



PATIENT

Mikey Li

SPECIES

Canine

BREED

Shepherd Mix

SEX

Neutered Male

AGE

14 Years 3 Months

WEIGHT

55.5 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Melinda Persson

HOSPITAL NAME

At Home Veterinary

REFERRING VET

Dr. Melinda Persson

INVOICE

12582

DATE

12/04/25

PRESENTING CLINICAL SIGNS

Diagnosed with Cushing's disease July 2025 and on Trilostane since beginning August *Doing well overall *Noticed increased breathing excursions at semi-annual exam and some slowing down *Decreased albumin, borderline anemia, low platelets noted on bloodwork *Kidney values normal, no elevated liver enzymes

Abnormal PE/Chem/CBC/UA Results: Albumin 2.5 (2.7-4.4) - June 2025 value 3.4 *Platelets 138,000 - June 2025 value 265,000 *HCT 36% (36-60), HGB 11.4 (12.1-20.3), RBC 4.8 (4.89-9.3) - June 2025 HCT 48% *UA pending - urine protein negative in June 2025

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 residual **prostate** was uniform measuring 1.9 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 6.08 cm in length. The right kidney measured 6.65 cm in length.

Adrenal Glands

The **adrenal glands** appeared moderately 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 left adrenal gland measured 1.18 cm width at the caudal pole and 0.82 cm width at the cranial pole. The right adrenal gland measured 1.56 cm width at the cranial pole and 0.80 cm width at the caudal pole.

Spleen

The **spleen** revealed an expansive mixed hypoechoic tissue mass measuring 3.0 cm. Other heterogenous parenchymal changes were noted in the spleen.

Liver

The **liver** presented with slight coarse architecture and mild irregular contour. The gallbladder and common bile duct were unremarkable. Some swelling in the caudate process was noted, however, no typical metastatic pattern was present.

Gastrointestinal



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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.

Free Abdomen

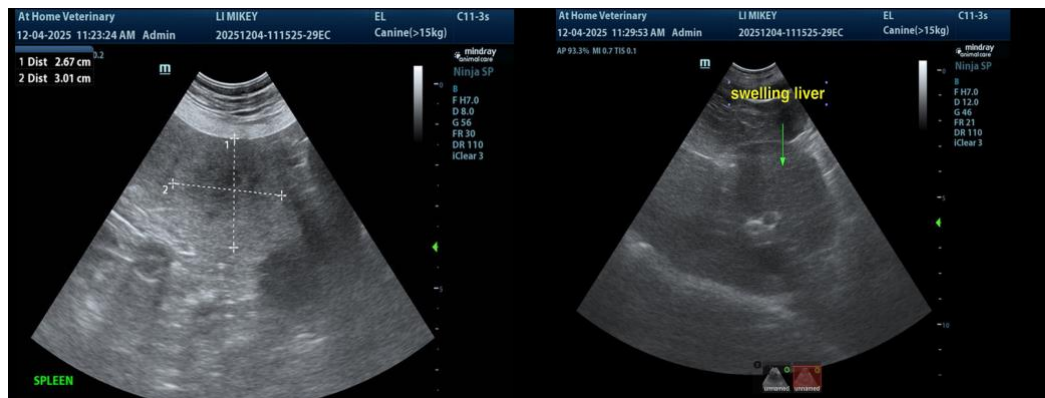
Slight free fluid was noted in the abdomen.

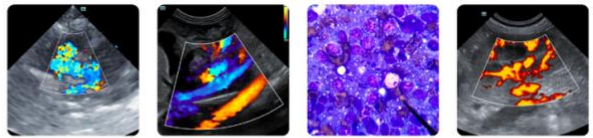
ULTRASONOGRAPHIC FINDINGS

- Age-related renal changes.
- Bilateral adrenal hypertrophy.
- Slight free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend exploratory surgery/splenectomy with liver inspection and biopsy. Hemangiosarcoma versus benign hyperplasia are possible. Round cell neoplasia is less likely. Chest radiographs, rapid view of the heart and right auricle/SDEP 3 echo position would be recommended.





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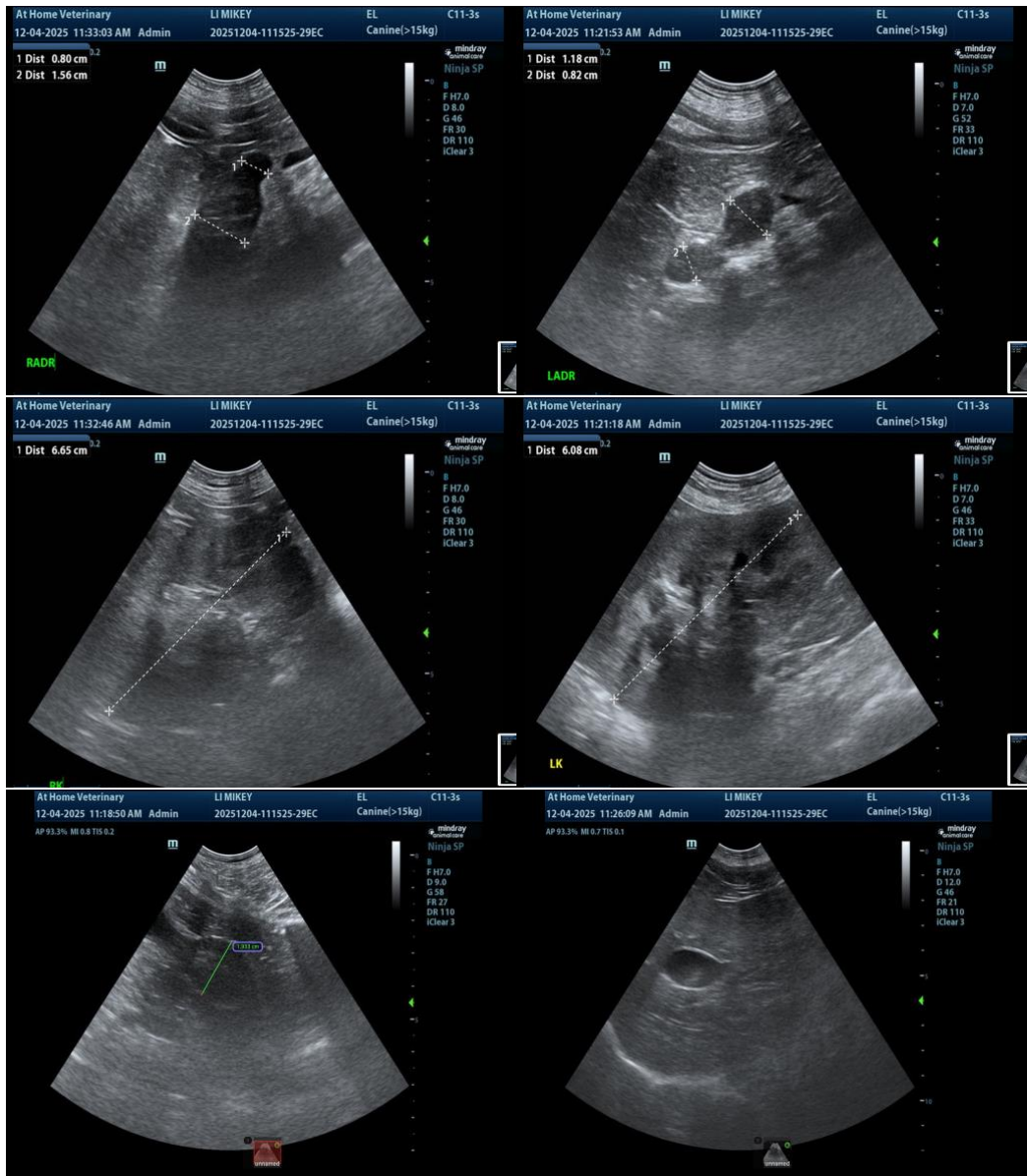
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

info@SonoPath.com



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