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|---|--|
| PATIENT | PRESENTING CLINICAL SIGNS |
| Amadeus Cantatore | intermittent vomiting hx of Cushings |
| SPECIES | ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN |
| Canine | <i>Urinary System</i> |
| BREED | The bladder in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. A minor amount of sand was present. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. |
| Maltese | |
| SEX | The kidneys presented moderate degenerative changes with multifocal cortical cysts and minor pyelectasia. The left kidney measured 5.0 cm. The right kidney measured 5.0 cm. |
| Male | |
| AGE | <i>Adrenal Glands</i> |
| 12 Years | The adrenal glands appeared slightly enlarged and swollen with remodeling noted. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The right adrenal gland measured 1.96 cm x 1.1 cm at the cranial pole and 0.65 cm at the caudal pole. The left adrenal gland measured 2.27 cm x 0.82 cm at the caudal pole and 0.79 cm at the cranial pole. |
| WEIGHT | |
| 18 Pounds | |
| INTERPRETED BY | <i>Spleen</i> |
| Eric Lindquist, DMV DABVP, Cert. IVUSS | 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. |
| IMAGING PERFORMED BY | <i>Liver</i> |
| Jenn | The liver presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. Gallbladder calculi and excessive debris noted, non-obstructive. This is consistent with chronic inflammatory hepatopathy. |
| HOSPITAL NAME | <i>Gastrointestinal</i> |
| Rockaway AH | The stomach in this patient presented concentric thickening in the cardia and gastroesophageal inlet. Endoscopy warranted to assess gastric wall mucosa. The small intestine and colon were unremarkable. |
| REFERRING VET | <i>Pancreas</i> |
| Dr. Maniar | The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected. |
| INVOICE | |
| 34364 | |
| DATE | |
| 1/19/22 | |



PATIENT

Amadeus Cantatore

SPECIES

Canine

BREED

Maltese

SEX

Male

AGE

12 Years

WEIGHT

18 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

34364

DATE

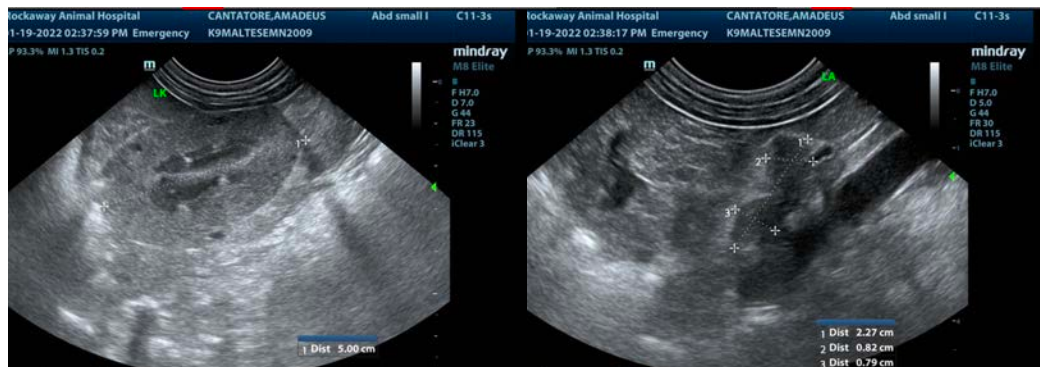
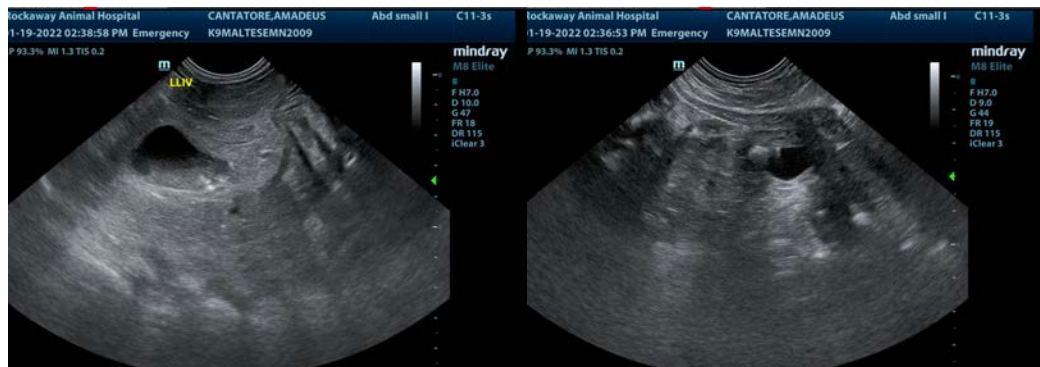
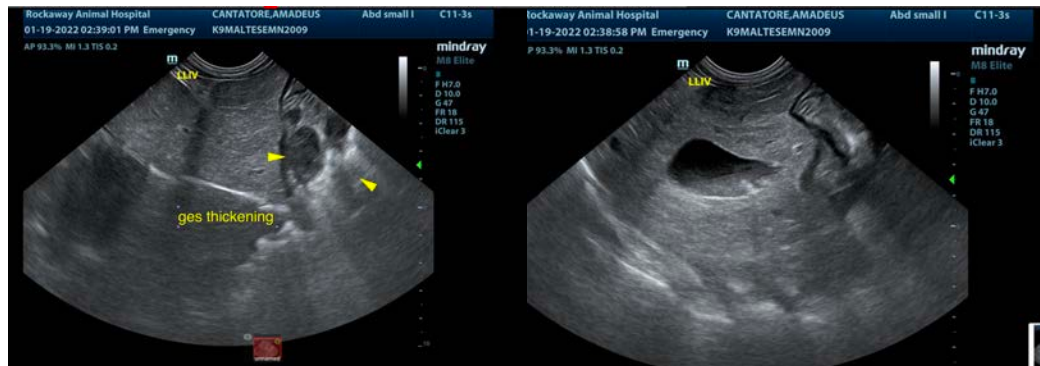
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ULTRASONOGRAPHIC FINDINGS

- Hepatic remodeling
- Bilateral adrenal hypertrophy
- Potential gastroesophageal neoplasia developing

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Workup for PDH/Cushing's warranted. Ursodiol therapy warranted. Full urinary workup warranted to assess for concurrent UTI.





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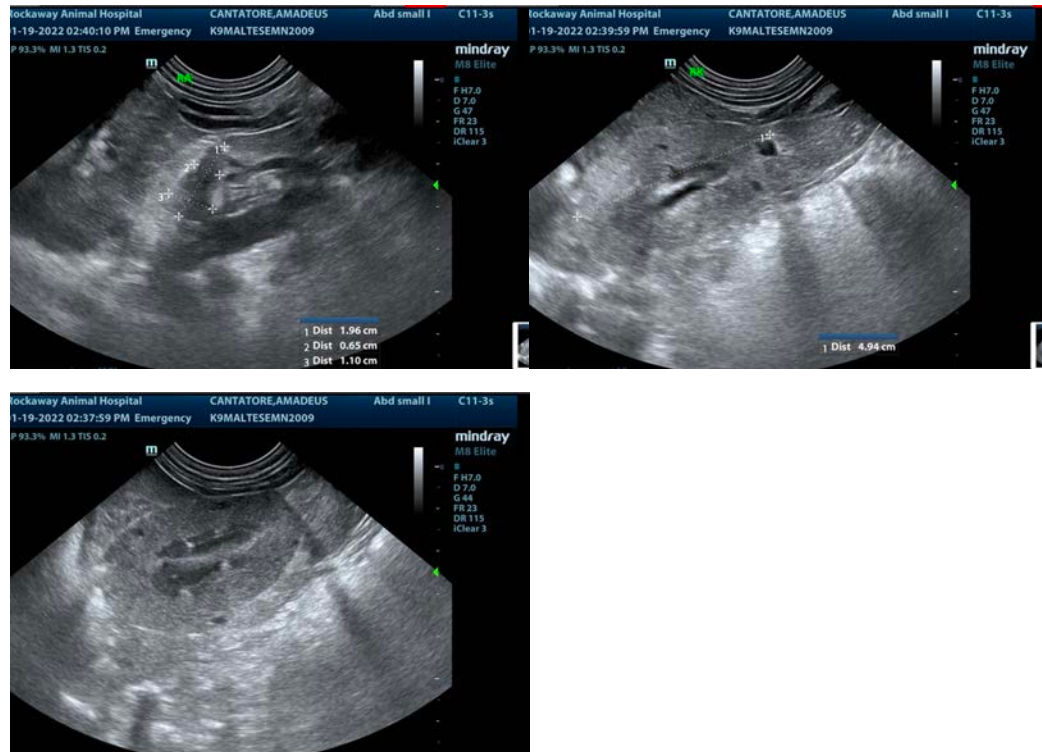
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com
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