



**PATIENT**

Piper Shirey-Smith

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Spayed Female

**AGE**

12 years

**WEIGHT**

65 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Griffin

**HOSPITAL NAME**

Northside VC

**REFERRING VET**

Dr. Griffin

**INVOICE**

96508

**DATE**

3/1/22

**PRESENTING CLINICAL SIGNS**

Pendulous abdomen, anal sacculitis, nodular pattern in lungs Patient is currently on prednisone, gabapentin and famotidine  
Abnormal PE/Chem/CBC/UA Results: PE: Right anal gland sacculitis, multiple dermal masses over the body CBC: RBC 5. HCT 35% CHEM: WNL SDMA/T4: WNL

**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.

**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 1.05 cm at maximum width. The right adrenal gland measured 1.25 cm at the maximum width.

**Spleen**

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.

**Liver**

The **liver** revealed multi-focal, hypoechoic nodular changes in the midst of a hyperechoic parenchyma. This is consistent with vacuolar hepatopathy and nodular hyperplasia. Generalized hepatomegaly was noted. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele. However, the sludge appears to be mildly excessive. No adjunctive inflammation was noted.



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**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.

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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.

**ULTRASONOGRAPHIC FINDINGS**

Undefined hepatic nodules, likely nodular hyperplasia or vacuolar hepatopathy. There is a minor potential for related pathology to the patient's history.

Bilateral adrenal hypertrophy.

Minor gallbladder sludge, not pathological.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the liver is warranted given the patient's history to ensure that more significant disease is not an issue. However, disruption of architecture does not appear to be a primary theme. If the patient appears Cushingoid then work-up for PDH is indicated as well as blood pressure measurements.

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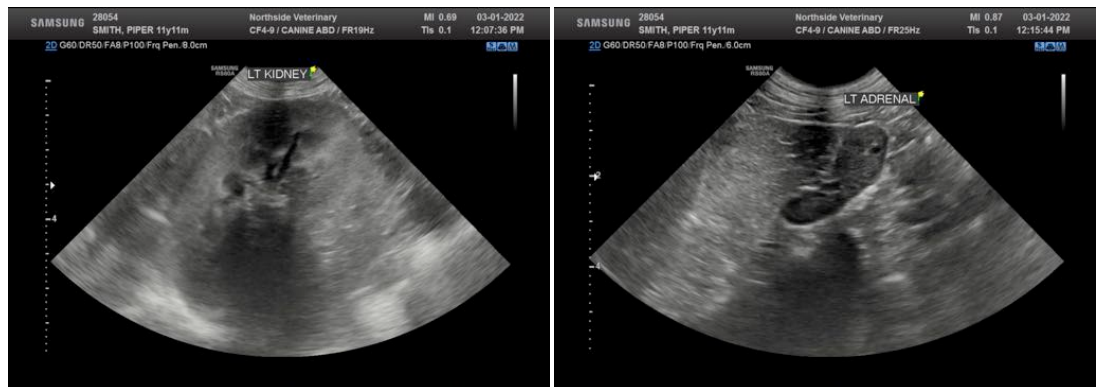
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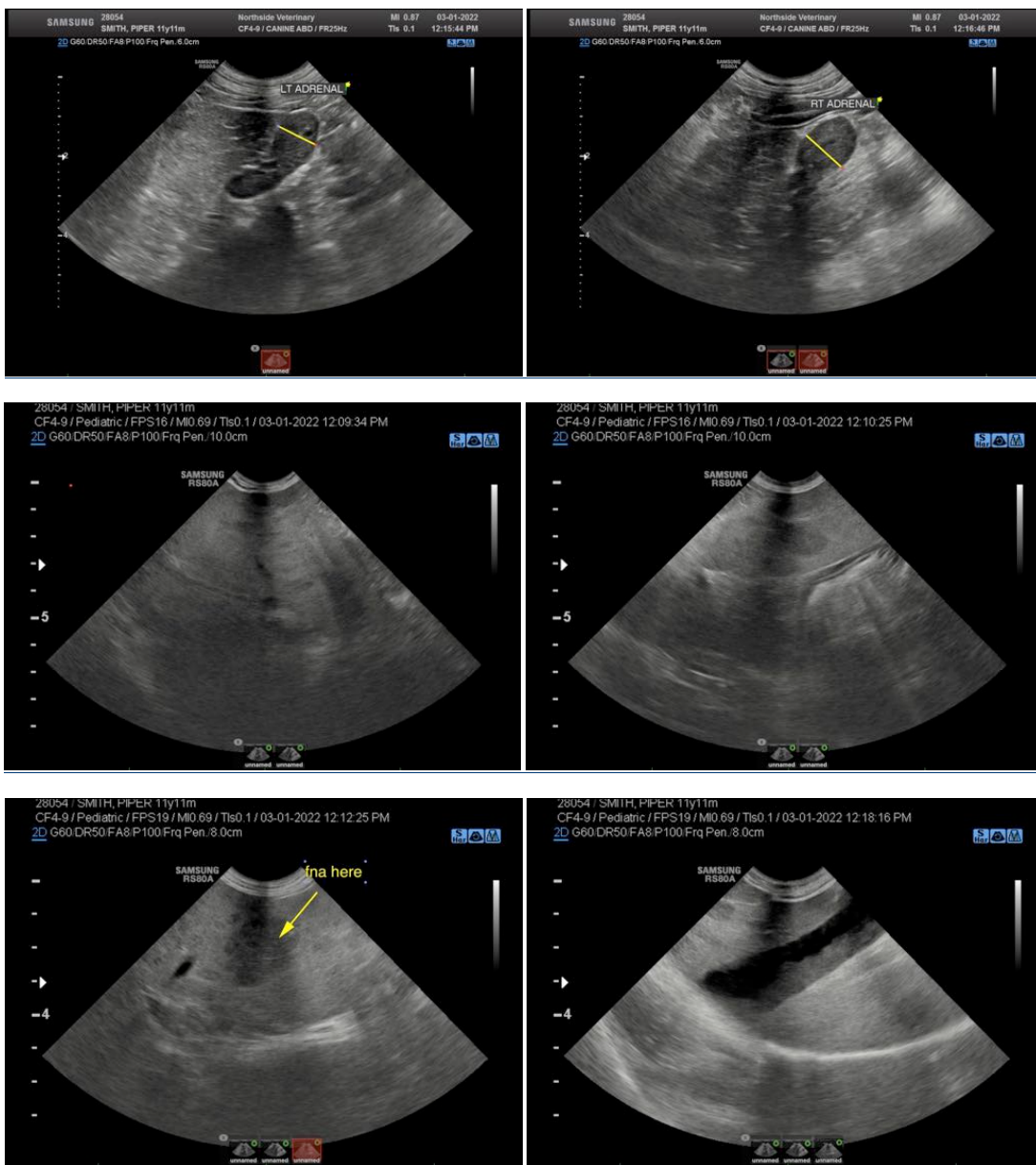
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com**  
info@SonoPath.com