



**PATIENT**

Cookie Dent

**SPECIES**

Canine

**BREED**

Welsh Corgi

**SEX**

Spayed female

**AGE**

13 years

**WEIGHT**

33.4 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Kutagulla

**HOSPITAL NAME**

434 AH

**REFERRING VET**

Dr. Kutagulla

**INVOICE**

43468

**DATE**

3/10/23

**PRESENTING CLINICAL SIGNS**

History: pet was presented for annual and chronic Pu/Pd and panting. LDDS test came back positive for Cushings disease.

Abnormal PE/Chem/CBC/UA Results: on PE pet had a distended abdomen, panting heavily. Bloodwork revealed elevated liver enzymes, neutrophilia, monocytosis, eosinopenia, hypercholesterolemia, and elevated SDMA. UA- proteinuria 3.2, USG 1.008. total T4- 0.7

**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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.2 cm with a 0.5 cm cyst at the dorsal cortex. The right kidney measured 6.5 cm with echogenic anechoic cyst that measured 0.69 cm.

**Adrenal Glands**

The left adrenal gland was enlarged with a maximum width of 1.6 cm with a hyperechoic, lipogranuloma. Capsular expansion was noted without capsular escape. The right adrenal gland measured 1.0 cm in width and was normal in size and contour.

**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**

Exam of the cranial abdomen demonstrated excessive **liver** size, swollen contour, with conserved uniform architecture. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat. Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either



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endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.

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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.

**BREED**

Welsh Corgi

***Pancreas***

**SEX**

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.

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**ULTRASONOGRAPHIC FINDINGS**

Age related renal changes with cortical cysts, possible underlying infection or abscessation. Echogenic debris was noted in the cysts.

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Enlarged left adrenal gland, nodular and irregular. Differentials include pheochromocytoma, carcinoma, hyperplasia.

Vacuolar hepatopathy pattern.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The left adrenal gland appears resectable. Serial blood pressure measurements are warranted. If the patient appears Cushingoid then work-up for adrenal dependent Cushing's is indicated. Direct left adrenalectomy can also be justified.

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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  
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