



PATIENT

Nemo Mentore

SPECIES

Canine

BREED

Bichon Frise

SEX

Neutered male

AGE

12 years

WEIGHT

21.1 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Han

HOSPITAL NAME

Tenafly VC

REFERRING VET

Dr. Han

INVOICE

69956

DATE

1/9/26

PRESENTING CLINICAL SIGNS

History: Nemo- 12 yr old neutered male dog. diagnosed with Cushing and PLN around 8/ 2025. He is on Vetroyl 0.5 mg / kg bid and cortisol level is under control (and clinical symptom is improved (less drinking water and urinating). Telmisartan 1mg/ kg sid and UPC was 13.7 and blood pressure is 240 (systolic) 3 weeks ago. Telmisarten dose is increased to 1 mg/ kg bid. No UPC result yet but still bp is 200 and also, Albumin level is 1.8 - previously it was 2.4. he is not symptomatic and very active. abdominal ultrasound is recommended since his blood pressure is not under control and hypoalbuminemia condition is worse even if his blood pressure is slightly improved.

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 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. Slight pyelectasia was noted in the left kidney and measured 0.86 x 0.5 cm. Microcystic cortical changes were noted. The left kidney measured 5.6 cm.

Adrenal Glands

Both **adrenal glands** were visualized obliquely. The right adrenal gland was enlarged, irregular, hypoechoic and expansive. The right adrenal gland measured 1.5 x 2.1 cm. The left adrenal gland was enlarged, irregular, heterogenous and expansive measuring 1.6 cm.

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 was noted.

Liver

The **liver** revealed coarse architecture with increased portal markings and a moderate amount of remodeling. This is consistent with history of chronic inflammatory hepatopathy. Minor, excessive coalesced bile was noted without mucocele formation. Hyperechoic lipid plaques were noted in the liver



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and non-disruptive. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

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.

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

Bilateral adrenal enlargement.

Moderate degenerative renal changes.

Hepatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both adrenal glands were enlarged and heterogenous. An argument could be made for either pituitary dependent hyperadrenocorticism with significant hyperplasia and remodeling or unilateral adrenal tumors or bilateral adrenal tumors. Urine metanephrine level is warranted given the hypertension as either adrenal gland could represent a pheochromocytoma. Adrenal dependent Cushing's can all present simultaneously in rare occasions. Neither adrenal gland appears to be invasive. However, further imaging is necessary to make this conclusion as both adrenal glands were imaged from an oblique approach.

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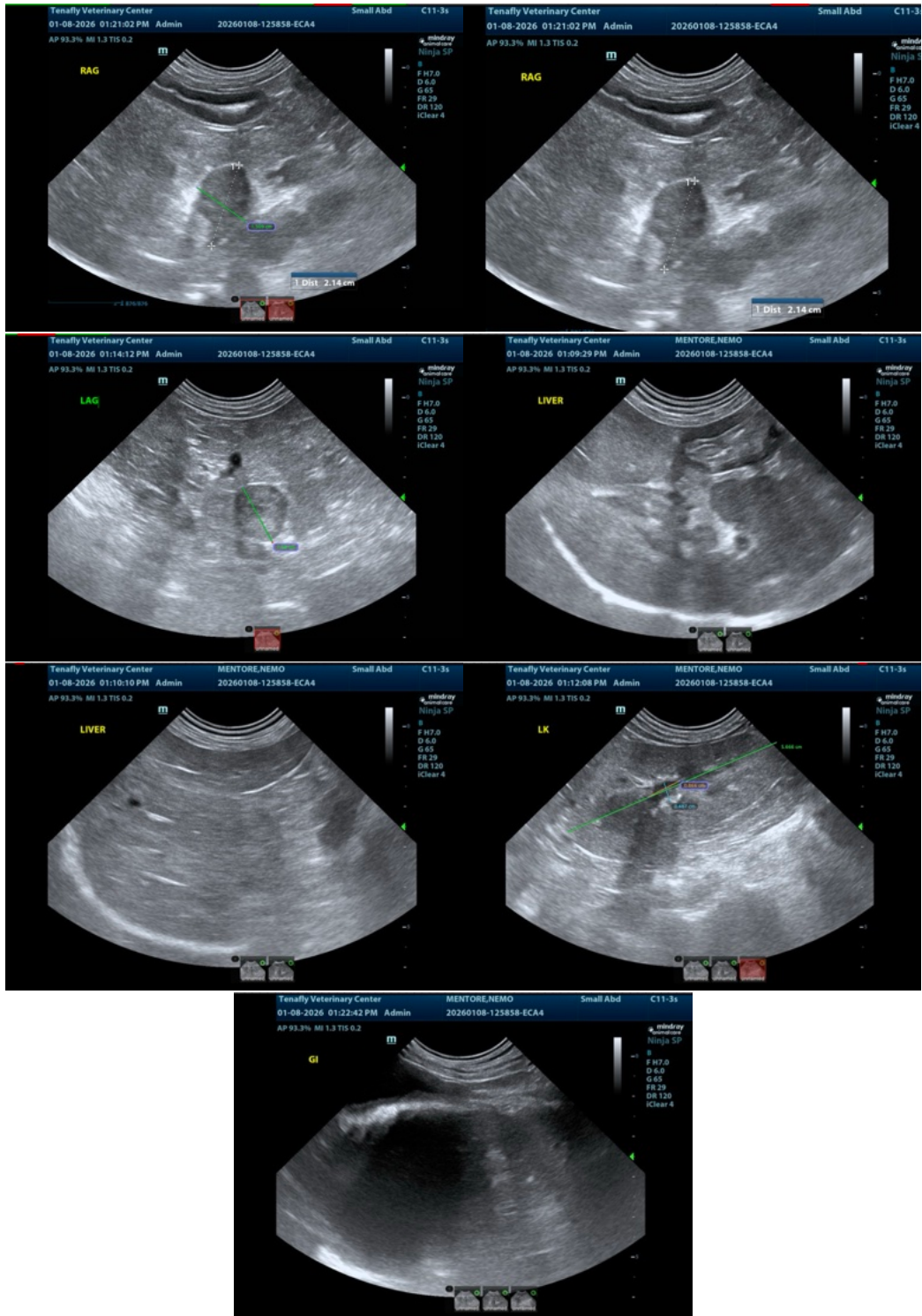
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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