



PATIENT

Tyson JR Duarte

PRESENTING CLINICAL SIGNS

History of Cushing's, on Trilostane, but never had an ultrasound. History of elevated liver enzymes in March - current bloods pending.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Miniature Poodle

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

Intact Male

The prostate was uniform at 2.43 cm.

AGE

9 Years

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 3.5 cm. The left kidney measured 3.77 cm.

Adrenal Glands

WEIGHT

11.2 Pounds

The **right adrenal gland** was slightly swollen. The right adrenal gland measured 1.97 cm x 1.11 cm at the cranial pole and 0.64 cm at the caudal pole.

The **left adrenal gland** measured at upper limits of normal. The left adrenal gland measured 1.81 cm x 0.63 cm at the caudal pole and 0.54 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV

Spleen

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

Kelly Vazquez

Liver

HOSPITAL NAME

Englewood Vet Center

The **liver** presented mild degenerative changes. A hypoechoic 1.3 cm nodule was noted cranial to the gallbladder. Likely nodular hyperplasia yet should be monitored. Increased portal markings noted throughout the liver. The gallbladder presented minor excessive debris and echogenic wall with striations.

REFERRING VET

Dr. Ezik

Gastrointestinal

INVOICE

42474

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.

DATE

10/28/22

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.



PATIENT

Free Abdomen

Tyson JR Duarte

The testicles were imaged and were uniform, no evident pathology. The left testicle measured 2.37 cm. The right testicles measured 2.54 cm.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Gallbladder fibrosis with striating bile, immature mucocele formation
- Undefined hepatic nodule to monitor
- Slightly swollen right adrenal gland

BREED

Miniature Poodle

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Intact Male

Recommend continuation of Ursodiol therapy in this patient. Recheck sonogram in two months to assess if the nodular change increases in size, at which time FNA would be indicated. The adrenal glands appear slightly prominent on the right and normal on the left. This would be most consistent with pituitary dependent hyperadrenocorticism if all parameters support this. No adrenal masses noted. Gallbladder motility study would be ideal in this patient.

AGE

9 Years

WEIGHT

11.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Englewood Vet Center

REFERRING VET

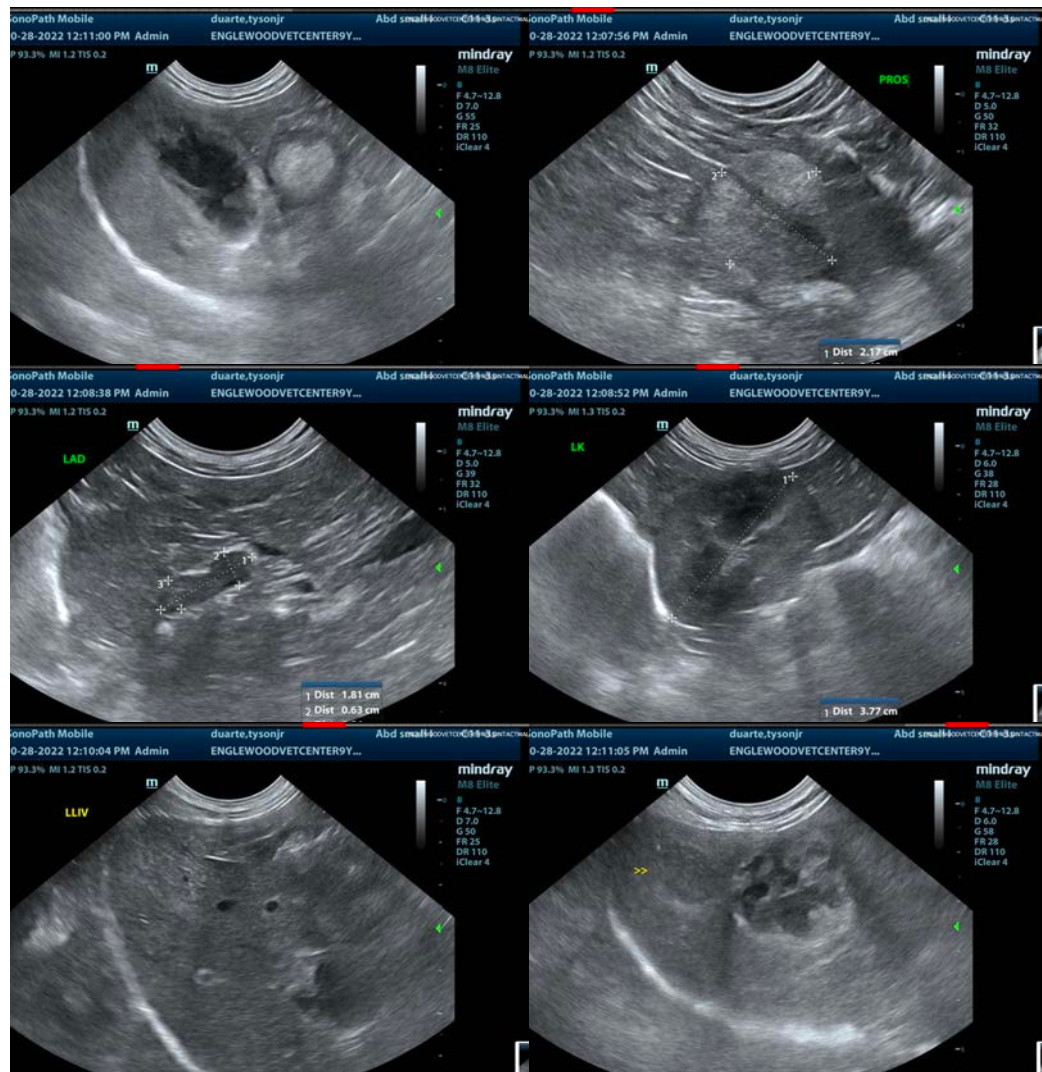
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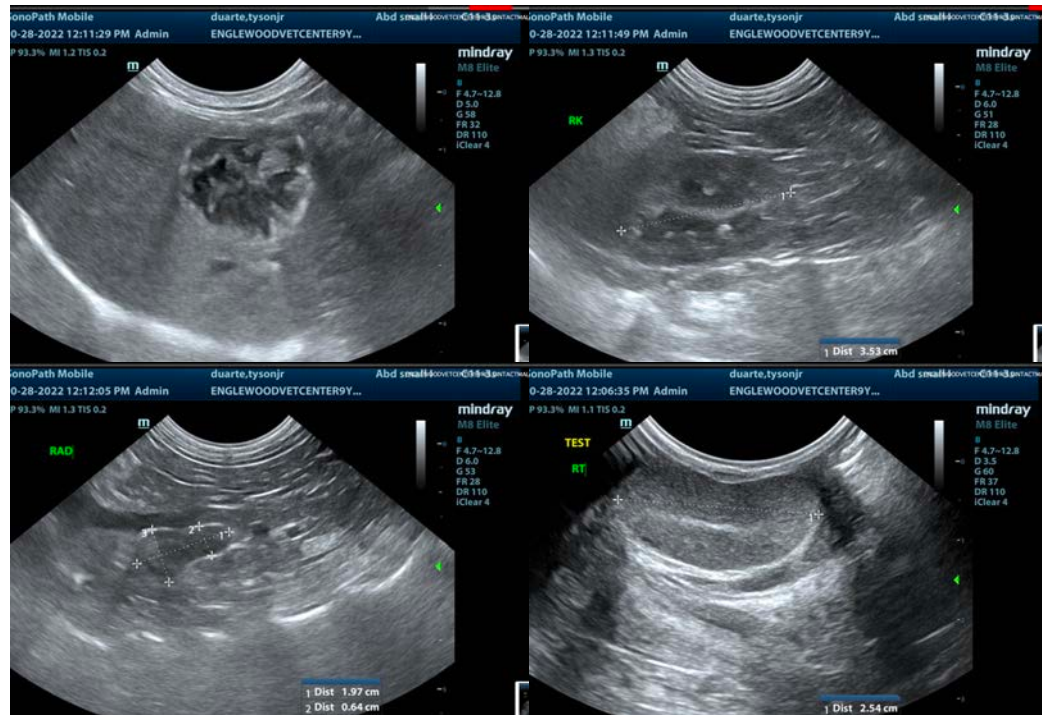
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com