PATIENT

Layla Anzai

SPECIES

Canine

BREED

Labrador Mix

SEX

Spayed female

AGE

10 years

WEIGHT

34.9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Han

HOSPITAL NAME

Tenalfy VC

REFERRING VET

Dr. Han

INVOICE

69985

DATE

1/10/26

PRESENTING CLINICAL SIGNS

History: 10 yr old spayed female dog and presented for deprived appetite, lethargy and vomiting. she is a Cushing diseases patient and has been on vetroyl 10 mg bid and her cortisol level is table. CBC/ chem/ us / resting cortisol/ PLI test are recommended.

CBC:normal / chem: ALT: 2029, AST:865, GGT:25, ALP:170, total bilirubin: 0.4. resting cortisol: 3.3 pli-normal diluted urine: 10.15. stopped vetroyl for now and she is doing well with cerenia. leptopcr and urine culture and sensitivity test results are pending now.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 5.5 cm. The right kidney measured 6.0 cm.

Adrenal Glands

The right **adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 1.12 cm at the cranial pole and 0.6 cm at the caudal pole. The region of the left adrenal gland is imaged with no evidence of pathology.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of



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normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

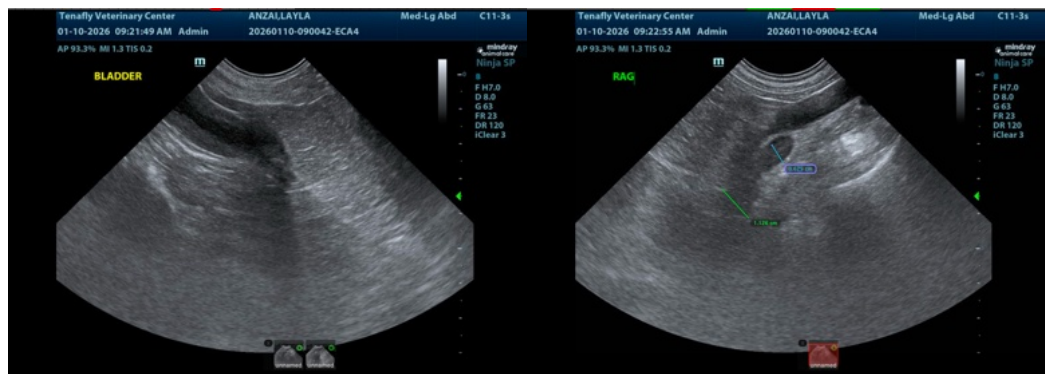
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen, including the liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Acute insult such as Leptospirosis should be considered in this patient. Coagulation panel, ultrasound-guided FNA of the liver, IV Ampicillin and GI protectants are all recommended. The right adrenal gland appears normal and the left adrenal gland was not overtly visible. Reassessment of the Cushingoid status may be appropriate after the immediate hepatic crisis has been addressed.





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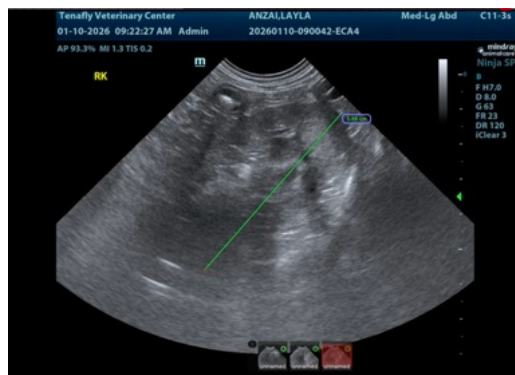
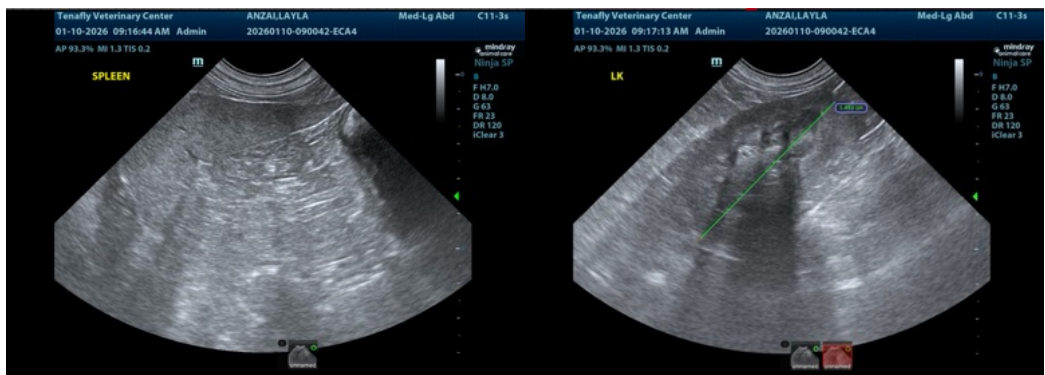
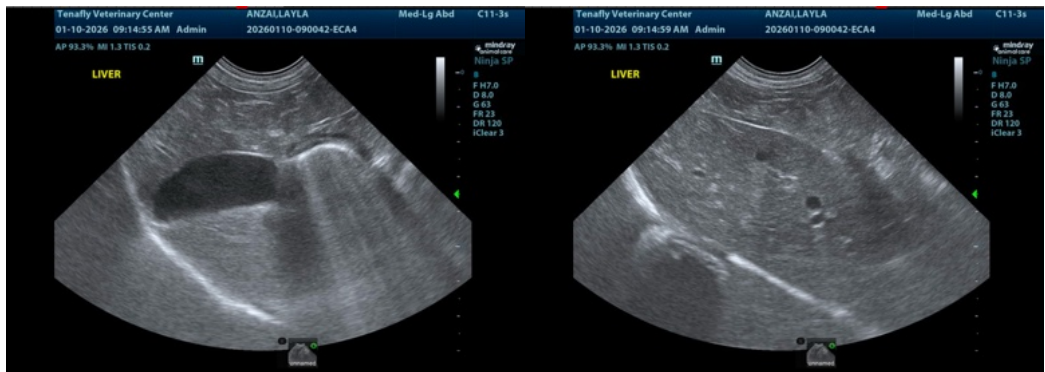
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

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