



PATIENT

Bella Sierra

SPECIES

Canine

BREED

Yorkie x

SEX

Spayed Female

AGE

9 Years

WEIGHT

3.85 kg

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Lauren Kuzimski, DVM

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Lauren Kuzimski, DVM

INVOICE

72166

DATE

11/27/25

PRESENTING CLINICAL SIGNS

Patient has a history of collapsing trachea as well as urolithiasis. patient was recently diagnosed cushing and was on metronidazole and pepcid until yesterday. she's now straining to urinate

Abnormal PE/Chem/CBC/UA Results: CBC. neutrophilia and thrombocytosis Chemistry. glucose 207, phosphorus 5.9, ALP 180, GGT 75, total bilirubin 1.5 EPOC. bicarb 28.7, lactate 5.29, glucose 203 UA. spg 1.030, no glucosuria, trace ketones, TNTC RBCs, scant cocci Radiograph report attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a chronic cystitis pattern with bladder wall thickening up to 0.60 cm. Minor amount of sand present. Multiple calculi noted, a grouping of which measured 1.4 cm, non-obstructive. The patient is likely passing calculi periodically.

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. Mineralization noted in both kidneys. Right kidney measured 3.6 cm. Left kidney measured 3.6 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. The left adrenal gland measured 0.80 cm. The right adrenal gland measured 0.80 cm. A hyperechoic nodule was noted in the cranial pole of the right adrenal gland.

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** presented coarse architecture and increased portal markings. Multifocal hyperechoic nodular changes noted. The gallbladder was unremarkable with a minor amount of debris.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**. The pylorus revealed mucosal striations and generalized hypertrophied. Hyperperistalsis noted. The small intestine and colon were unremarkable.



PATIENT

Bella Sierra

SPECIES

Canine

BREED

Yorkie x

SEX

Spayed Female

AGE

9 Years

WEIGHT

3.85 kg

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Lauren Kuzimski, DVM

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Lauren Kuzimski, DVM

INVOICE

72166

DATE

11/27/25

Pancreas

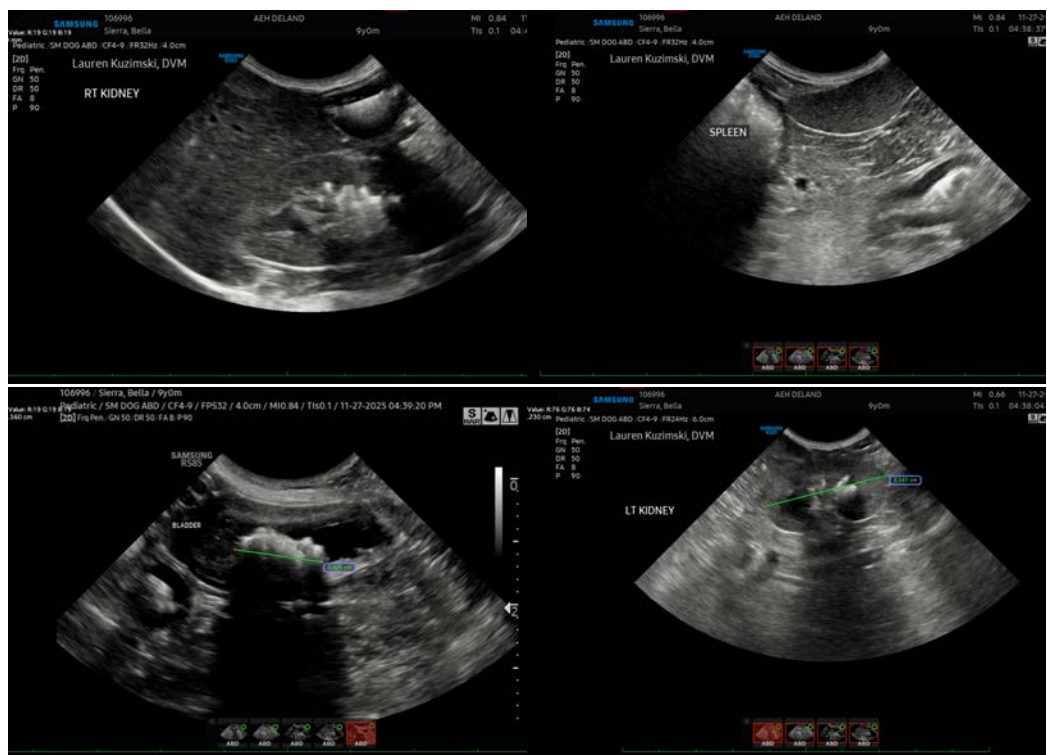
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Non-specific hepatic remodeling and nodular hyperplasia pattern.
- Chronic pancreatic and upper GI changes.
- Bilateral adrenal hypertrophy.
- Bladder and renal calculi, non-obstructive.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend reassessing the bilirubin value to ensure this is not artifactual. If persistently elevated, then Leptospirosis should be indicated. FNA indicated. Cystotomy, stone analysis and culture indicated. Given the cushingoid status, this presentation would be most consistent with PDH.





PATIENT

Bella Sierra

SPECIES

Canine

BREED

Yorkie x

SEX

Spayed Female

AGE

9 Years

WEIGHT

3.85 kg

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

**IMAGING
PERFORMED BY**

Lauren Kuzimski, DVM

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

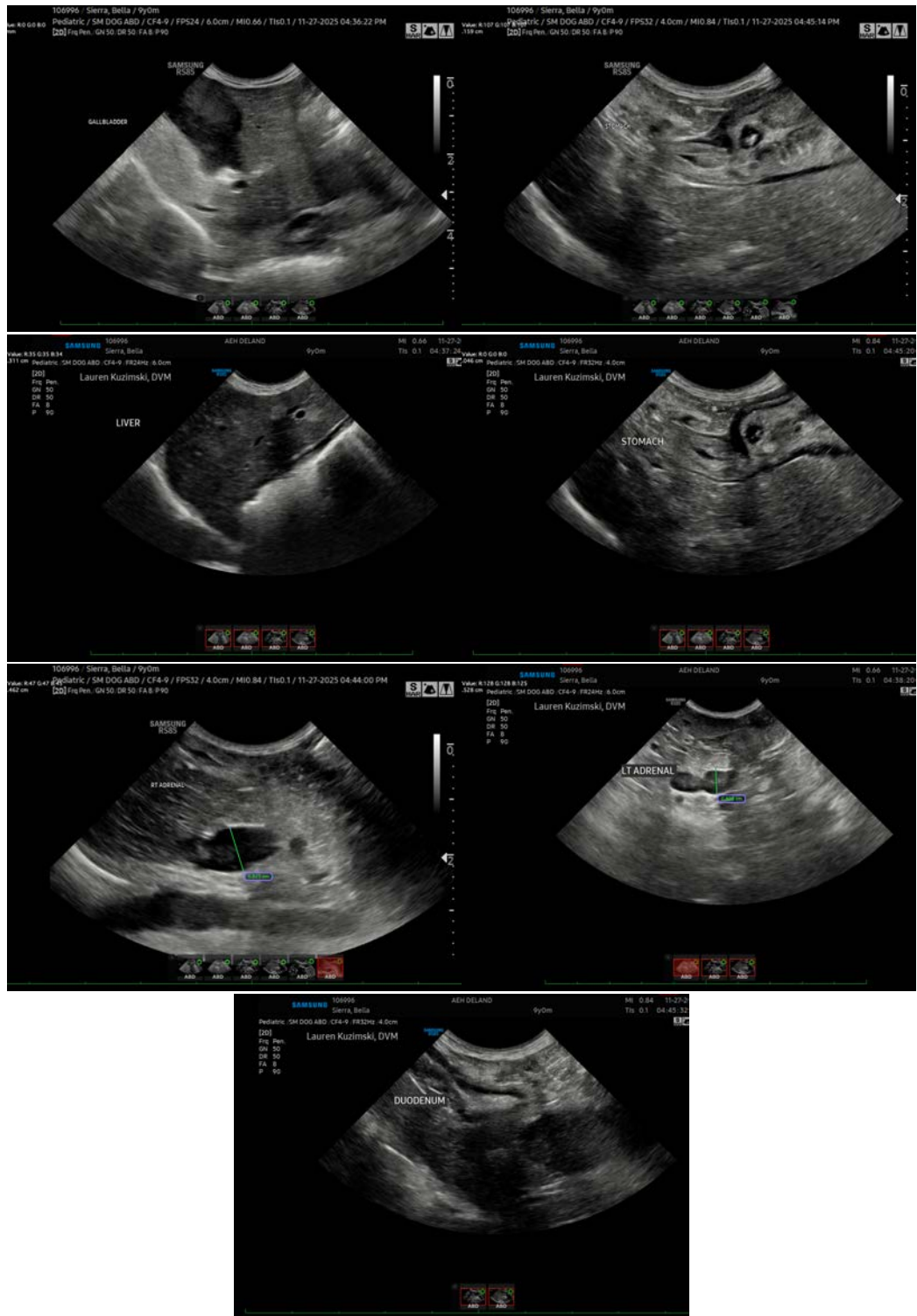
Lauren Kuzimski, DVM

INVOICE

72166

DATE

11/27/25





PATIENT

Bella Sierra

SPECIES

Canine

BREED

Yorkie x

SEX

Spayed Female

AGE

9 Years

WEIGHT

3.85 kg

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Lauren Kuzimski, DVM

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Lauren Kuzimski, DVM

INVOICE

72166

DATE

11/27/25

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, Owner, Founder -- SonoPath.com
info@SonoPath.com