



PATIENT

Siru Lee

SPECIES

Canine

BREED

Maltese

SEX

Neutered male

AGE

12 years

WEIGHT

10.3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Han

HOSPITAL NAME

Tenafly VC

REFERRING VET

Dr. Han

INVOICE

73809

DATE

3/26/26

PRESENTING CLINICAL SIGNS

- 12 yr old /NM presented for second opinion. he was panting during ultrasound exam and no sedative medication is given . he appears having pain on cranial abdominal cavity during exam . He was diagnosed with Cushing 12/2025 and was on vetroyl 5mg sid for only 30 days and clinical symptoms (pu/pp) improved significantly per the owner . restarted vetroyl 5mg sid 3 days ago. blood work was done 3 days ago with the previous vet. elevated liver enzymes (ALT: 600 ALP:3559. WBC:22.7 usg: 1.010/ upc:2) my impression for ultrasound is hepatomegaly with moth eaten structure and bilateral adrenal gland enlargement .

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. Minor microcystic cortical changes were noted in the kidneys. The left kidney measured 4.66 cm. The right kidney measured 4.2 cm.

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 0.95 cm. The right adrenal gland measured 1.2 cm at the cranial pole and 1.0 cm at the caudal pole.

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.



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Liver

The **liver** was uniformly swollen with minor, excessive gallbladder sand and debris was noted. 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

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

The left pancreatic limb revealed a hypoechoic area in the left base with hyperechoic surrounding fat. This is suggestive for inflammation in a region of 3-4 cm. Subxiphoid palpation is recommended to assess for pain in this region.

ULTRASONOGRAPHIC FINDINGS

Bilateral adrenal hypertrophy.

Benign hepatopathy with mild age related changes.

Chronic active pancreatitis pattern in the left pancreatic base. .

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The adrenal presentation is consistent with PDH. Management for pancreatitis and reactive hepatopathy is indicated given the patient's history.



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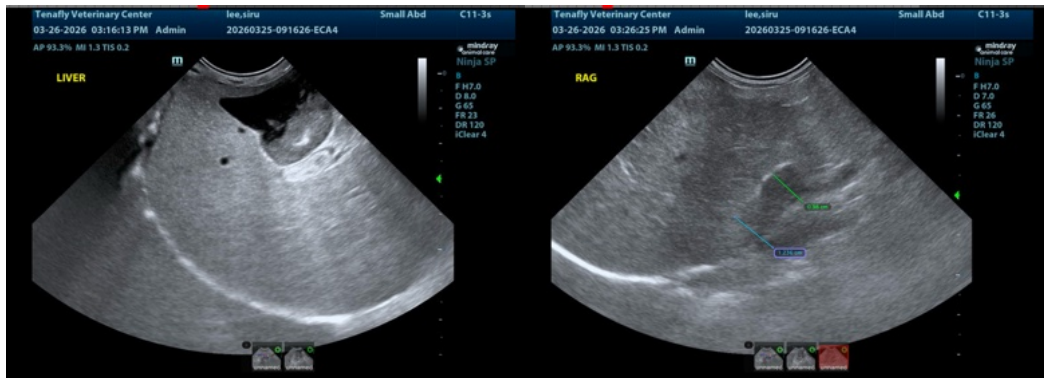
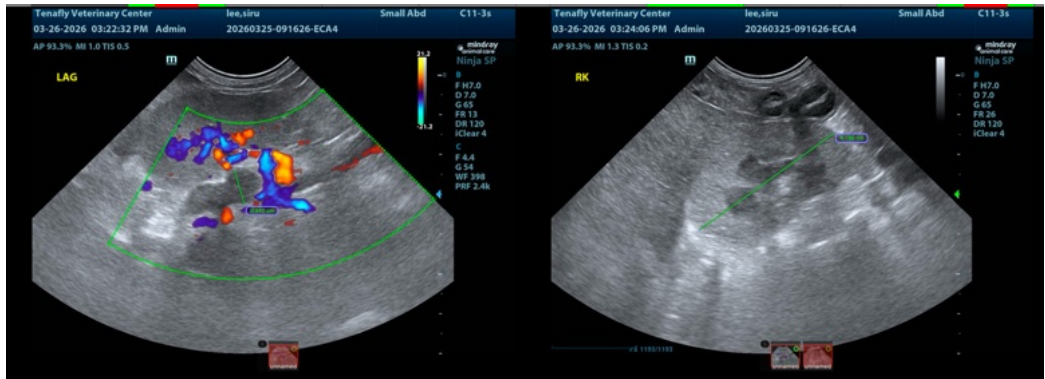
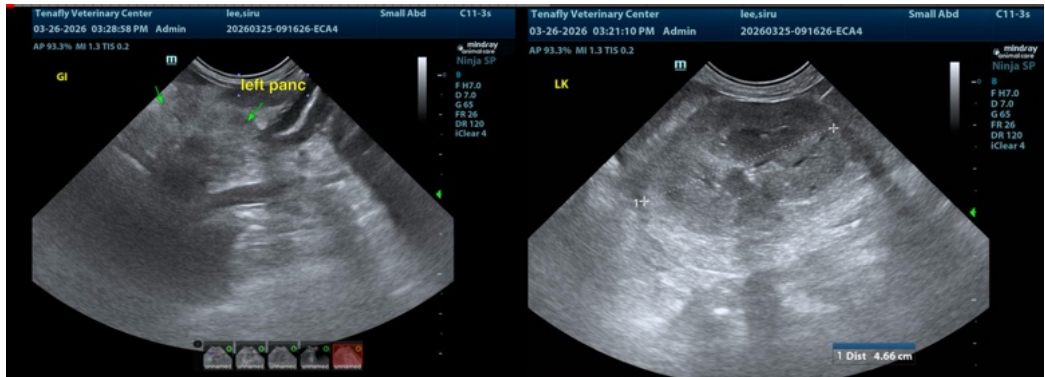
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com