



**PATIENT**

Bella Hammock

**PRESENTING CLINICAL SIGNS**

LDDS consistent with cushings disease. PU/PD  
Abnormal PE/Chem/CBC/UA Results: ALT 894, Alk Phos 1977,GGT 28, Bili 1.0, USG 1.020

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Terrier X

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.

**SEX**

Spayed Female

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 right kidney measured 4.78 cm. The left kidney measured 4.2 cm with anechoic cyst of 1.08 cm, stable.

**AGE**

12 Years

**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 0.50 cm. The right adrenal gland measured 0.50 cm.

**WEIGHT**

9 Pounds

**Spleen**

**INTERPRETED BY**

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**

Megan Larson

**Liver**

The **liver** presented coarse architecture and increased portal markings. The gallbladder and common bile duct were unremarkable.

**HOSPITAL NAME**

Yorkville AH

**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.

**REFERRING VET**

Dr. Bell

**Pancreas**

**INVOICE**

35196

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.

**DATE**

1/30/22



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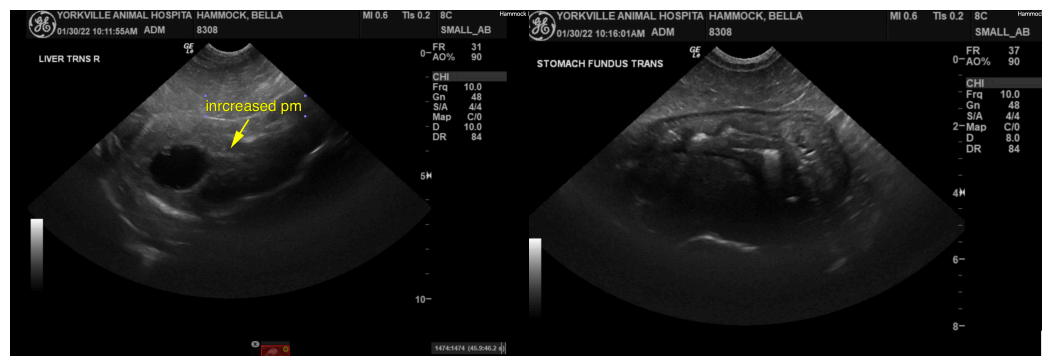
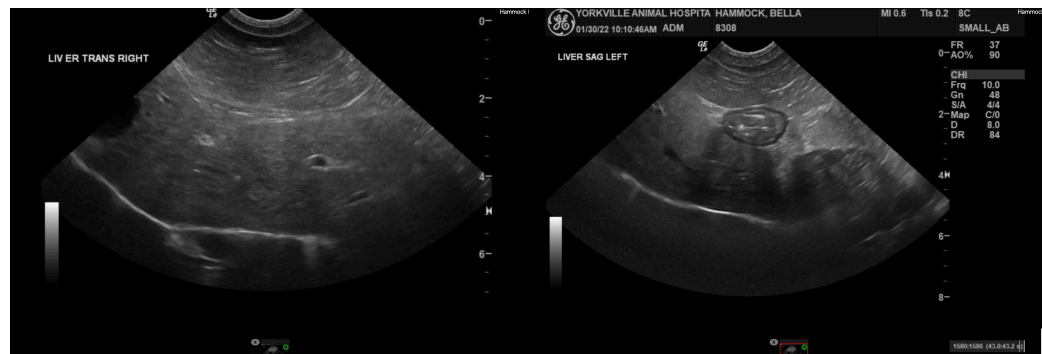
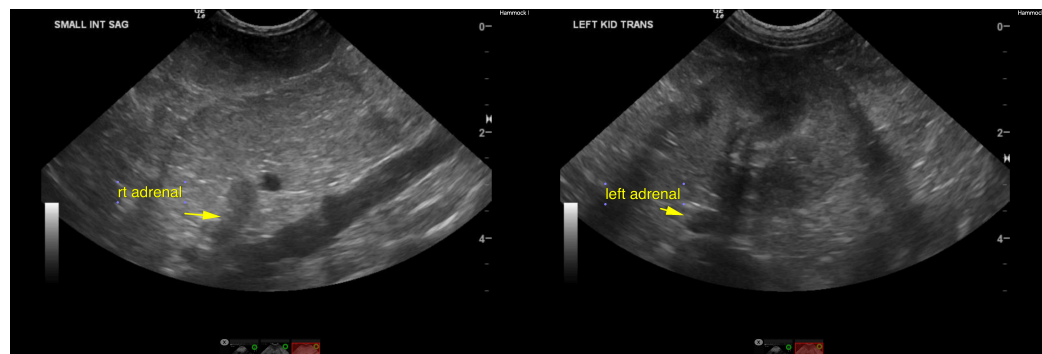
1/30/22

**ULTRASONOGRAPHIC FINDINGS**

- Chronic inflammatory hepatopathy/fibrosis pattern
- Structurally normal adrenals
- Left renal cyst

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I am most concerned about long-term viability of the liver in this patient. In case of emerging renal failure, PU/PD can manifest. Recommend core liver biopsy in this patient. Assessment for Leptospirosis or other inciting causes of chronic cholangiohepatitis recommended. If underlying Cushing's is emerging, this patient would represent approximately 10% of PDH patients that have measurably and structurally normal adrenals.





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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, Cert. IVUSS, CEO of SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)