



**PATIENT**

Buddy McCheyne

**SPECIES**

Canine

**BREED**

Labradoodle

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

19 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Cranston VC

**REFERRING VET**

Dr. Parcello

**INVOICE**

40128

**DATE**

10/17/22

**PRESENTING CLINICAL SIGNS**

History: Chronic weight loss polyphagic PU/ PD Splenectomy in 2016 - had a splenic abscess Has had bilateral TPLO surgery  
Abnormal PE/Chem/CBC/UA Results: Chronic mild elevation of liver enzymes LDDST done in April suggestive of Cushing's. LDDST report attached

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** was fairly empty with minor wall thickening.

The residual prostate was uniform and measured 0.63 cm.

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 right kidney measured 5.7 cm with cortical infarcts. The left kidney measured 4.93 cm.

**Adrenal Glands**

The right **adrenal gland** was uniform and slightly heterogenous measuring 0.92 cm at the cranial pole and 0.68 cm at the caudal pole. The cranial pole of the left adrenal gland was enlarged and irregular measuring 1.5 cm. The caudal pole of the left adrenal gland 0.73 cm.

**Spleen**

The **spleen** was not visualized as it was previously removed. The region of the splenic fossa was unremarkable.

**Liver**

The **liver** revealed multi-focal, hypoechoic nodular changes that measured up to 0.74 cm. Hyperechoic nodules were noted and measured up to 1.1 cm. There was a significant amount of remodeling noted. The gallbladder was unremarkable with a minor amount of debris.

**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.



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**Pancreas**

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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**ULTRASONOGRAPHIC FINDINGS**

Enlarged, irregular left adrenal gland.

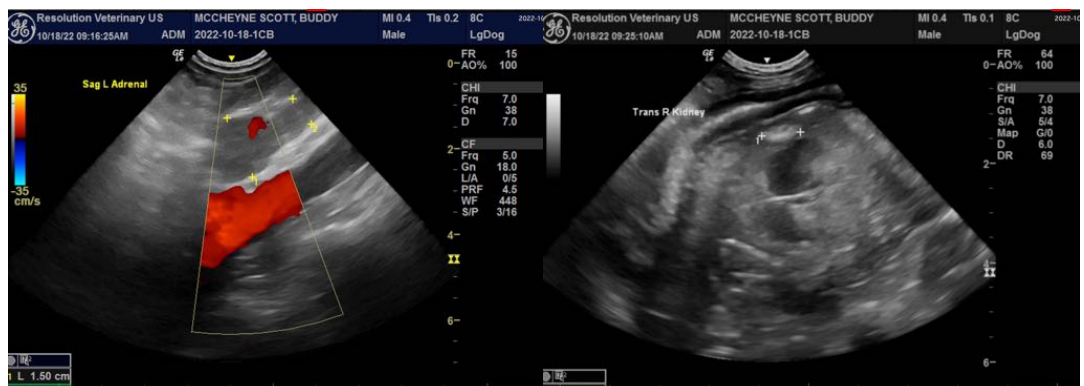
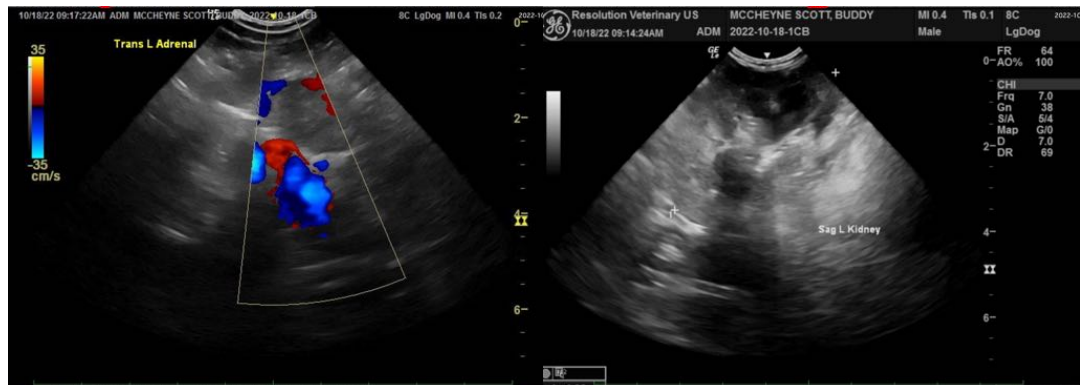
Heterogenous right adrenal gland.

Undefined nodular hepatic changes.

Renal infarcts, moderate degenerative changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the liver nodules is warranted. Blood pressure measurements are indicated. Given the left adrenal enlargement, adrenal dependent Cushing's is likely assuming the patient is persistently isosthenuric. Left adreanlectomy should be considered.





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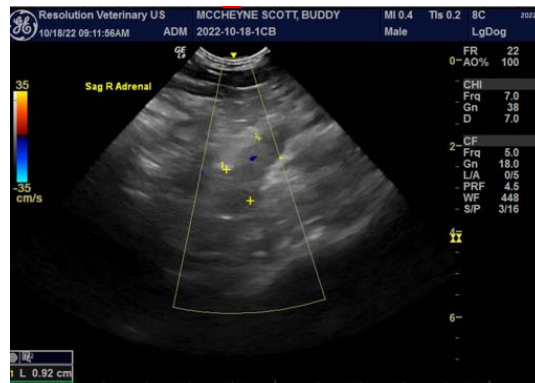
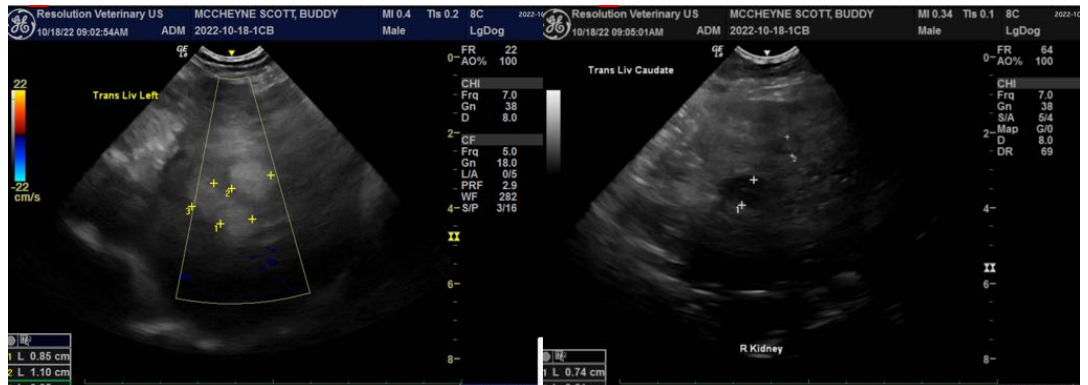
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

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