



## PATIENT

Oliver Trudeau

## SPECIES

Canine

## BREED

Shih Tzu

## SEX

Neutered male

## AGE

13 years

## WEIGHT

11.8 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Trudeau

## HOSPITAL NAME

Vetcetera AH

## REFERRING VET

Dr. Trudeau

## INVOICE

73526

## DATE

3/17/26

## PRESENTING CLINICAL SIGNS

- Slight behavioral changes over the last few weeks - "not happy with the cats" and licking the floor constantly
- for about 12 years of his life we had to encourage him to eat. Recently, within the last 6 mos he eats freely and then some - for him I would consider this polyphagia
- in what appeared to be overnight, he became pu/pd on the weekend; dilute urine; no v/d, appetite continues to be good
- historical borderline GB sludge so he has been on Ursodiol
- on Galliprant for severe hip arthritis
- CBC - NSF Chem - normal except for slight increase in Ca 2 weeks ago; yesterday increased ALT/ALP (both mild) ; higher Ca level; increased Chol T4- normal cpli- abnormal NuQ - <15 (normal) u/a NSF and USG yesterday was 1.030 cytology of liver and spleen - pending chest x-rays- clear iCa - pending

## 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. The right kidney measured 4.6 cm. The left kidney measured 4.8 cm.

### Adrenal Glands

The right **adrenal gland** was uniform and measured 0.74 cm at the cranial pole and 0.35 cm at the caudal pole. The left adrenal gland was enlarged and mildly irregular measuring 0.76 cm at the caudal pole and 0.94 cm at the cranial pole. It appears that the left phrenic vein is occupied by thrombus or emerging tumor.

### Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.



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## Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Occasional, non-disruptive nodular changes were noted. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

## 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

Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxyphoid palpation reveals pain response. No overt masses were noted.

## ULTRASONOGRAPHIC FINDINGS

Enlarged, left adrenal gland. Hyperplasia versus carcinoma or pheochromocytoma. Potential hyperplasia with phrenic vein thrombus.

Geriatric abdomen otherwise.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Serial blood pressure measurements are recommended in this patient. If hypertension is an issue metanephrine level is recommended. If the patient appears Cushingoid and urine specific gravity is less than 1.020 then work-up for adrenal dependent Cushing's is indicated. Recheck is recommended in 2-3 weeks to assess for any progression of the adrenal gland. Carcinoma or pheochromocytoma of the left adrenal gland is concerning.

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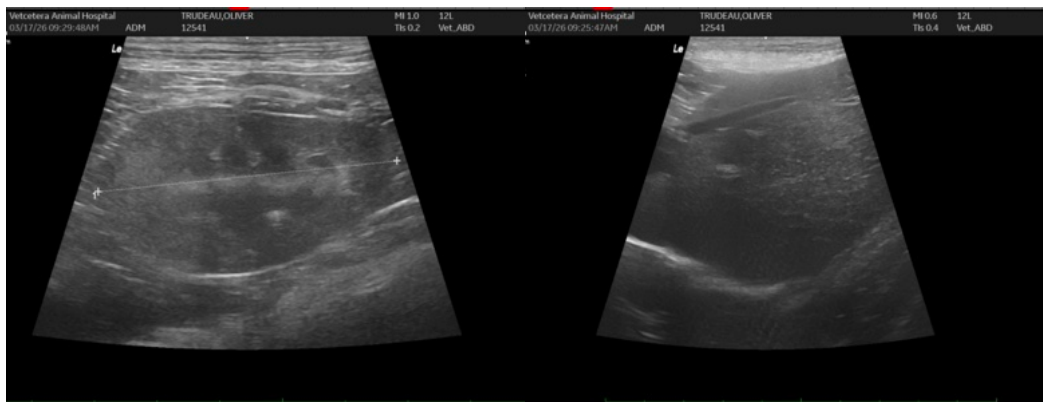
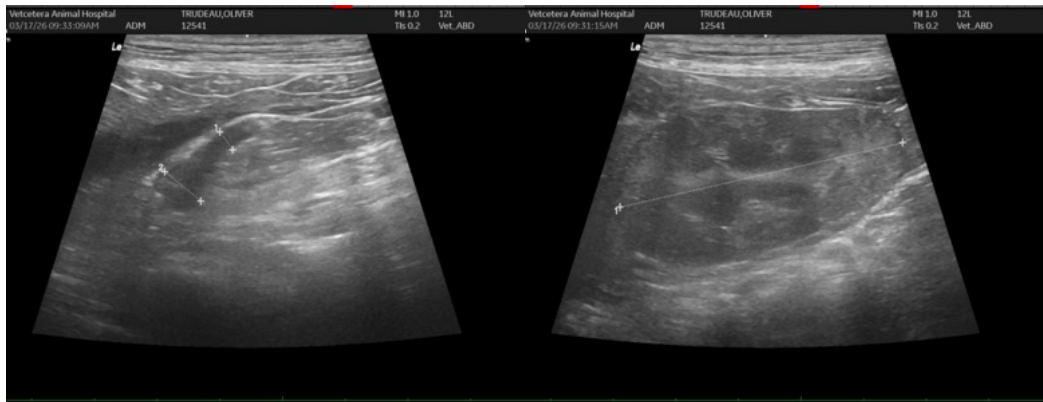
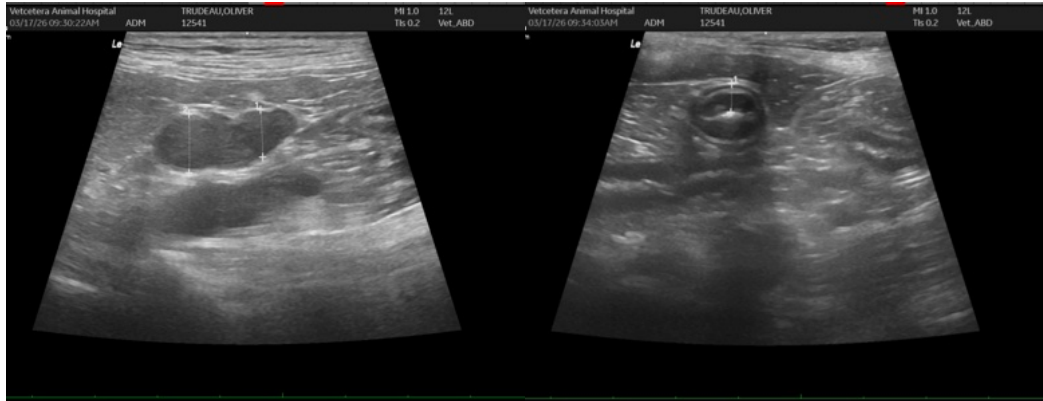
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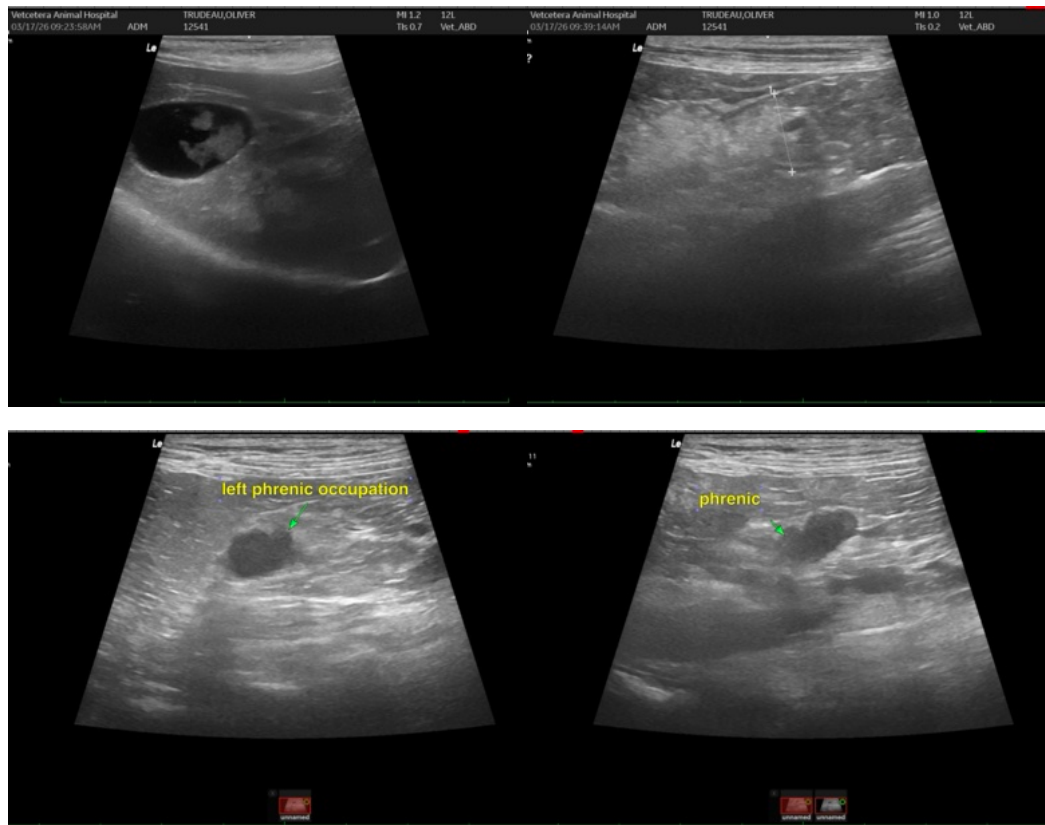
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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