



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Millie Piper  
**SPECIES** Canine  
**BREED** Yorkie Poodle Mix  
**SEX** Spayed Female  
**AGE** 16 years  
**WEIGHT** 9 lbs

Transfer from E. Clinic on 4/11. Bloody diarrhea and vomiting. Exam noted noisy lungs, severe dental disease, fecal and blood staining on perineum. DDx HGE vs. neoplasia  
 Abnormal PE/Chem/CBC/UA Results: PE: BAR today, sensitive on abdominal pressure. IV Butorphanol for sedation. BW (4/11/22). BUN 58, TP 8.5, Alb 4.1, ALP 331, Na 166, Hct 72% RADS (attached): old dog lungs versus mild bronchitis.  
 Radiographs reveal mild, hepatic irregular contour with excessive gastric gas and right sided cardiac enlargement.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. Ureteral papilla presented a polypoid change that measured 0.7 cm. 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.

Both **kidneys** revealed microcystic cortices. The left kidney measured 5.54 cm with a 2.5 cm anechoic cyst noted in the caudal pole with pyelectasia and moderate disruption of architecture. The right kidney revealed moderate degenerative changes measuring 4.76 cm with slight pyelectasia.

**Adrenal Glands**

The left **adrenal gland** was uniform and mildly enlarged measuring 0.9 cm at the caudal pole and 0.92 cm at the cranial pole. Right adrenal gland mass was noted and measured 2.91 x 2.36 cm with mild, pericapsular inflammatory pattern. There was no evidence of vascular invasion. Slight mineralization was noted.

**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.

**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.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ebersole

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

Dr. Sheridan

**INVOICE**

99300

**DATE**

4/14/22



**PATIENT**

**Gastrointestinal**

Millie Piper

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.

**SPECIES**

Canine

**BREED**

Yorkie Poodle Mix

**Pancreas**

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.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

16 years

Right adrenal mass.

Prominent left adrenal gland.

Degenerative renal changes.

Left renal cyst with pyelectasia.

**WEIGHT**

9 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

If the patient appears Cushingoid then adrenal dependent Cushing's is likely. However, given the prominent left adrenal gland both PDH and adrenal dependent Cushing's are possible. Right adrenal gland is particularly vascular. Pheochromocytoma versus carcinoma are the primary differentials. There was no evidence of vascular invasion. Long term viability of the kidneys is a concern.

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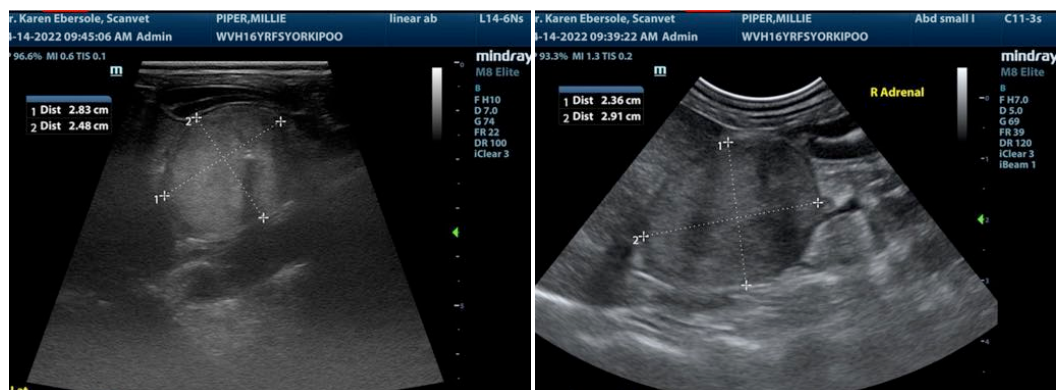
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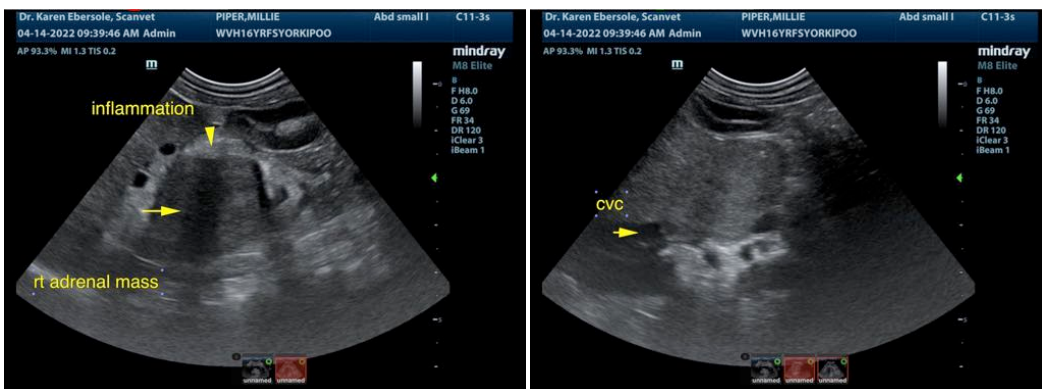
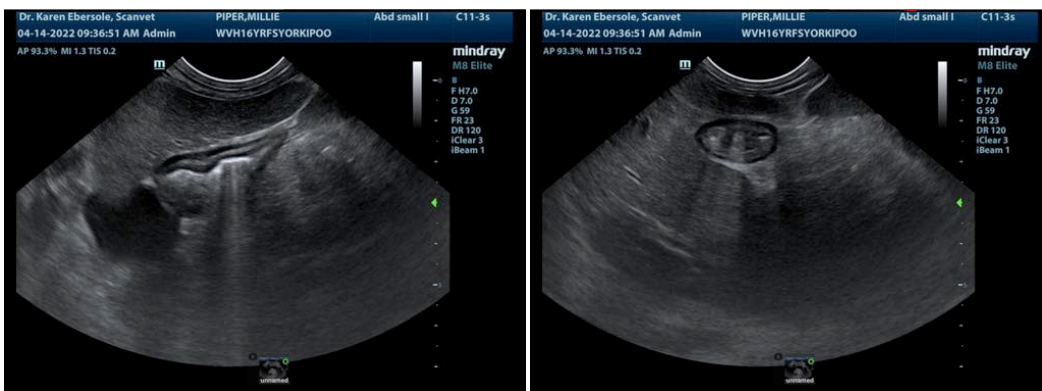
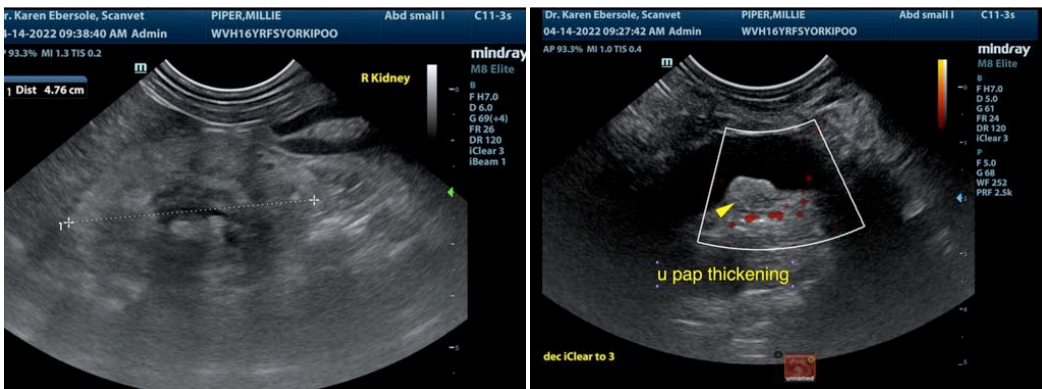
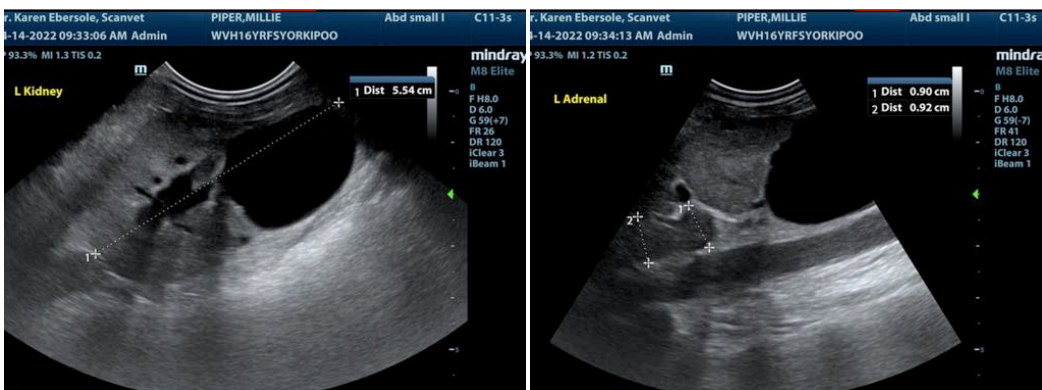
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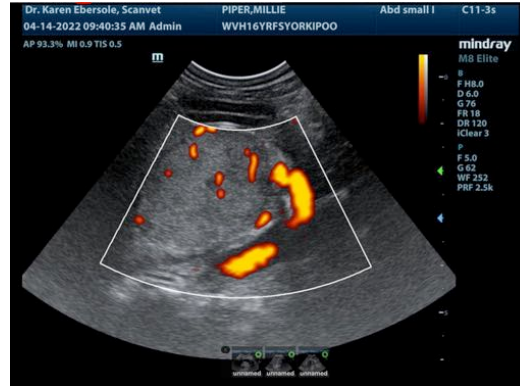
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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