



PATIENT

Lucy Sheiman

SPECIES

Canine

BREED

Labrador Retriever
Poodle Mix

SEX

Spayed Female

AGE

13 Years

WEIGHT

24.7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT,
CVT

HOSPITAL NAME

Midland Park VH

REFERRING VET

Dr Shokoff

INVOICE

35335

DATE

1/9/26

PRESENTING CLINICAL SIGNS

History: Recheck liver, pt doing clinically well but increasing ALT over time. No further dx/tx for liver have been performed. Current meds: Cytopoint, Reconcile, Heartgard, Nexgard
Abnormal PE/Chem/CBC/UA Results: ALT 253

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. The right kidney measured 4.9 cm. The left kidney measured 4.93 cm. Blood flow to the kidneys appeared to be adequate on power doppler assessment.

Adrenal Glands

The **right adrenal gland** was slightly heterogenous and mildly irregular, measuring 2.4 cm x 1.23 cm at the cranial pole and 0.84 cm at the caudal pole. A slight new development of phrenic vein invasion of the right adrenal gland was noted at 1.03 cm.

The **left adrenal gland** measured 2.48 cm x 0.8 cm at the cranial pole and 0.5 cm at the caudal pole. A hyperechoic nodule was noted, measuring 1.0 cm, at the cranial 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** presented increased portal markings with progressive remodeling compared to the prior sonogram. The gallbladder revealed a minor amount of debris. The gallbladder revealed significant improvement from the prior sonogram.

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.

ULTRASONOGRAPHIC FINDINGS

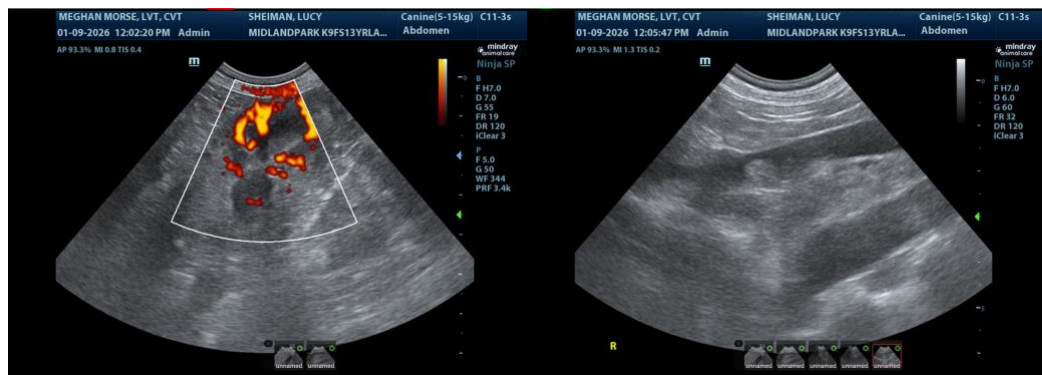
- Pathological right adrenal with phrenic vein invasion- carcinoma versus pheochromocytoma
- Subjectively benign nodule of the left adrenal gland
- Progressive chronic inflammatory hepatopathy
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend work up for carcinoma and pheochromocytoma. See the algorithm below:

Note that 30% of Addisonian dogs are atypical and have normal sodium potassium ratios. Screening can be performed with a urine cortisol to creatinine ratio (UCCR) of less than 2.0 ug/dl is indicated as a screening for Addison's. This has near a 100% negative predictive value. UCCR less than 1.4 ug/dl is 100% sensitive and 97 % specific for Addison's. If the UCCR is greater than 2.0 ug/dl and Addisonian signs are present, then disease induced adrenal burnout may be the case. UCCR measures a 12-hour cortisol whereas baseline cortisol is a moment in time and fluctuates. Therefore, a UCCR is more sensitive and specific than baseline cortisol. Otherwise, baseline cortisol could be utilized if > 2.0 then this is negative also for Addison's, yet less sensitive and specific. Therefore, baseline UCCR is considered the best screening test. Therefore, if UCCR is less than 2.0 then full ACTH stimulation would be recommended for the diagnosis of Addison's. This is based on Del Baldo, et.alJVIM 2022

Right adrenalectomy with liver biopsy is recommended in this patient. Prognosis is guarded. The right adrenal presentation is a new development compared to the prior sonogram, as no adrenal disease was evident on the prior sonogram.





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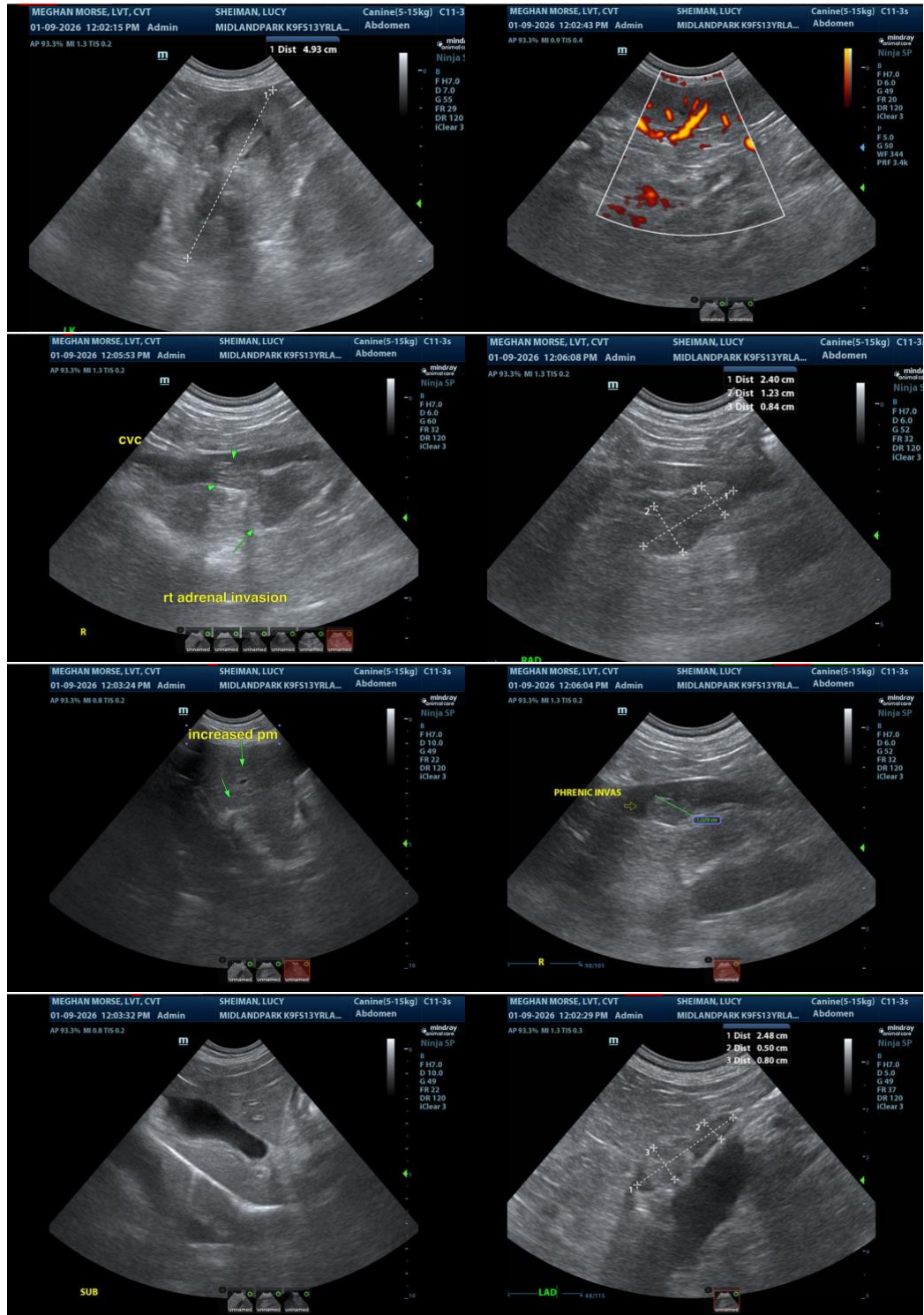
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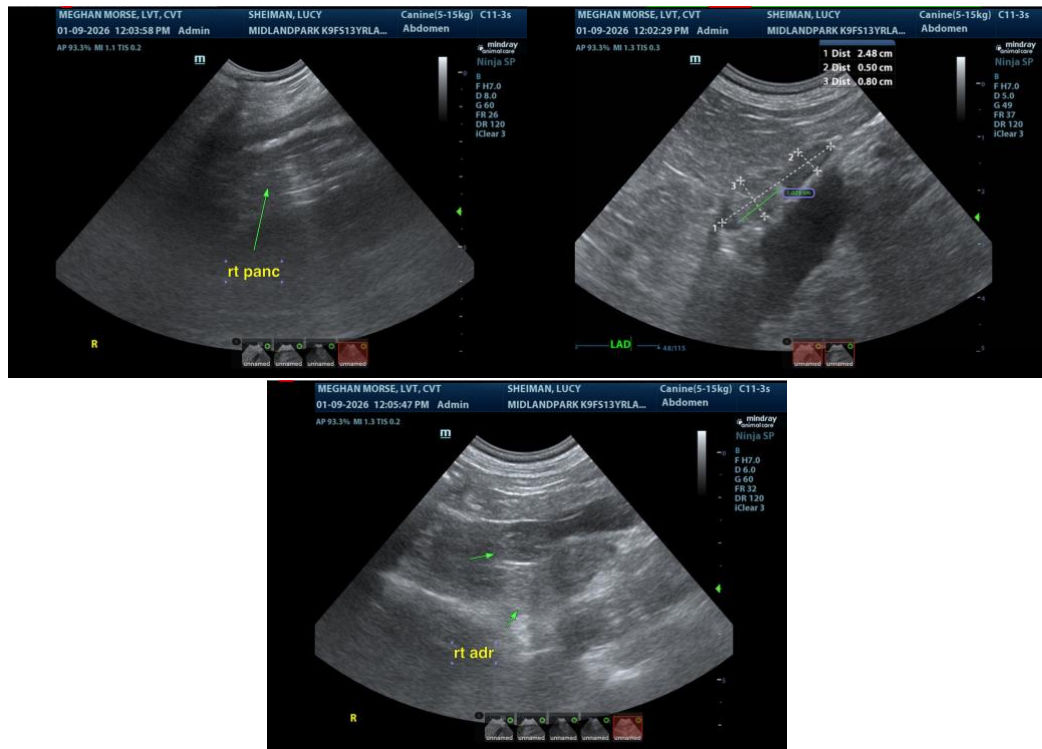
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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