



PATIENT PRESENTING CLINICAL SIGNS

Sadie Higinbotham

LDDS positive for Cushing's Diabetic
Abnormal PE/Chem/CBC/UA Results: Cortisol Sample 1 (Pre) 2.1µg/dL 1.0-5.0 Cortisol Sample 2 Dex (4h post) 1.9µg/dL 0.0-1.4 Cortisol Sample 3 Dex (8h post) 2.3µg/dL 0.0- 1.4 UPC 1.1 ALT 125 IU/L, ALP297 IU/L, GGT 72 IU/L

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

12 years

WEIGHT

53.5 lbs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra 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. The left kidney measured 5.9 cm. The right kidney measured 6.0 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The left **adrenal gland** was mildly heterogenous and slightly irregular at the cranial pole. The left adrenal gland measured 1.0 cm at maximum width. Capsular expansion was noted. The right adrenal gland was nodular primarily at the cranial pole. The maximum width at the cranial pole measured 1.48 cm. There was capsular expansion without capsular escape.

IMAGING PERFORMED BY

Dr. Moon

Spleen

HOSPITAL NAME

Shiloh VH

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.

REFERRING VET

Dr. Owings

INVOICE

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Liver

The **liver** was uniformly swollen. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. Hyperechoic lipogranulomas were 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 region of the gallbladder fossa was unremarkable. There was no sequelae from the prior cholecystectomy.

DATE

2/7/22



PATIENT

Gastrointestinal

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Minor retention of ingesta was noted in the **stomach**. 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 consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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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.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

Bilateral nodular adrenal glands. Likely PDH, mild potential for emerging right adrenal carcinoma.

AGE

12 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A recheck sonogram of the adrenal glands is recommended in 6-8 weeks to assess any progression.

WEIGHT

53.5 lbs

Potential Causes of Diabetic Dysregulation

This is a suggestive checkoff list when faced with an unregulated diabetic patient:

INTERPRETED BY

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DABVP, Cert. IVUSS

UTI

IMAGING PERFORMED BY

Dr. Moon

Dietary indiscretion/intolerance

Pancreatitis

Hyperthyroidism/hypothyroidism

HOSPITAL NAME

Shiloh VH

Exogenous steroids (including topical eye meds)

Cushing's

REFERRING VET

Dr. Owings

Acromegaly

Owner compliance

Insulin quality issues

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Antibodies to insulin

Underlying Neoplasia

Diffuse liver disease

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REFERRING VET

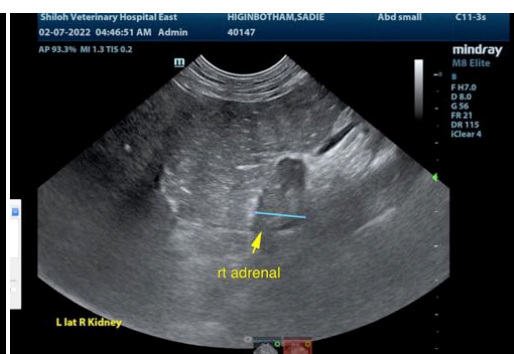
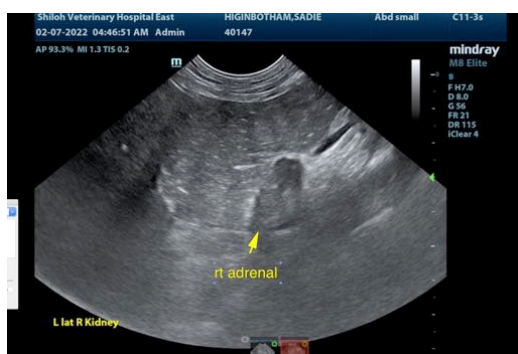
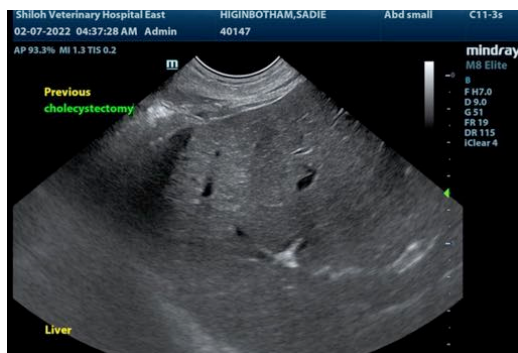
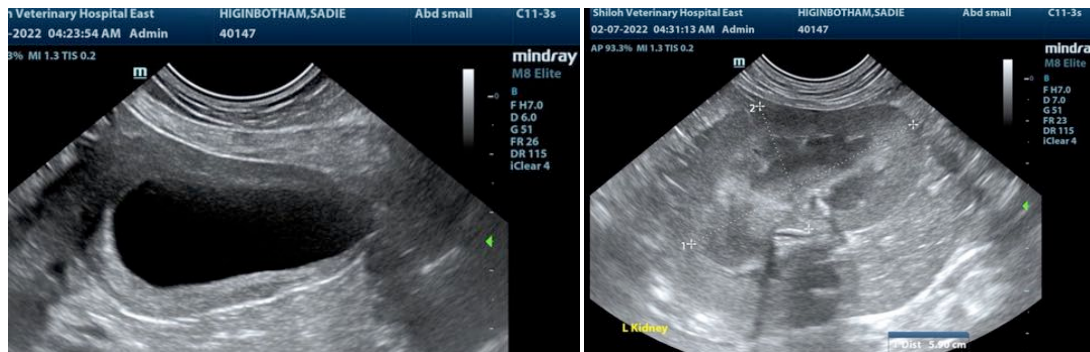
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

Sadie Higinbotham

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.

SPECIES

Canine

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

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