



PATIENT

Reese Pancoast

SPECIES

Canine

BREED

Fox Smooth Terrier

SEX

Spayed Female

AGE

9 Years

WEIGHT

23.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Nicole Arms

HOSPITAL NAME

Gilbertsville VH

REFERRING VET

Dr. Nicole Arms

INVOICE

36278

DATE

3/17/22

PRESENTING CLINICAL SIGNS

Vague ADR signs

Abnormal PE/Chem/CBC/UA Results: overweight CBC plt 537, rest normal, Chem: alkp 1443, ALT 250, chol 518, trig 1521 (not fasted), T4 0.7, UA 1.033, 8.0, 3+p, 2-3 trip phos, UPC 1.5. LDDS (done day of ultrasound, pre sample taken before ultrasound, post samples taken after ultrasound) Pre 5.4, 4 hour post 3.4, 8 hour post 5.0.

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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 right kidney measured 5.11 cm. The left kidney measured 4.71 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.37 cm. The right adrenal gland measured 0.45 cm.

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 were noted.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

Gastrointestinal

Minor luminal fluid present in the **pyloric** outflow with minor muscularis hypertrophy. History of upper GI disease likely. The small intestine and colon were unremarkable.

Pancreas

The **pancreas** was mildly heterogeneous. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas.



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ULTRASONOGRAPHIC FINDINGS

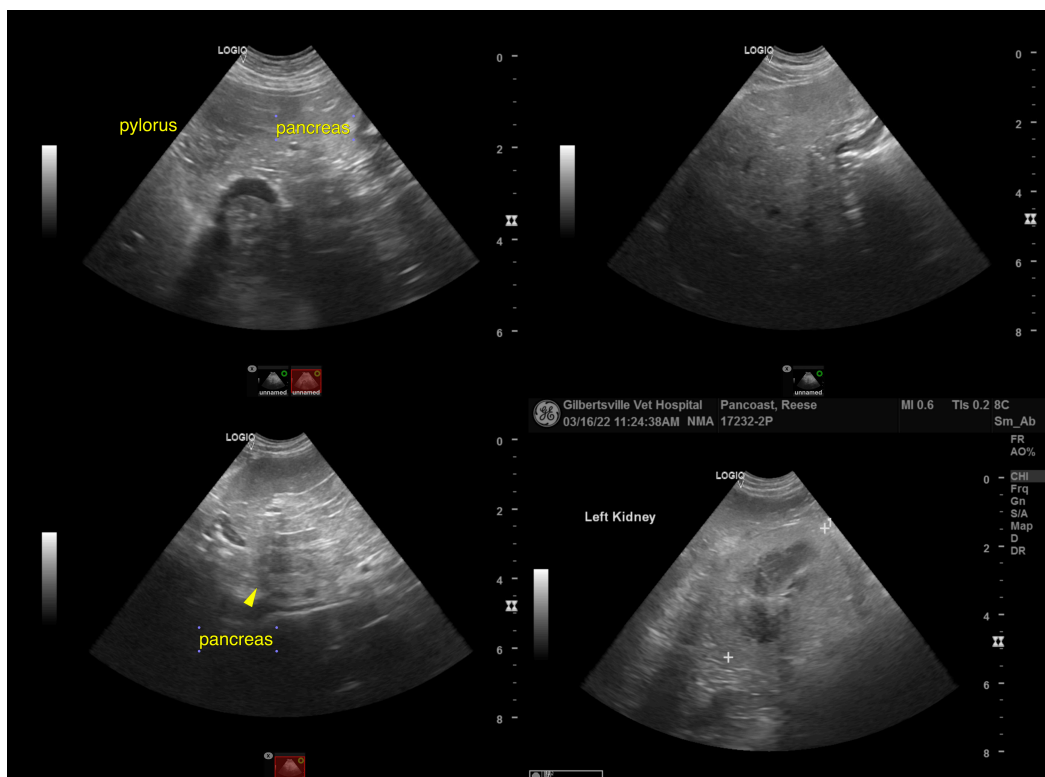
- Subjectively benign hepatopathy
- Mild pyloric thickening
- Mildly heterogeneous pancreas
- Structurally normal adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Underlying gastritis may be playing a role in this patient, given the vague clinical signs. Otherwise, causes of pain such as orthopedic pain should be considered. Recommend stepping back in the Cushing's workup to assess urine cortisol/creatinine ratio. If that is elevated, it would give more validity to potential Cushing's. Even though the adrenals are normal, underlying Cushing's is a possibility, yet USG is well concentrated, therefore atypical Cushing's and stress induced false positive LDDST is most likely. Full adrenal panel to the University of Tennessee would be ideal.

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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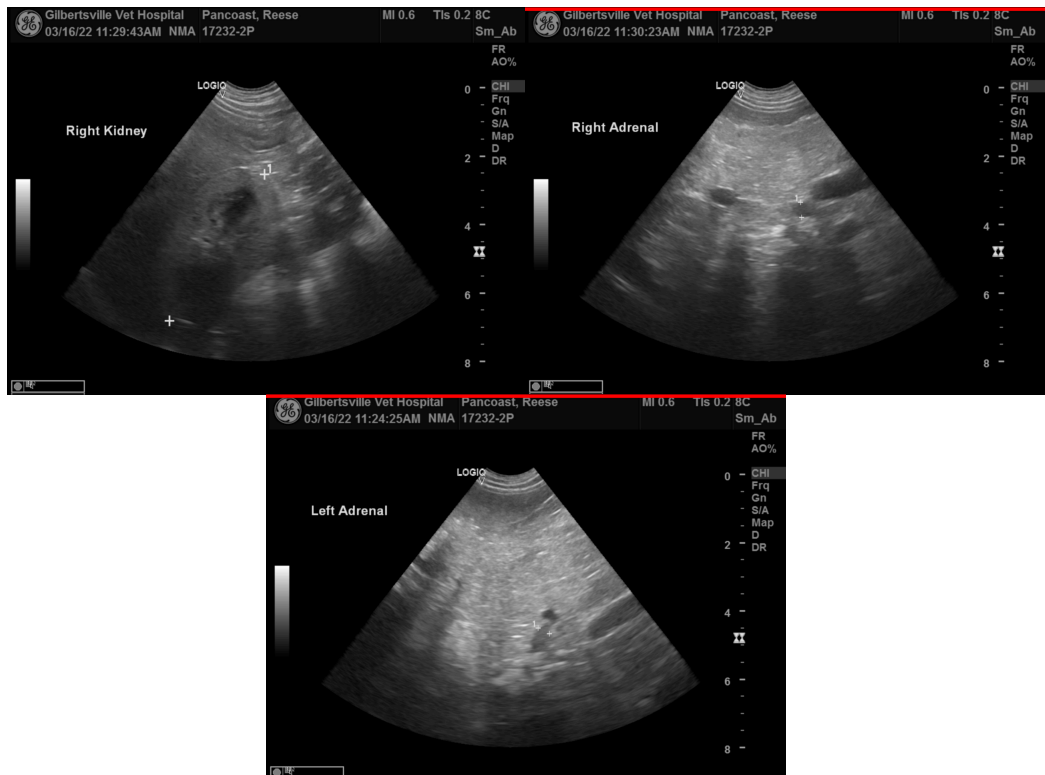
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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