



**PATIENT**

Esme Bukowiecki

**PRESENTING CLINICAL SIGNS**

History: newly diagnosed with Cushings r/o adrenal tumors, splenectomy preformed on 10/21, also has preprotein losing enteropathy

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Mix

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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.

**SEX**

Spayed Female

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. Slight pyelectasia was noted.

**AGE**

12 years

**WEIGHT**

50.5 lbs

**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 2.35 x 1.19 cm at the cranial pole and 0.58 cm at the caudal pole. The left adrenal gland measured 1.85 x 0.54 cm at the caudal pole and 0.57 mcm at the cranial pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenn

**Spleen**

The **spleen** was not visualized as it was previously removed. The region of the splenic fossa was unremarkable.

**HOSPITAL NAME**

Rockaway AH

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**REFERRING VET**

Dr. Gannon

**INVOICE**

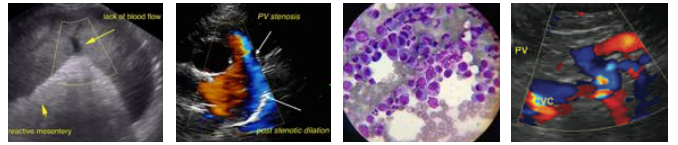
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**Gastrointestinal**

**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



**PATIENT**

demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Esme Bukowiecki

**SPECIES**

**Pancreas**

Canine

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**BREED**

Mix

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Structurally unremarkable abdomen.

Spayed Female

Minor renal pyelectasia.

**AGE**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

12 years

Structurally the adrenal glands appear unremarkable. I recommend ensuring complete Cushingoid parameters with elevated urine cortisol to creatinine ratio, persistent isosthenuria (less than 1.020) and full LDDST positive results prior to starting therapy for Cushing's as only a very small percentage of Cushingoid patients have normal appearing adrenal glands.

**WEIGHT**

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DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

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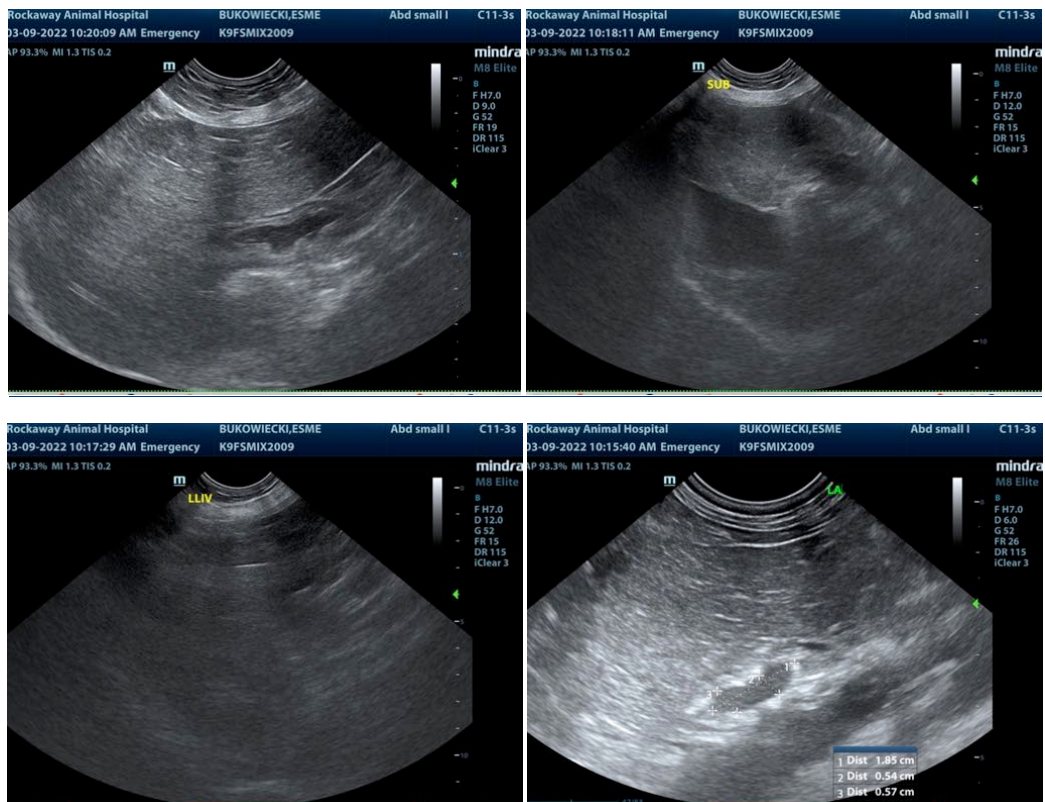
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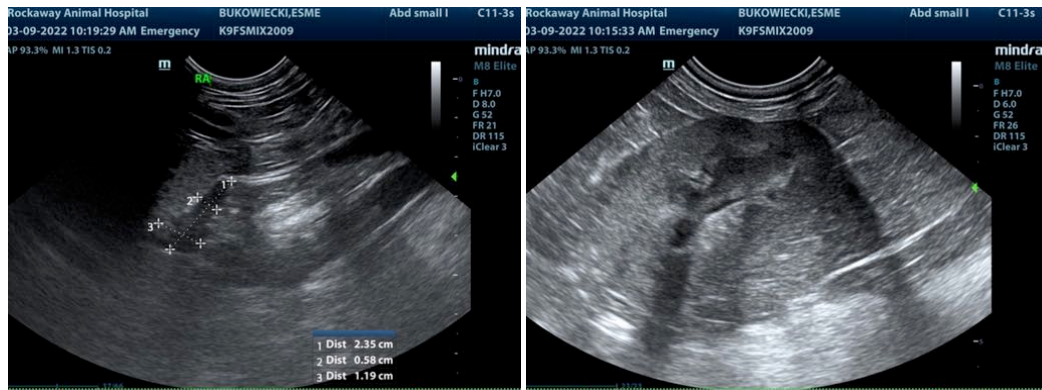
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**DATE**

3/8/22



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