



PATIENT

Celeste Joslyn

SPECIES

Canine

BREED

Poodle x

SEX

Spayed Female

AGE

11 Years 9 Months

WEIGHT

25.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Shohola Veterinary
Hospital

REFERRING VET

Dr. DeMeo

INVOICE

72973

DATE

1/6/26

PRESENTING CLINICAL SIGNS

Hx of acquired shunt dx at referral hospital in 2021. Prev. SP ultrasound done 11/2024 (attached). Clinical findings: Poor appetite, lethargy, large abdomen. Current Medications: Denamarin sid; Lactulose 10mg/ml (2ml bid)

Abnormal PE/Chem/CBC/UA Results: AST 147 (H 66); ALT 2594 (H 118); ALKP 4708; GGY 36 (H 12); Cholesterol 1246. Bile Acids pending.

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 and no evidence of pelvic dilation was present. The left kidney measured 5.0 cm. The right kidney measured 5.3 cm.

Adrenal Glands

The **left 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. Left measured 0.60 cm at the caudal pole and 0.50 cm at the cranial pole.

The **right adrenal gland** was prominent and mildly increased in size, measuring 1.4 cm at the cranial pole and 0.88 cm at the caudal pole. A hyperechoic nodule was noted in the mid body at 1.2 cm. Phrenic vein invasion appears to be present, which would suggest potential carcinoma or pheochromocytoma.

Spleen

The **spleen** revealed persistent splenic nodule measuring 1.1 cm x 0.90 cm without progression.

Liver

The **liver** presented persistent coarse architecture and mild to moderate amount of hepatic remodeling. The caudate process was swollen. The gallbladder presented minor excessive debris and micropolypoid changes with minor overdistention. The common bile duct presented persistent mucoduct existence. Common bile duct measured 0.76 cm. Portal vein revealed normal volumes. Vena cava to aortic ratio was 1:1. No evidence of shunting at this time.

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



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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.

Free Abdomen

Large amount of abdominal fat noted in this patient.

Rapid view of the heart revealed no evident pathology.

ULTRASONOGRAPHIC FINDINGS

- Prominent right adrenal gland with hyperechoic nodule and phrenic vein invasion – carcinoma, pheochromocytoma possible.
- Splenic nodule, appears stable, likely hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ALT values are very concerning. Underlying Leptospirosis or parenchymal disease should be considered. Recommend starting with ultrasound guided FNA of the liver and workup of the adrenal pathology owing to right adrenal appearance to assess for pheochromocytoma versus carcinoma.

Serial blood pressure measurements are recommended in this patient. If hypertension is an issue metanephrine level is recommended. If the patient appears Cushingoid and urine specific gravity is less than 1.020 then work-up for adrenal dependent Cushing's is indicated. Recheck is recommended in 2-3 weeks to assess for any progression of the adrenal gland.

Right adrenalectomy, common bile duct lavage, and liver biopsy could all be justified in this patient depending upon further diagnostics.

There is no evidence of primary or secondary shunting at this time. I believe that the portal vein presentation is a normal variant and not clinically significant.

Empirical hepatic treatment could include Ampicillin/Metronidazole combination, nutraceuticals, Ursodiol, liver oriented diet.

For an additional charge an internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>



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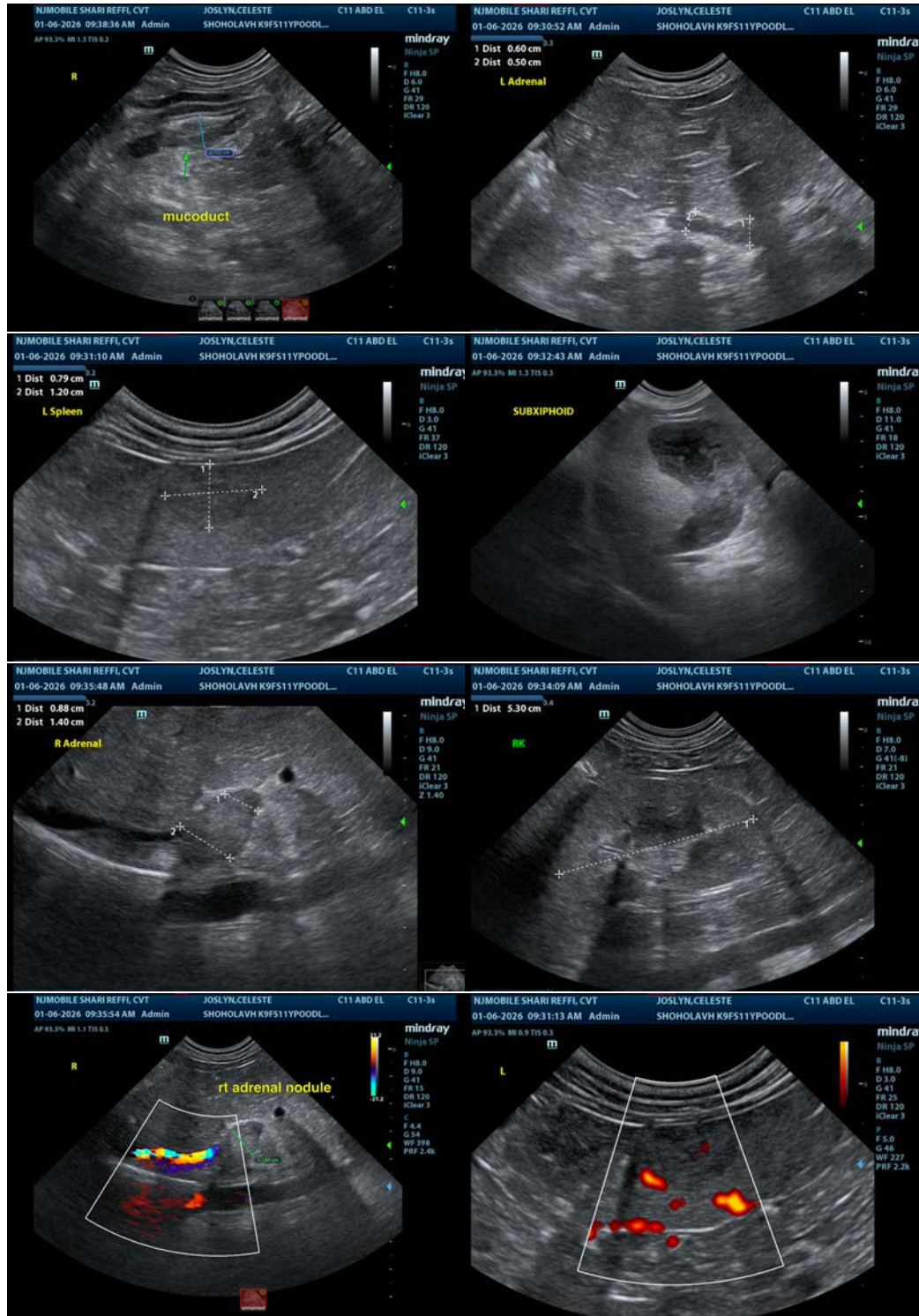
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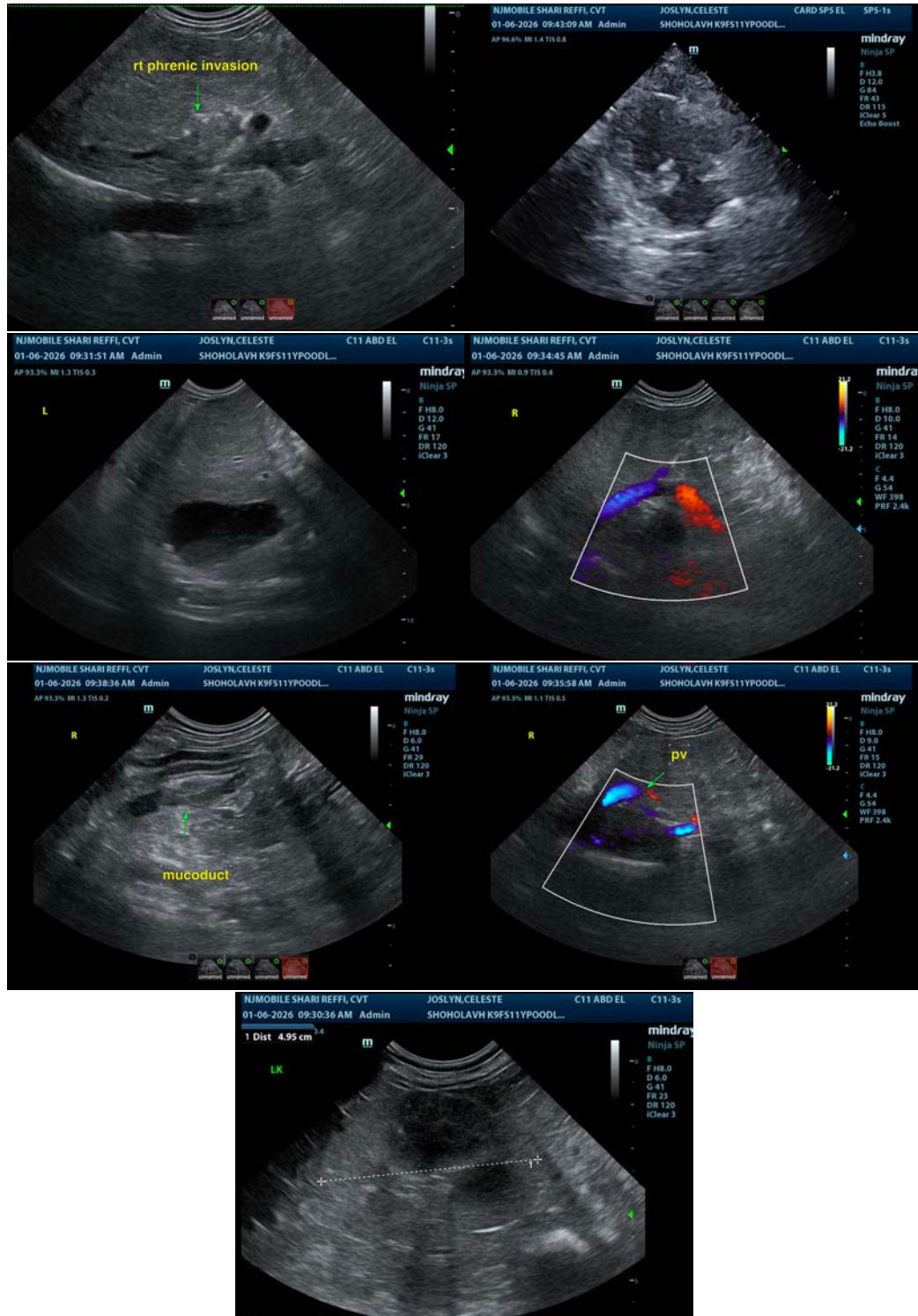
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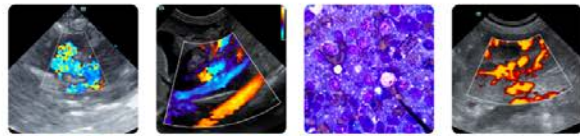
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com

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