

PATIENT

Abby Marinelli

SPECIES

Canine

BREED

Poodle

SEX

Spayed Female

AGE

11 years

WEIGHT

24.2 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Pamela Harrigan, RDCS

HOSPITAL NAME

Deer Run Veterinary

REFERRING VET

Dr. Palmer

INVOICE

92282

DATE

10/8/21

PRESENTING CLINICAL SIGNS

History: PU/PD, kidney values normal, resting cortisol elevated, ACTH stim or LDDS and Urine cortisol/ creatinine ratio testing not done yet.

Abnormal PE/Chem/CBC/UA Results: High resting cortisol, creat kinase 466, cortisol 7.6

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. A small amount of non-shadowing concretions were noted in the bladder and are likely moving from the kidneys. 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 and no evidence of pelvic dilation was present. Mineralization was noted in the kidneys and was non-obstructive. The right kidney measured 5.0 cm.

Adrenal Glands

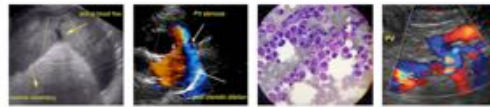
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland was mildly heterogenous and measured 0.52 cm at the cranial pole and 0.52 cm at the caudal pole. The left adrenal gland measured 0.55 cm at the caudal pole and 0.51 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 was noted.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.



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Gastrointestinal

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Examination of the **gastrointestinal tract** revealed minor increased submucosal echogenicity and mucosal speckling. The lumen was unremarkable with no evidence of overt loss of mural detail or luminal disease was noted. However, inflammatory bowel is likely. The albumin levels should be monitored to assess for potential emerging protein losing enteropathy.

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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.

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ULTRASONOGRAPHIC FINDINGS

Vacuolar hepatopathy.

Structurally normal adrenal glands.

WEIGHT

24.2 Pounds

Renal calculi.

Slight bladder concretions.

Pancreatic remodeling.

Mucosal speckling.

INTERPRETED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Passage of calculi may be playing a role in this patient. If the patient strongly appears Cushingoid early PDH is a potential. Idiopathic mucosal speckling may be owing to history of inflammatory bowel. A small percentage of PDH patients can have measurably normal adrenal glands, yet structurally these adrenal glands are completely normal.

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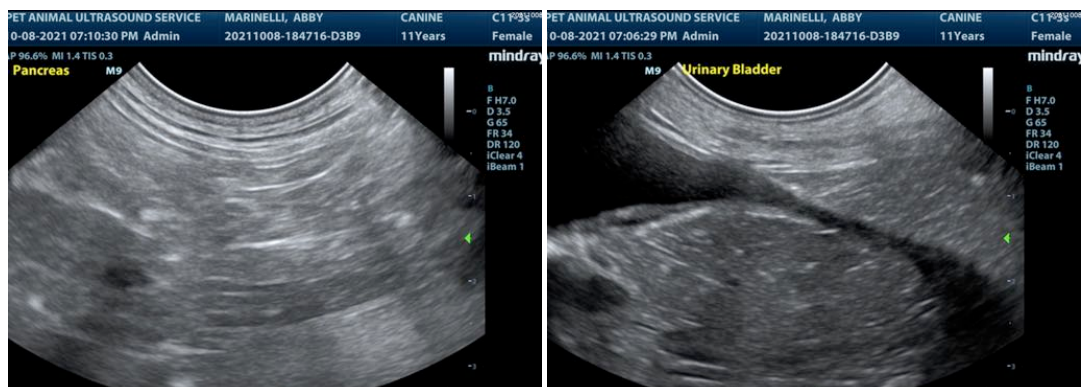
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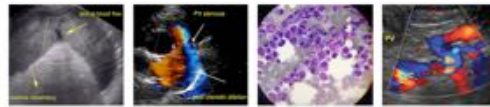
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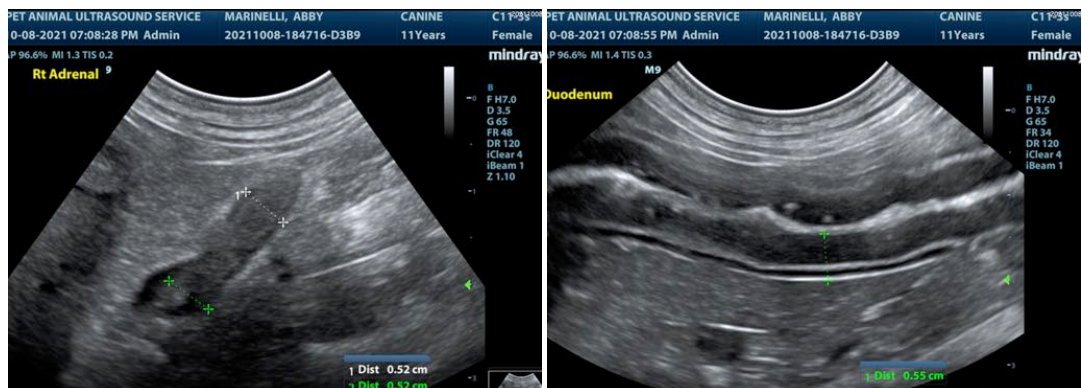
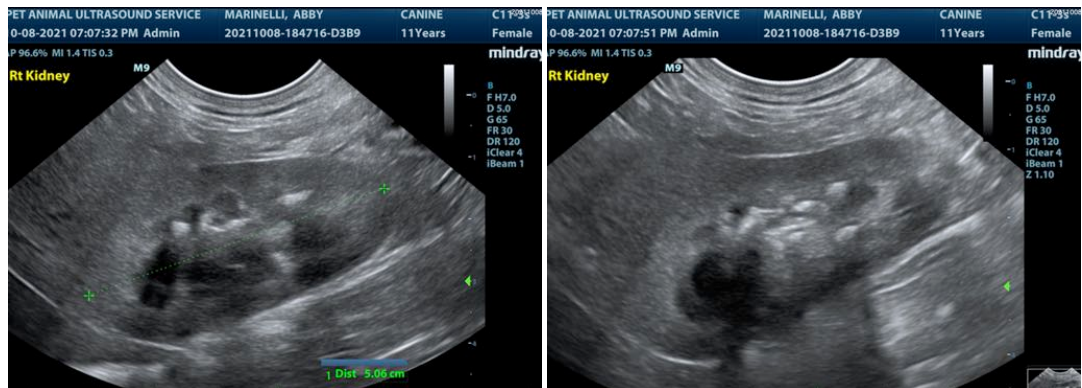
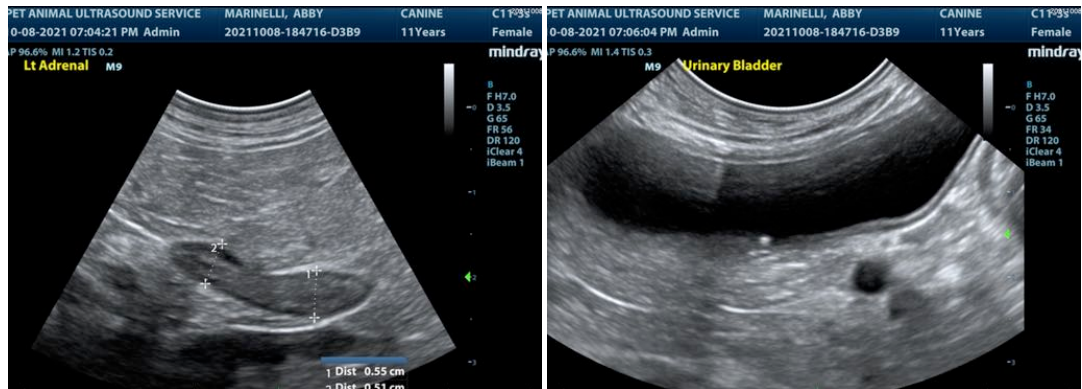
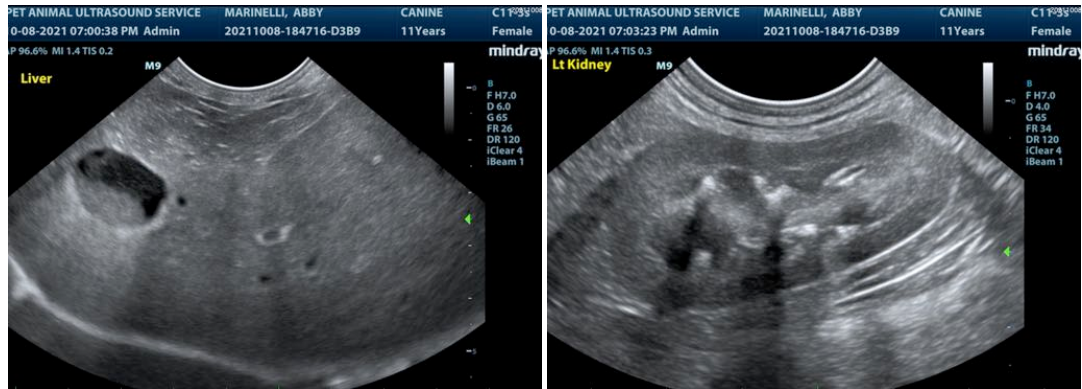
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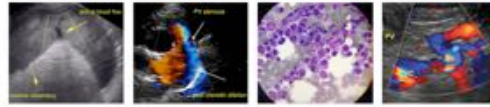
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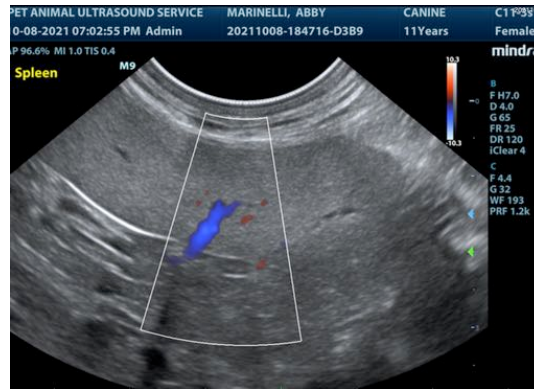
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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