



## PATIENT

Becca Fidler

## SPECIES

Canine

## BREED

Miniature Schnauzer

## SEX

Spayed Female

## AGE

13 Years

## WEIGHT

18 pounds

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP(CFM), Cert.  
IVUSS

## IMAGING PERFORMED BY

Dr. Scott

## HOSPITAL NAME

Tenafly Vet Center

## REFERRING VET

Dr. Scott

## INVOICE

13173

## DATE

01/14/26

## PRESENTING CLINICAL SIGNS

Becca was diagnosed with Cushing's Disease on 11/5/25 through a resting cortisol test (suspected pituitary origin) and started on Vetoryl 10mg capsules (1 tab PO BID). At the follow up ACTH stim test (3 weeks later) the result was 6.8 post cortisol, at the time her clinical symptoms were under control and the results were borderline, so the dosage was not changed. Becca did fine for 4-5 days after this until her symptoms suddenly returned even without any issue administering the medication at home. A follow up ACTH was performed (32 days after first stim test) and the post cortisol increased to 10.8, while on the Vetoryl BID. We increased the Vetoryl dosage from 10mg BID to 15mg in the AM and 10mg in the PM, the increase appeared to have helped for 4-5 days and now Bella's symptoms have returned again as if she was never on any medication to manage it. On physical exam today she was very painful in the cranial abdomen and has had some vomiting and diarrhea that started this morning, pancreatitis was a differential and confirmed via in-house PLI. Overall, Becca appears to do well with the initial dosage change and then reverts back to full clinical symptoms after a short period of time.

## 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 were noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild to moderate age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. Dystrophic mineralization was noted and non-obstructive at this time. The left kidney measured 4.75 cm in length. The right kidney measured 5.23 cm in length.

### Adrenal Glands

Both **adrenal glands** were 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 left adrenal gland measured 2.0 x 0.48 cm width. The right adrenal gland measured 1.27 cm width at the cranial pole and 0.84 cm width at the caudal pole.

### 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 were noted.

### Liver

The **liver** was uniformly swollen with mild, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and



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subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. Occasional hypoechoic nodule was noted measuring up to 1.0 cm.

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## Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine 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. A moderate amount of gastric stasis was noted, consistent with ileus.

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## Pancreas

The **pancreas** revealed diffuse edema sign with likely some level of inflammation over the past few years. Is most consistent with edema owing to passive congestion.

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## ULTRASONOGRAPHIC FINDINGS

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- Gastric stasis.
- Age-related renal changes with mineralization.
- Pancreatic edema- likely pancreatitis, however, other causes of pancreatic edema such as vascular thrombosis is possible. Pancreatic necrosis is also possible.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Liver disease is not adequate to cause portal hypertension, however, I am concerned for a possible portal vein thrombosis given the pancreatic edema. Further imaging of the portal vein and its branching with power doppler assessment is recommended as well as pancreatic power doppler assessment.

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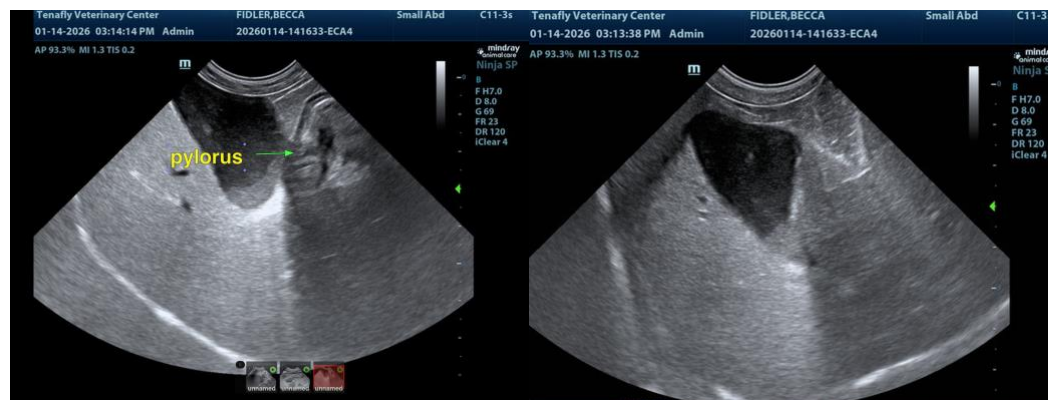
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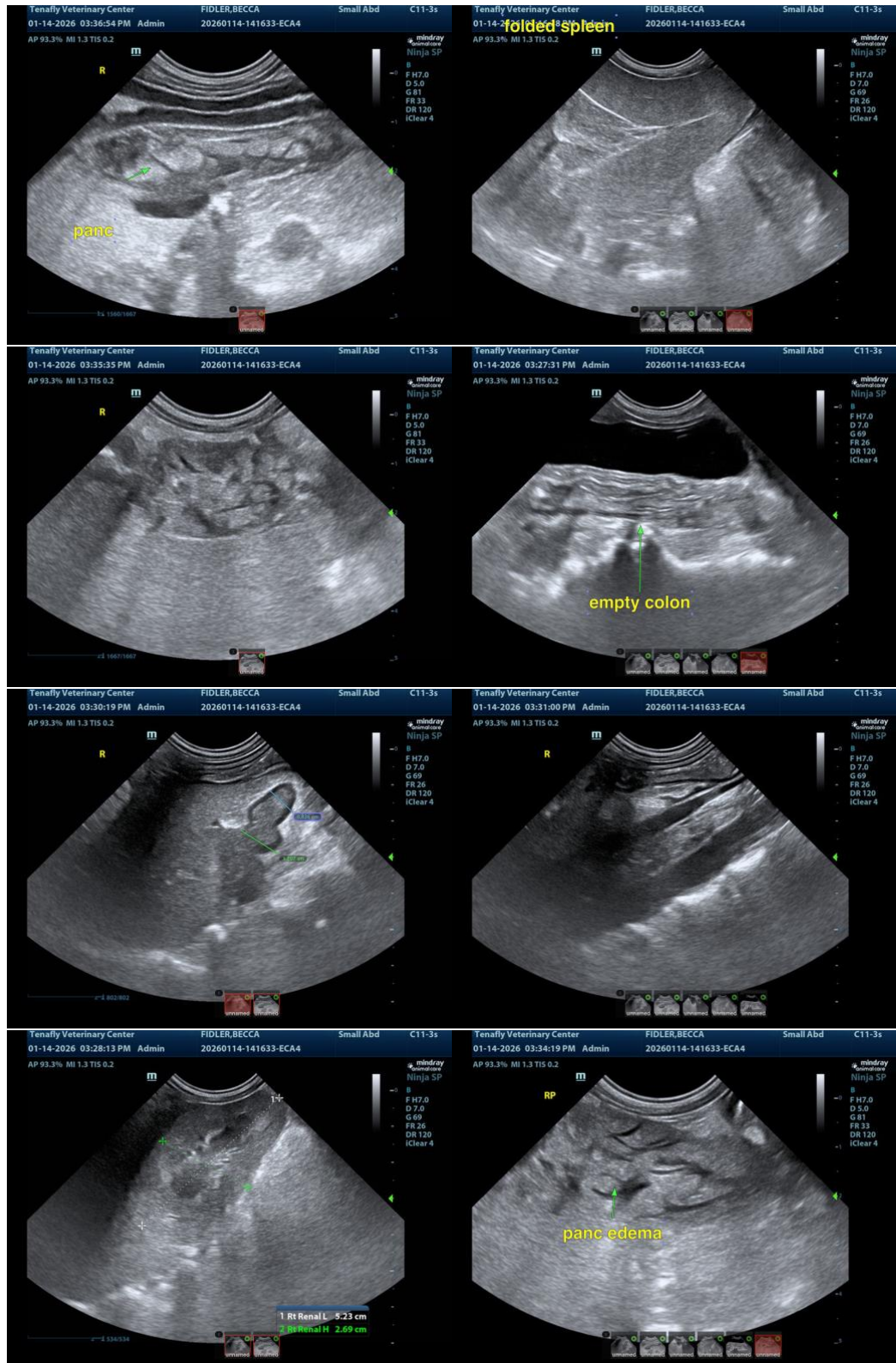
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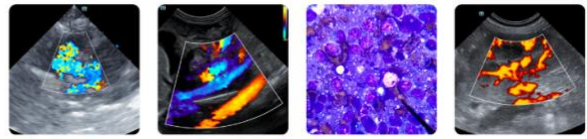
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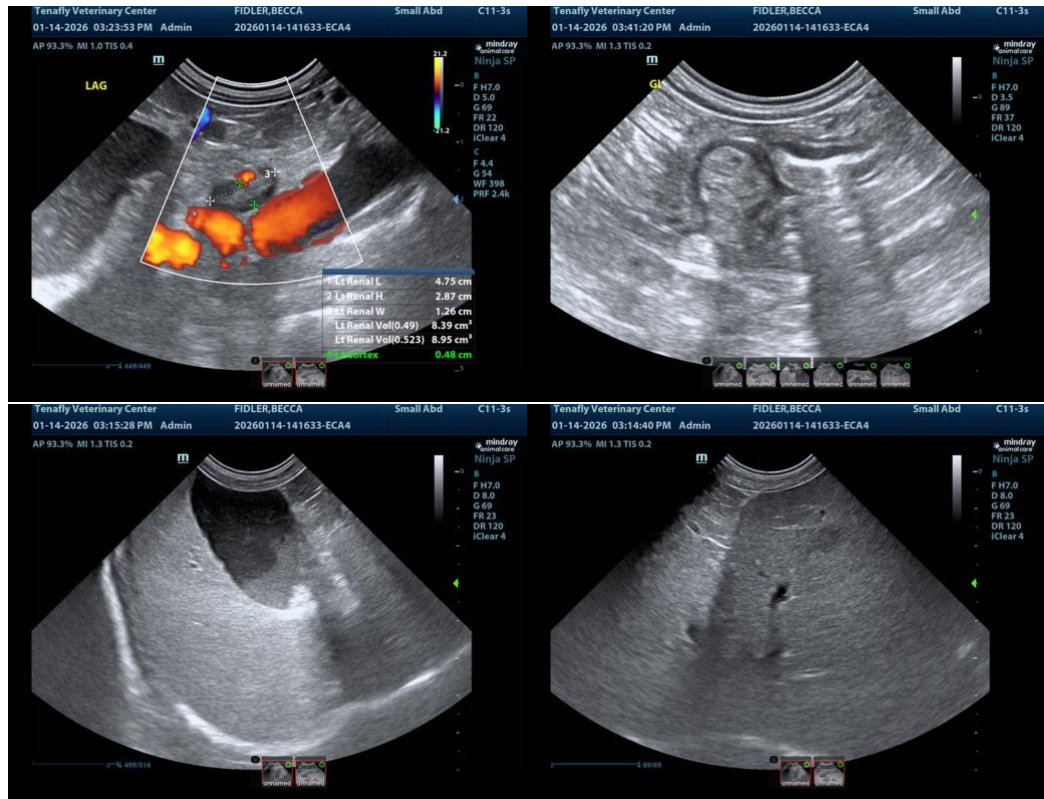
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,**

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