

**PATIENT**

Piper Belvedere

**SPECIES**

Canine

**BREED**

Hound Mix

**SEX**

Spayed Female

**AGE**

10 Years 11 Months

**WEIGHT**

59 pounds

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP(CFM), Cert.  
IVUSS

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Animal Care Center of  
Flanders

**REFERRING VET**

Dr. Hallihan

**INVOICE**

14057

**DATE**

03/05/26

**PRESENTING CLINICAL SIGNS**

- Sudden onset of weakness, Dec appetite, lethargy, panting
- Inc. CVC on rads
- Depressed, panting, distended and painful abdomen, weak pulses
- Meds: Prednisone for interdigital cyst, desmopressin (DI)

Abnormal PE/Chem/CBC/UA Results: Mild Inc. WBC , Neuts, RC 244, Creat 1.9, BUN 56, K 6.6, ALT 192, AIKP 608, liver flukes 1/26, UPC 0.7, USG 1.018 BP: 130

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 iliac trifurcation was unremarkable.

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. Right kidney pyelectasia was present measuring 0.58 cm. The left kidney measured 6.6 cm in length. The right kidney measured 6.23 cm in length. Minor cortical cysts were noted in the left kidney.

**Adrenal Glands**

The **left adrenal gland** was enlarged, hypoechoic and swollen measuring 4.5 cm x 1.8 cm width at the cranial pole and 1.36 cm width at the caudal pole. No evidence of invasions from either adrenal glands.

The **right adrenal gland** was on the upper limits of normal measuring 3.33 cm x 1.03 cm width at the cranial pole and 0.84 cm width at the caudal pole. Some minor heterogenous changes were noted in the right adrenal gland.

**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 mild to moderate, 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



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and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. The vena cava was free of evident pathology.

**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. The GI was displaced caudally owing to the hepatomegaly.

**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**ULTRASONOGRAPHIC FINDINGS**

- Prominent adrenal glands with mass type effect of the right adrenal gland- pheochromocytoma, adenoma, adenocarcinoma, hyperplasia. Likely right adrenal hyperplasia.
- Age-related renal changes with right kidney pyelectasia and cortical cysts within left kidney.
- Subjectively benign hepatopathy.
- Age-related abdominal changes.

**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. Otherwise, no evidence of significant abdominal disease.





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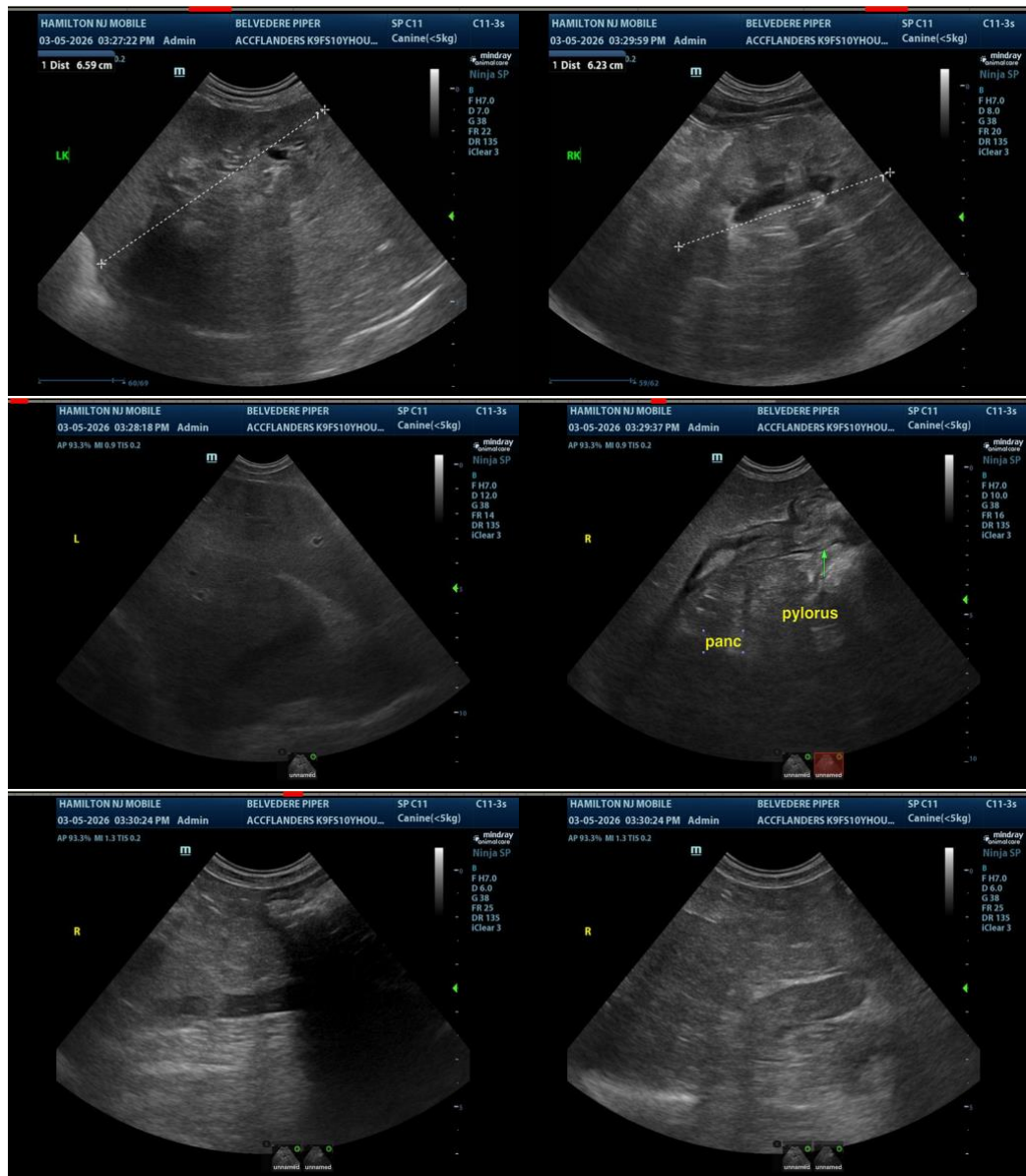
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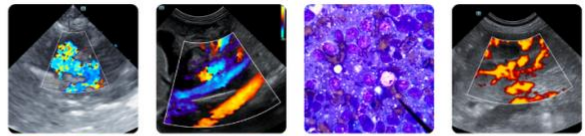
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,**

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