



PATIENT

Mikey Gough

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered male

AGE

14 years

WEIGHT

9.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Brandi Barry

HOSPITAL NAME

Bluegrass AH

REFERRING VET

Dr. Barry

INVOICE

71704

DATE

2/18/26

PRESENTING CLINICAL SIGNS

- Owner reports an increase in water intake over the last month. Patient has Cushing's disease, which is managed with Vetoryl. Owner reports that patient has been dribbling small volumes of urine at home while walking around the house for the last year. Owner has also noticed damp spots where patient has been resting or sleeping. History of urine marking around the house; patient wears a belly band when owner isn't home. Owner reports signs of cognitive dysfunction and the development of new aggressive behavior (has bitten owner twice within the last week).
- New grade 2/6 heart murmur noted on PE 2/14/26. ACTH stim was WNL 1/8/26. Labs performed 2/14/26: CBC/Chem17/Lytes: PLT 624 (H); all else WNL. UA: USG 1.036. Quiet sediment. Protein 500mg/dL. 3 view CXR performed 2/18/26: mild cardiomegaly, otherwise NSF

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 was noted. Ureteral papillae were normal.

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. An anechoic cyst was noted in the cranial pole of the left kidney measuring 0.6 cm. The left kidney measured 3.9 cm and the right kidney measured 4.07 cm.

The residual prostate was uniform and measured 0.7 cm.

Adrenal Glands

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 left adrenal gland measured 1.8 x 0.61 cm at the cranial pole and 0.66 cm at the caudal pole. The right adrenal gland measured 0.94 cm at the cranial pole and 0.58 cm at the caudal pole and 1.8 cm in length.



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Spleen

The **spleen** revealed a hyperechoic lipid plaque noted in the midbody with separate, hyperechoic lipid, fatty type mass at the cranial pole measuring 2.15 cm.

Liver

The **liver** was uniformly swollen. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. Occasional, non-disruptive nodular change was noted. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. The gallbladder was mildly over distended with suspended and dependent debris. Some minor striation was noted, consistent with low-grade emerging mucocele. No adjunctive inflammation was noted.

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

ULTRASONOGRAPHIC FINDINGS

Bilateral adrenal hypertrophy.

Benign hepatopathy with immature emerging gallbladder mucocele.

Splenic lesion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the splenic lesion is warranted to ensure that this is benign. Further monitoring of the splenic lesion with follow-up ultrasound would be appropriate.

Gallbladder motility study would be ideal. Ursodiol therapy over a 6 week period is indicated followed by a recheck sonogram.



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The adrenal presentation is consistent with PDH.

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Given the behavioral signs, full CNS examination +/- skull CT and blood pressure measurements are also warranted to ensure that hypertension is not playing a role.

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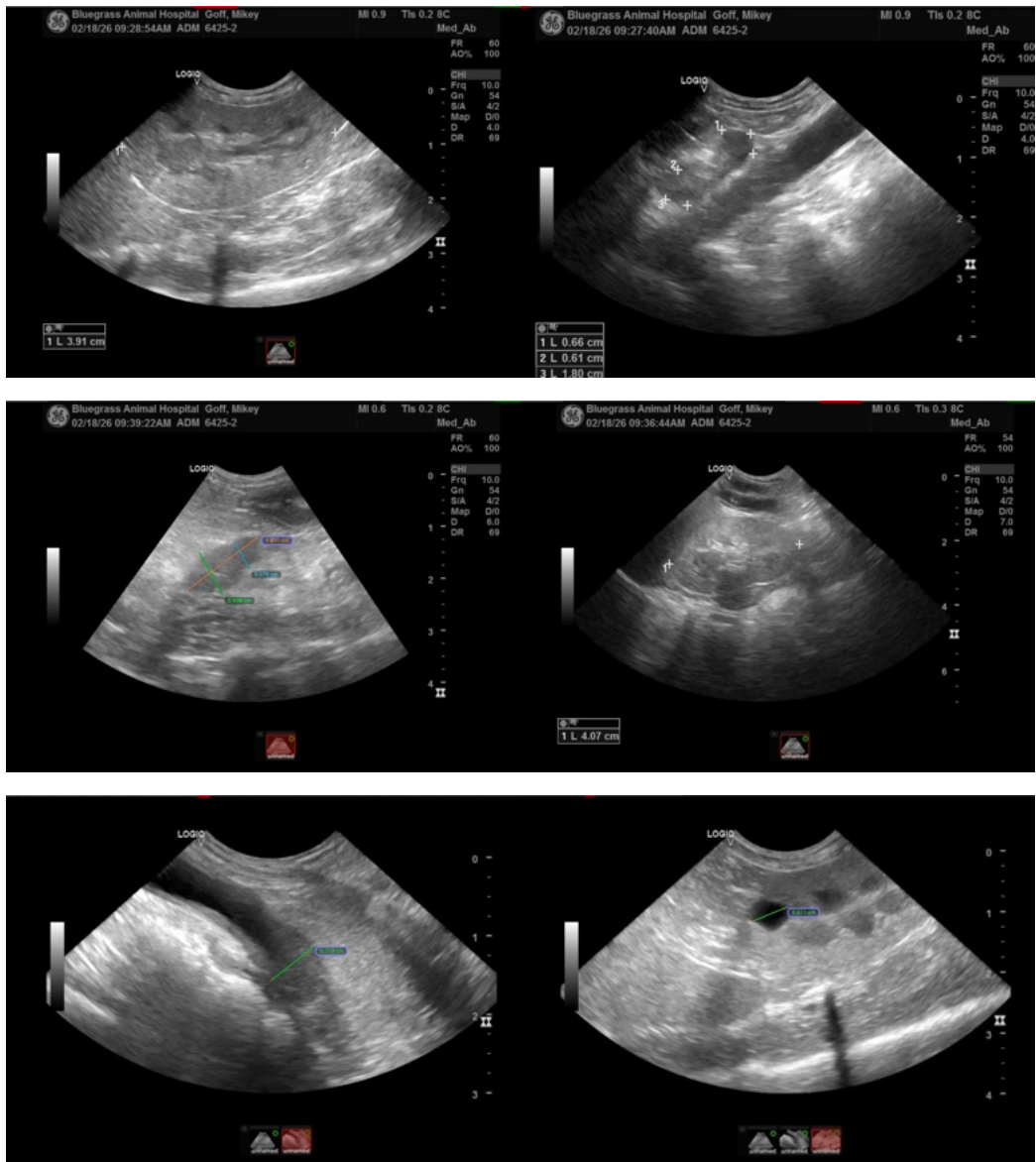
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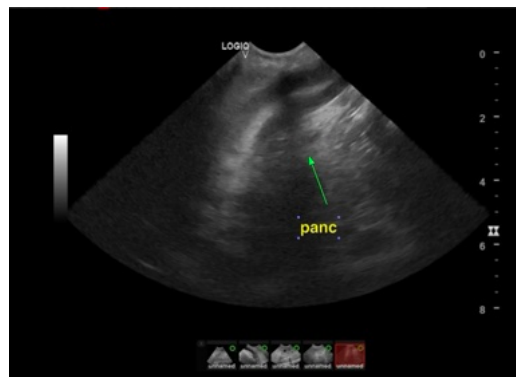
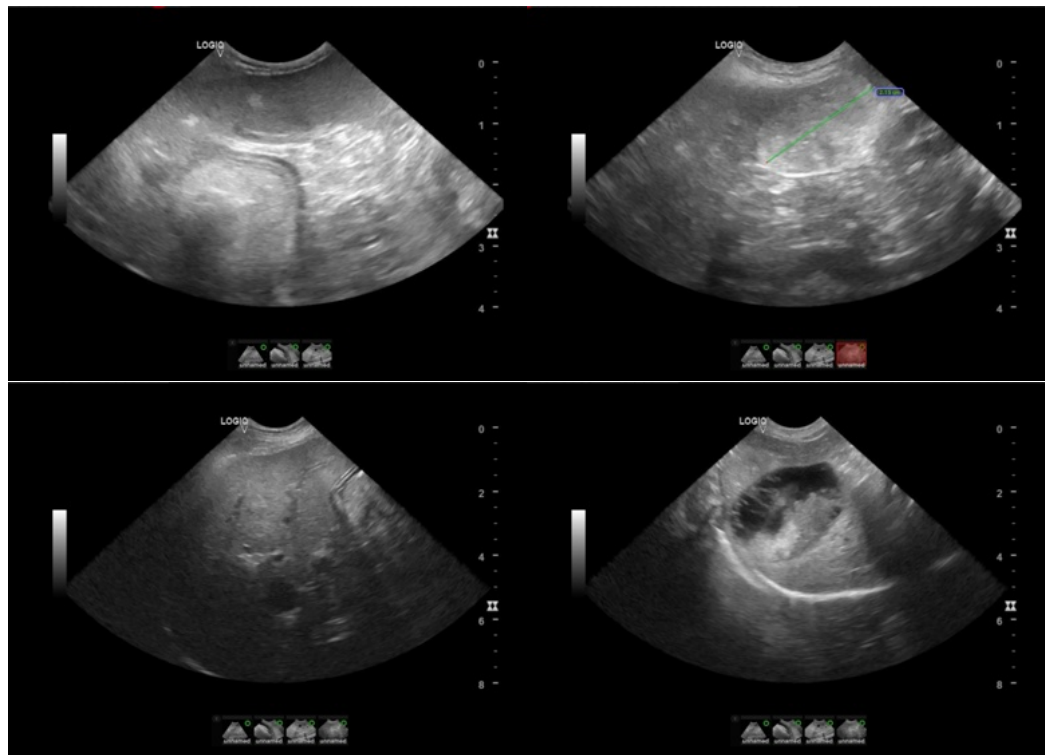
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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