


DATE PRESENTING CLINICAL SIGNS

12/04/25 Patient History: Decreased appetite, pot-bellied appearance, seems depressed and uncomfortable, history of PU/PD. Hunch stance.

PATIENT

Izzy Cochran Current Medications: Gabapentin 100mg 1 PO q 12 hours, Omeprazole 10mg 1 PO q 24 hours
 Labwork Results: Labwork not attached, reported as: Elevated ALP/ALT, elevated urine cortisol: creatinine ration, normal LDDS test. Radiographs: Severe bridging spondylosis, mild splenomegaly
 Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Canine Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.
 Imaging Performed by: Rachel Brillhart, RDMS.

BREED

Pit Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

SEX 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.

AGE

A sublumbar fatty granuloma was noted measuring 1.5 cm yet not pathological.

12/01/2015

WEIGHT

51.2 pounds

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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. Slight pinpoint mineralizations were noted bilaterally. The left kidney measured 6.65 cm in length. The right kidney measured 6.83 cm in length.

INTERPRETED BY

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

Adrenal Glands

The **adrenal glands** appeared mildly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was 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 right adrenal gland measured 2.6 cm x 0.79 cm width at the caudal pole and 0.88 cm width at the cranial pole. The left adrenal gland measured 0.84 cm width at the caudal pole and 0.96 cm width at the cranial pole and 2.8 cm in length.

HOSPITAL NAME

Warm & Fuzzy
 Veterinary Center

REFERRING VET

Dr. Urie

Spleen

The **spleen** presented folded upon itself with no evident pathology.

Liver
INVOICE

12568

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.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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. Some shadowing material was noted in the stomach measuring up to 2.6 cm in the gastric fundus. Interpretation of this finding should be based on feeding history.

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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

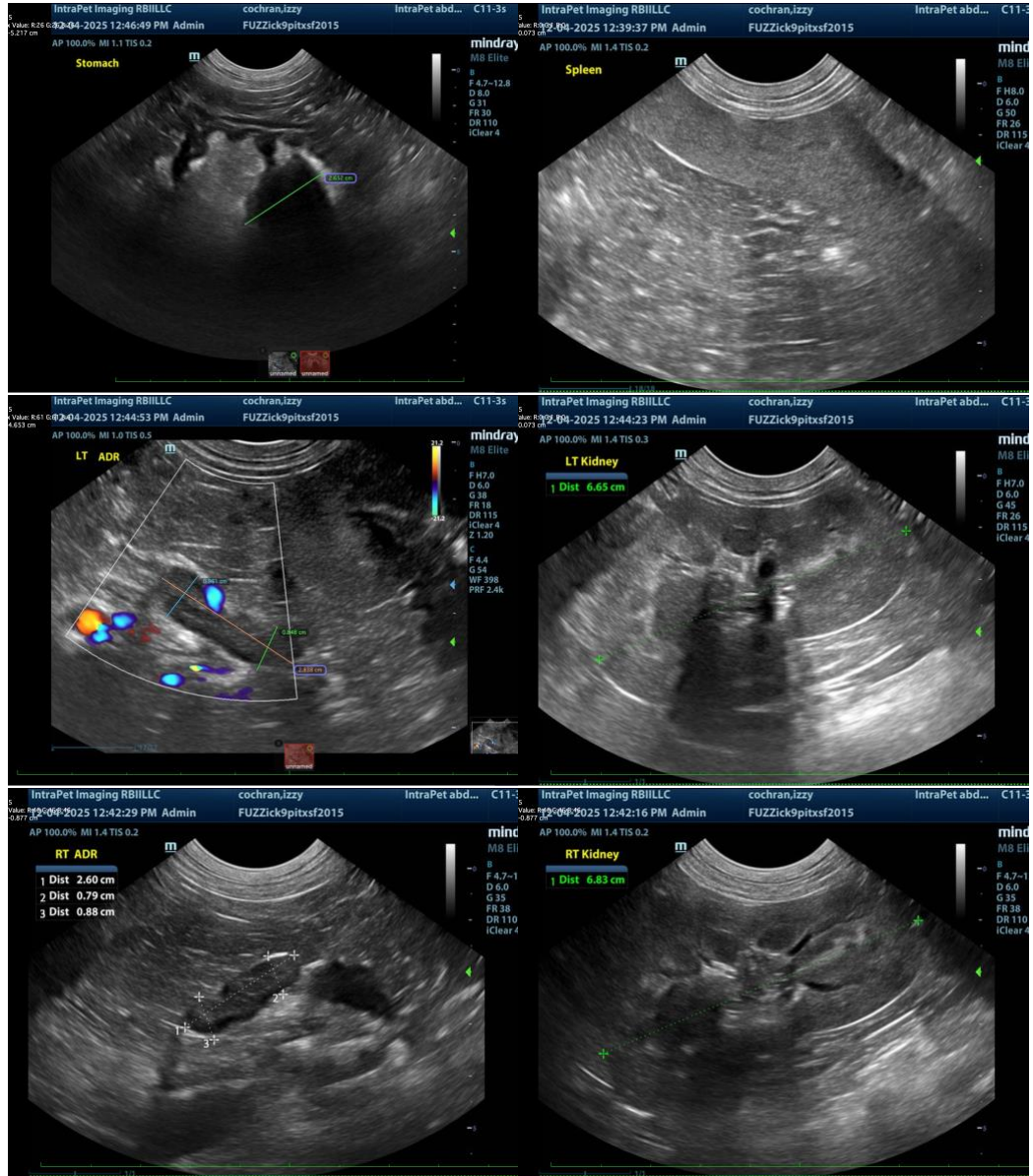
- Age-related renal changes with pinpoint mineralizations.
- Prominent adrenal glands potentially consistent with PDH if all parameters are present.
- Benign hepatopathy with minor age-related changes.
- Age-related pancreatic changes.
- Shadowing gastric structure.
- Folded spleen.

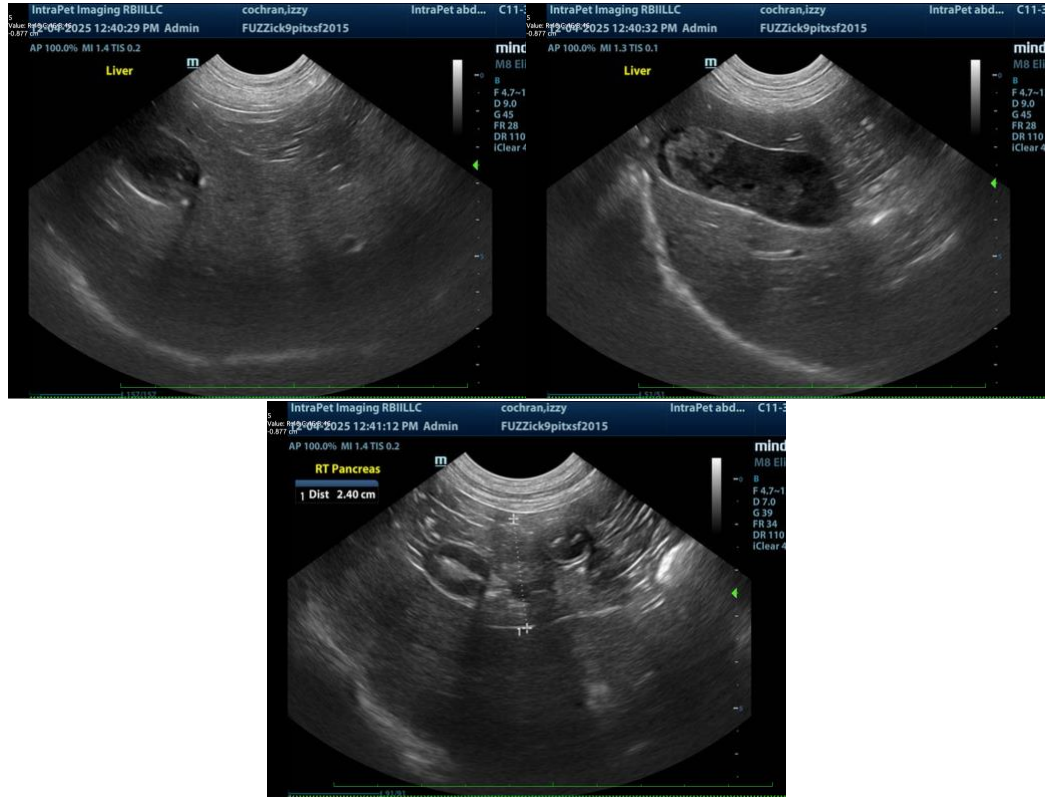
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the isosthenuria and elevated cortisol: creatinine ratio and bilateral adrenal enlargement, this may be an emerging PDH even if LDDST is normal at this time. Reassessment is recommended.

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

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>





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.

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