



PATIENT

Lola Nicotra

SPECIES

Canine

BREED

Maltese Mix

SEX

Spayed female

AGE

13 years

WEIGHT

11.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Anshu Gupta

HOSPITAL NAME

Liverpool Village AH

REFERRING VET

Dr. Gupta

INVOICE

69252

DATE

12/2/25

PRESENTING CLINICAL SIGNS

History: Presented for excessively panting, acting more anxious than normal, poorer than normal glycemic control with her diabetes. Concerned with worsening kidneys vs adrenal mass/uncontrolled Cushing's disease as cause of new symptoms History of diabetes mellitus which has been well controlled with vetsulin until the last month. Also has Cushing's disease- was initially on Trilostane, but did not respond well to the medication and glycemic control has been good without Trilostane. Other historical diseases: hyperparathyroidism (resolved with surgery), congestive heart failure/MMVD Stage C (on Pimobendan and very low dose furosemide), chronic kidney disease Had an ultrasound elsewhere ~1.5 years ago when we first diagnosed her Cushing's disease- hyperechoic nodule at cranial L adrenal gland was ~0.5cm at that time

Abnormal PE/Chem/CBC/UA Results: ALP 316, ALT 137 ALB 4.5 BUN 44, Creat 2.1 USG 1.016

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented concentric wall thickening with mild repletion. Wall thickness measured 0.62 cm with slight apical polyp that measured 0.58 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.8 cm. The right kidney measured 3.5 cm with pinpoint mineralization measuring up to 0.35 cm.

Adrenal Glands

A left **adrenal** nodule was noted and measured 0.9 cm at the cranial pole. The left adrenal gland measured 2.1 x 0.9 cm. The right adrenal gland measured 0.86 cm at the cranial pole and 0.55 cm at the caudal 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



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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.

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.

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.

ULTRASONOGRAPHIC FINDINGS

Age related renal changes with non-obstructive calculi.

Left adrenal nodule. Adenoma, adenocarcinoma (less likely), pheochromocytoma is possible.

Apical bladder polyp and mild concentric wall thickening. Cystitis or hypertrophy from prior insult. Polypoid hyperplasia is likely with a mild potential for apical bladder carcinoma, likely an incidental finding.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left adrenal gland should be monitored. The left adrenal gland appears resectable. The renal failure presentation may be temporary owing to inciting subacute insult such as passage of calculi, Leptospirosis, toxin exposure and hypertension may all be playing a role and should be investigated. 72 hour IV fluid protocol is warranted and further investigation of the cited issues is recommended. Urine culture and sensitivity is warranted. BRAF testing is indicated.

Serial blood pressure measurements are recommended in this patient. If hypertension is an issue metanephrine level is recommended. If the patient appears Cushingoid and urine specific gravity is less than 1.020 then work-up for adrenal dependent Cushing's is indicated. Recheck is recommended in 2-3 weeks to assess for any progression of the adrenal gland.

Internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.



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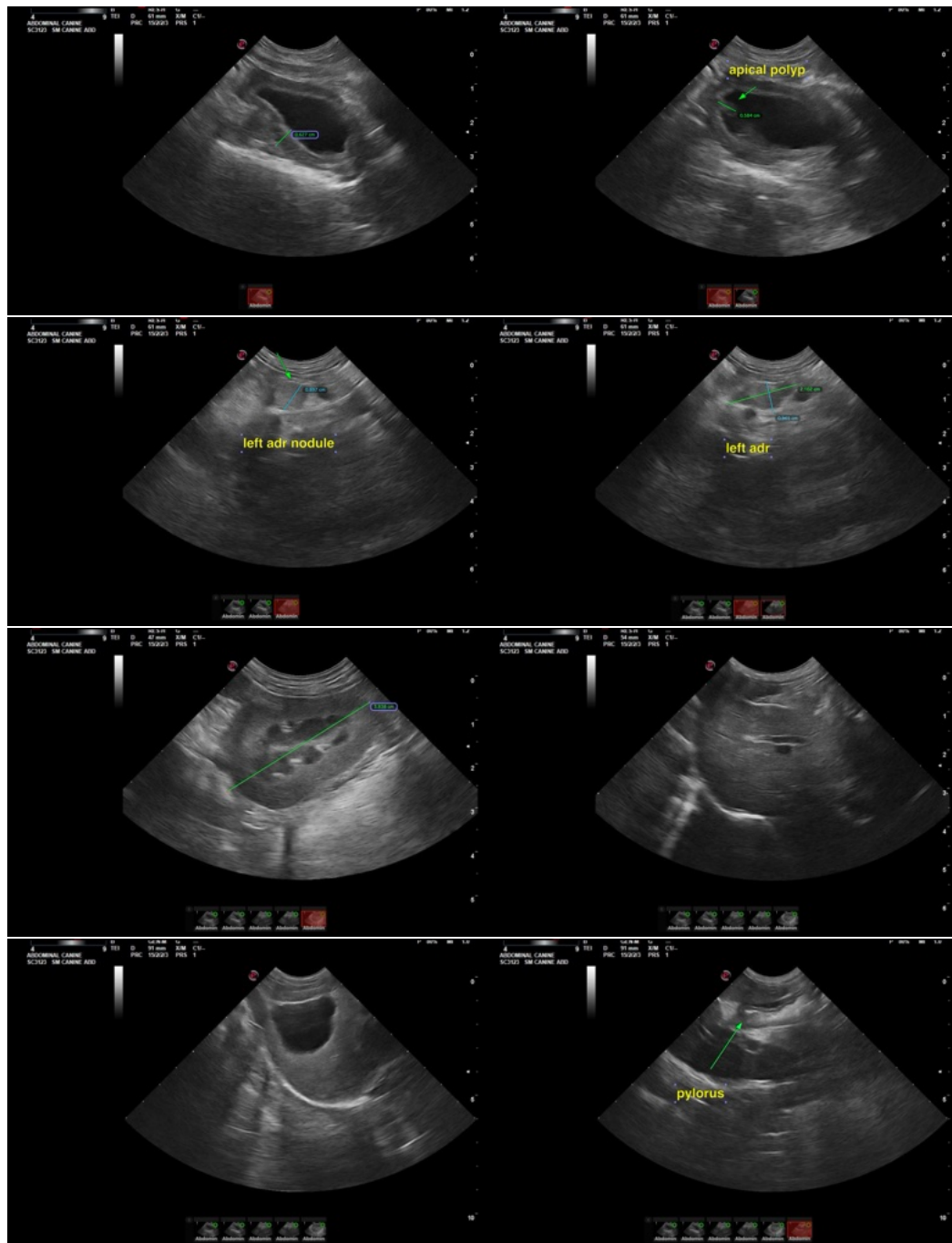
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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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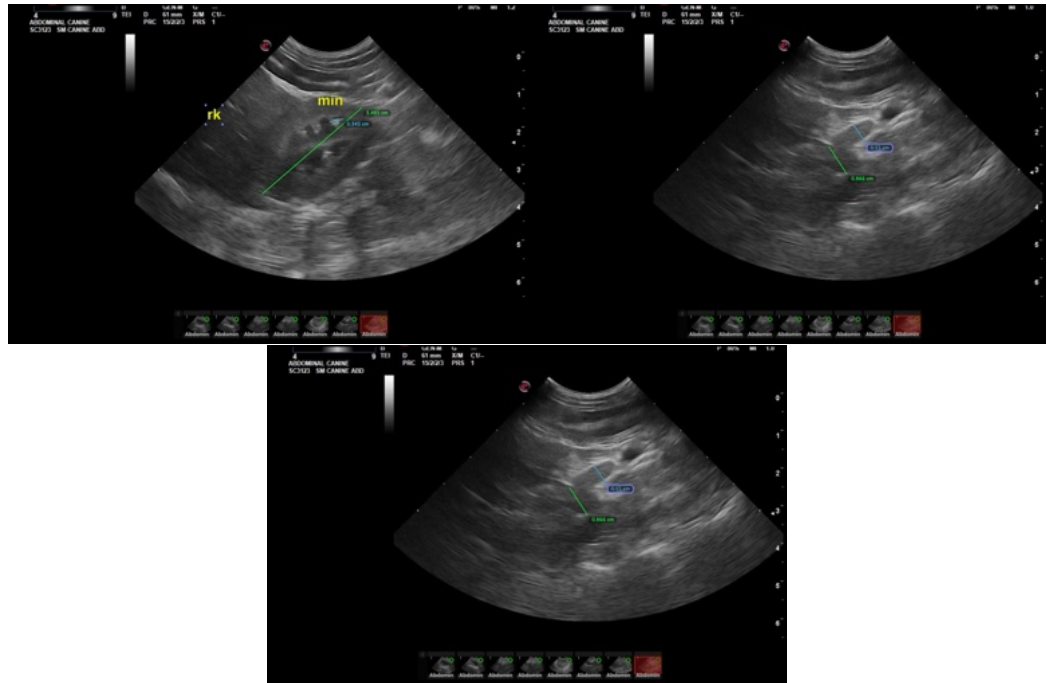
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com