



**PATIENT PRESENTING CLINICAL SIGNS**

Rosie Masinda Diarrhea.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine **Urinary System**

**BREED** 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 was noted. Ureteral papillae were normal.

**SEX**

Spayed Female The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 5.04 cm.

**AGE**

9 years

**INTERPRETED BY Adrenal Glands**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

The **adrenal glands** appeared slightly 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 2.0 x 1.2 cm at the cranial pole and 1.0 cm at the caudal pole. The left adrenal gland measured 2.58 x 1.1 cm at the caudal pole and 0.6 cm at the cranial pole.

**IMAGING PERFORMED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**HOSPITAL NAME**

Ramapo Valley AH

**Spleen**

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself. This is a positional variant and is not pathological. There was no evidence of significant disease.

**REFERRING VET**

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**Liver**

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The **liver** was uniform enlarged with no evidence of masses. The gallbladder was over distended and measured 7.0 x 5.0 cm at maximum width in long axis with striating bile. This is largely immobile and consistent with emerging mucocele formation.

**DATE**

1/25/22

**Gastrointestinal**

A minor amount of fluid was noted in the stomach. The stomach was deviated caudally owing to hepatomegaly. The intestines were free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool



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consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**SPECIES**

Canine

**Pancreas**

The right **pancreatic** limb was mildly heterogenous. Positive Murphy's' sign was noted upon imaging.

**BREED**

Havanese

**ULTRASONOGRAPHIC FINDINGS**

Bilateral adrenal hypertrophy. Suspect emerging Cushing's.

**SEX**

Spayed Female

Low-grade pancreatitis is suspected.

Reactive hepatopathy.

Immature gallbladder mucocele.

**AGE**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although the urine specific gravity is 1.030 atypical Cushing's may be the underlying issue. I recommend Ursodiol over the next 6-8 weeks with a recheck sonogram and potential gallbladder motility study. If the gallbladder has a similar presentation assess gallbladder function and the necessity for cholecystectomy> Enrofloxacin and Metronidazole over a 10 day period is recommended with hydrolyzed diet would be ideal. Full adrenal panel to the University of Tennessee would be ideal in this patient. There was no evidence of neoplasia.

**INTERPRETED BY**

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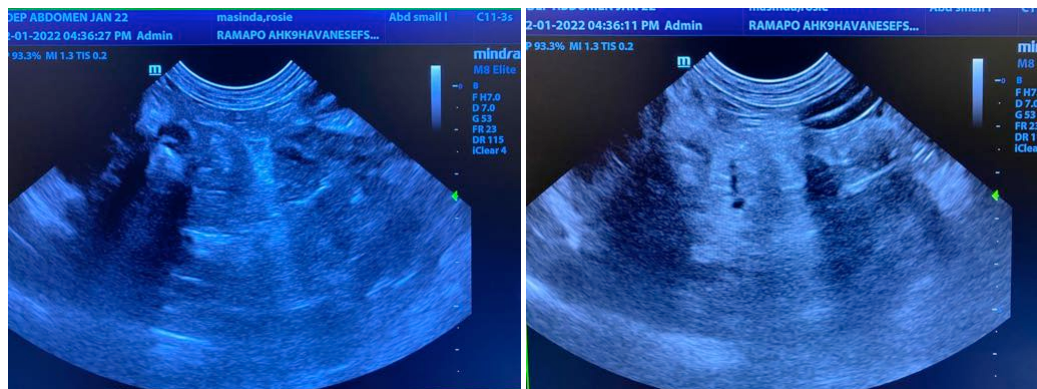
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DABVP, Cert. IVUSS

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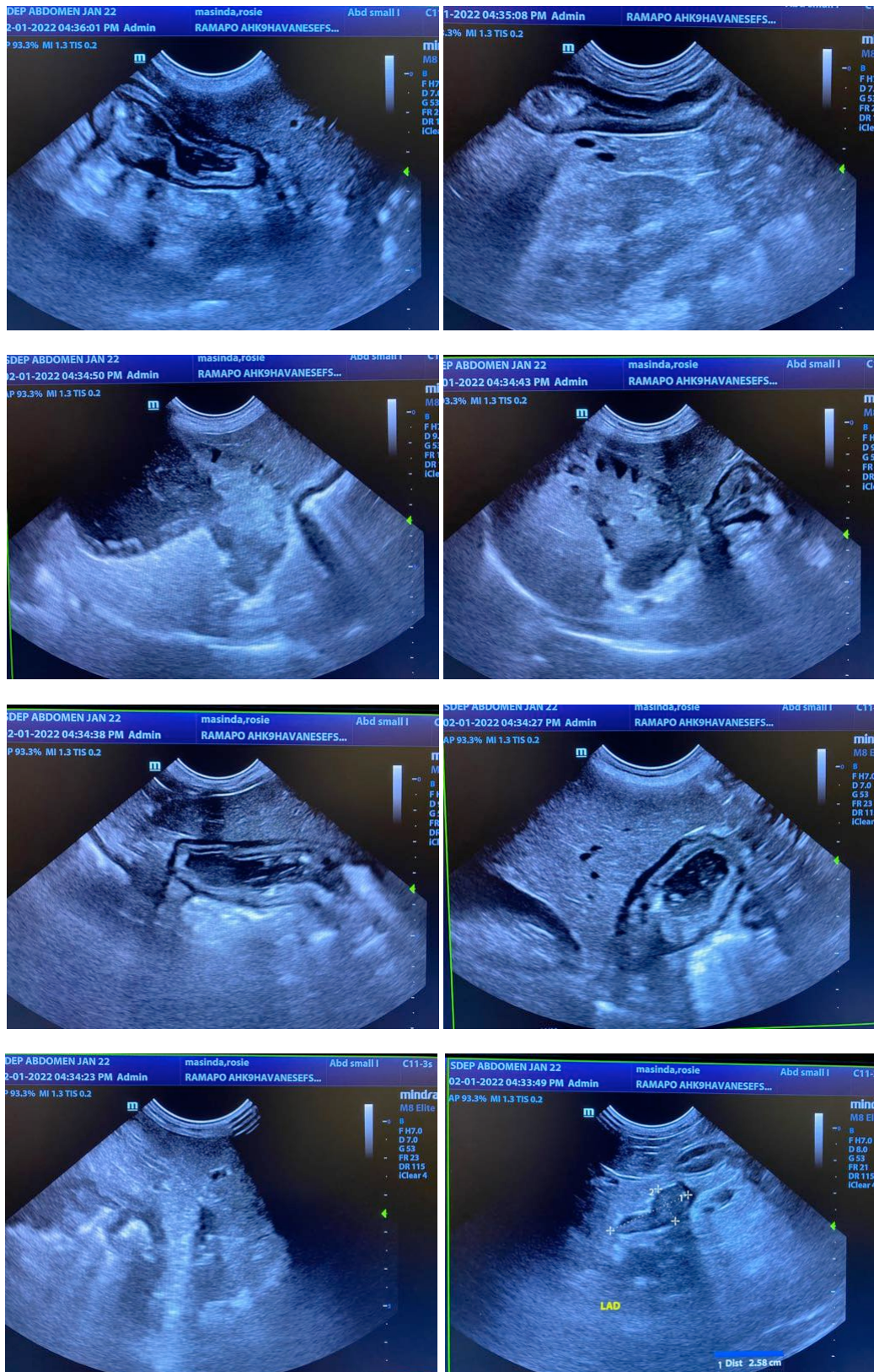
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com  
Info@SonoPath.com