



**PATIENT**

Brock Hilmoie

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

30 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Callihan

**HOSPITAL NAME**

Animal Emergency  
Care

**REFERRING VET**

Dr. Callihan

**INVOICE**

18836

**DATE**

11/27/22

**PRESENTING CLINICAL SIGNS**

History: Presented for vomiting and diarrhea since yesterday; got a piece of bone while on a walk Thur, but there is not any radiopaque fb noted on radiographs; pt was diagnosed w hyperadrenocorticism 3 mos ago and symptoms are dramatically improved on Trilostane. He is also hypothyroid.

Abnormal PE/Chem/CBC/UA Results: BAR, nervous, great body and coat condition, would never guess he is Cushenoid CBC chem normal other than elev ALT 203, ALKP 1893 Single abd radiograph no opaque fbs, fluid filled int loops, some small irregularly dilated air filled loops, nothing striking

**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 were 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 8.15 cm. The right kidney measured 8.15 cm.

**Adrenal Glands**

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. This is a mild change. The right adrenal gland measured 1.2 cm. The left adrenal gland measured 0.95 cm at the caudal pole and 1.2 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** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or



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past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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**Gastrointestinal**

The upper **gastrointestinal tract** in this patient revealed minor, edematous wall. There was no evidence of foreign bodies. The stomach was empty, other than minor excessive gas. The colon revealed a fluid filled lumen. This presentation is most consistent with gastrointestinal irritation/inflammation without obstruction.

**BREED**

Labrador

**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some minor 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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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**ULTRASONOGRAPHIC FINDINGS**

- Enterocolitis pattern
- Bilateral adrenal hypertrophy consistent with PDH
- Age-related abdominal changes otherwise

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.

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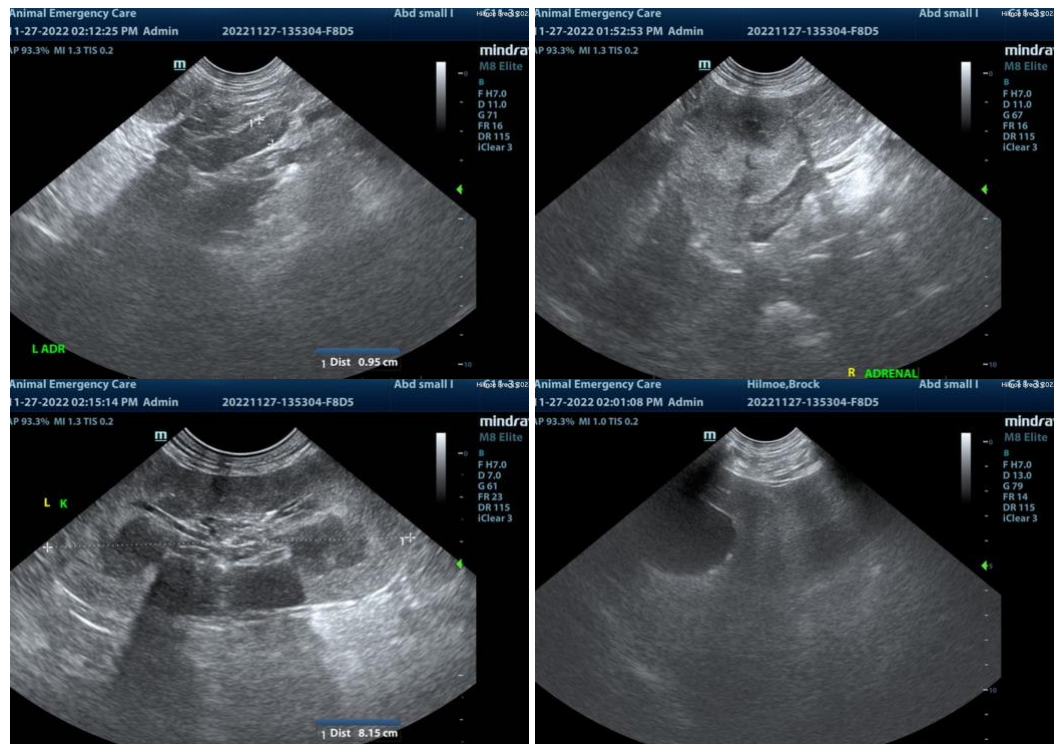
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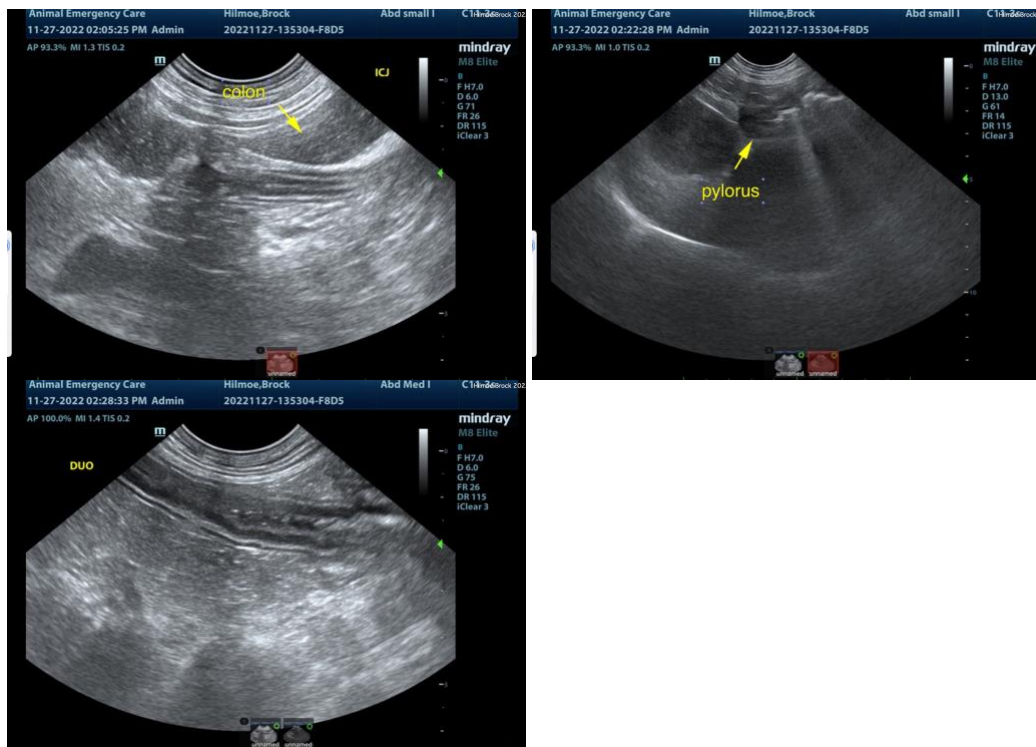
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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