



**PATIENT**

Kylo Ferrari

**PRESENTING CLINICAL SIGNS**

History: U/S due to possible Cushing's  
Abnormal PE/Chem/CBC/UA Results: ALK: 810, BUN: 31, LDDST: pre: 8.3, 4hr: 0.9, 8hr: 1.4. ACTH stim pending

**SPECIES**

Canine

**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. Small calculus was noted and measured 0.4 cm. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

**BREED**

Poodle Mix

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. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilatation was present. The right kidney measured 4.75 cm. The left kidney revealed cortical infarcts and dystrophic changes with thickened irregular cortices. The left kidney measured 3.22 cm with pelvic calculus.

**SEX**

Neutered male

**AGE**

8 years

**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 right adrenal gland measured 1.76 x 0.68 cm. The left adrenal gland measured 1.97 x 0.78 cm.

**WEIGHT**

17 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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.

**IMAGING PERFORMED BY**

Dr. Rodriguez

**HOSPITAL NAME**

Foxfield VS

**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.

**REFERRING VET**

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**INVOICE**

96662

**Gastrointestinal**

**DATE**

3/8/22

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



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demonstrated normal luminal chyme and stool consistency respectively. The colonic wall was mildly thickened and measured 0.45 cm.

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**SPECIES**

**Pancreas**

Canine

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.

**BREED**

Poodle Mix

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Neutered male

Small bladder calculus.

**AGE**

Dystrophic kidneys, moderate on the left and mild on the right.

8 years

Benign hepatopathy.

Adrenal glands appear structurally normal.

**WEIGHT**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

17 lbs

I am most concerned about chronic renal disease and nephron/urolithiasis contributing to the clinical signs. If Cushing's is suspected then urine cortisol to creatinine ratio is warranted. If it is negative then the patient will not be Cushingoid.

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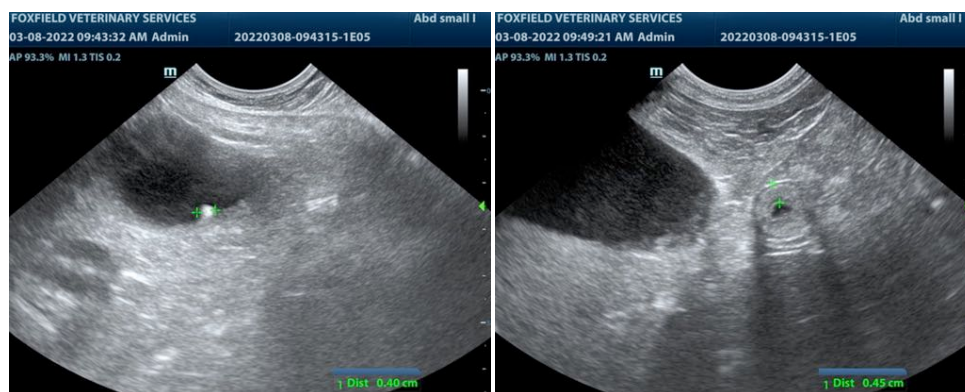
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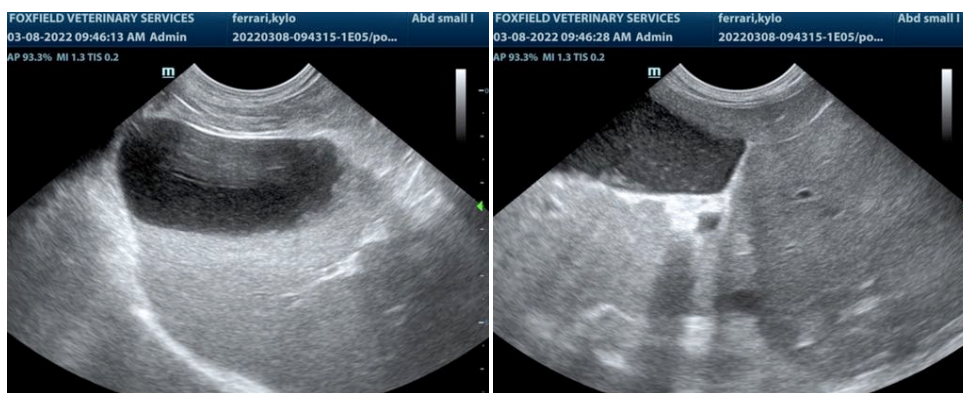
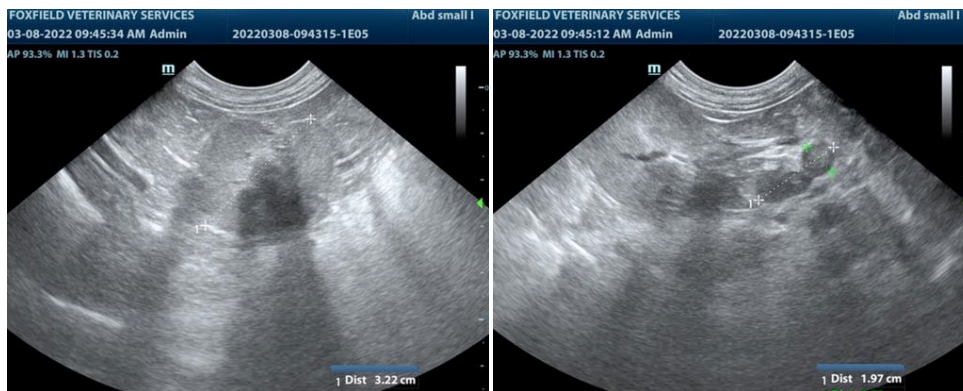
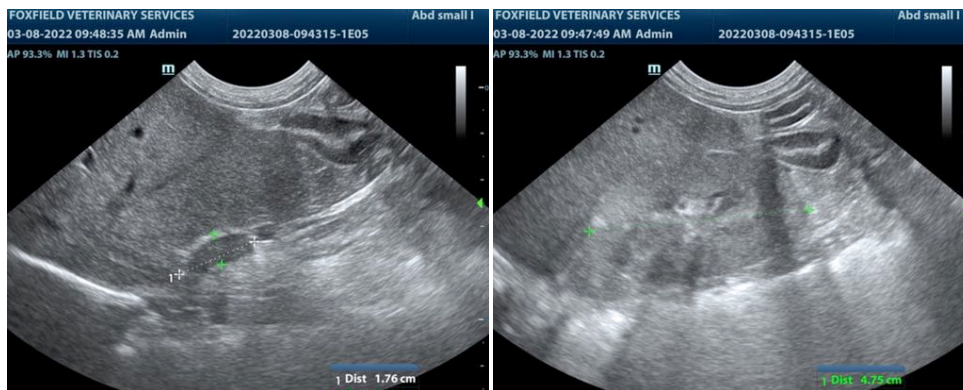
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com