



PATIENT

Tique Barone

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

15

WEIGHT

10.7

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Jacquie Preston

HOSPITAL NAME

All Creatures AH of
South Hill, Inc.

REFERRING VET

Dr. Jacquie Preston

INVOICE

22087

DATE

4/17/23

PRESENTING CLINICAL SIGNS

History: P has a history of Cushing's disease which has been well controlled with vetoryl both clinically and as monitored with LDDS test. In spite of good regulation, ALKP continues to elevate. Recent labwork shows elevated platelets (815K), elevated ALT (123), and elevated ALKP (2,480).

Abnormal PE/Chem/CBC/UA Results: elevated platelets, elevated ALT, elevated ALKP

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. This is a minor change. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **left kidney** revealed moderate degenerative changes, cortical cysts and cortical mineralization. Loss of corticomedullary definition was noted. The degenerative changes were considered moderate.

The **right kidney** measured 4.7 cm with similar changes to the left kidney.

Adrenal Glands

The **adrenal glands** were bilaterally enlarged/swollen with heterogeneous parenchymal changes and mild pericapsular enhancement. The left adrenal gland measured 2.7 cm x 1.2 cm at the caudal pole and 1.2 cm at the cranial pole. The right adrenal gland measured 2.74 cm x 1.29 cm.

Spleen

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies.

Liver

The **liver** was uniformly swollen. 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. This is a moderate change. Minor gallbladder sand, some suspended debris and striating bile were noted. Some hyperechoic lipogranulomatous nodules were noted.

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.

Pancreas



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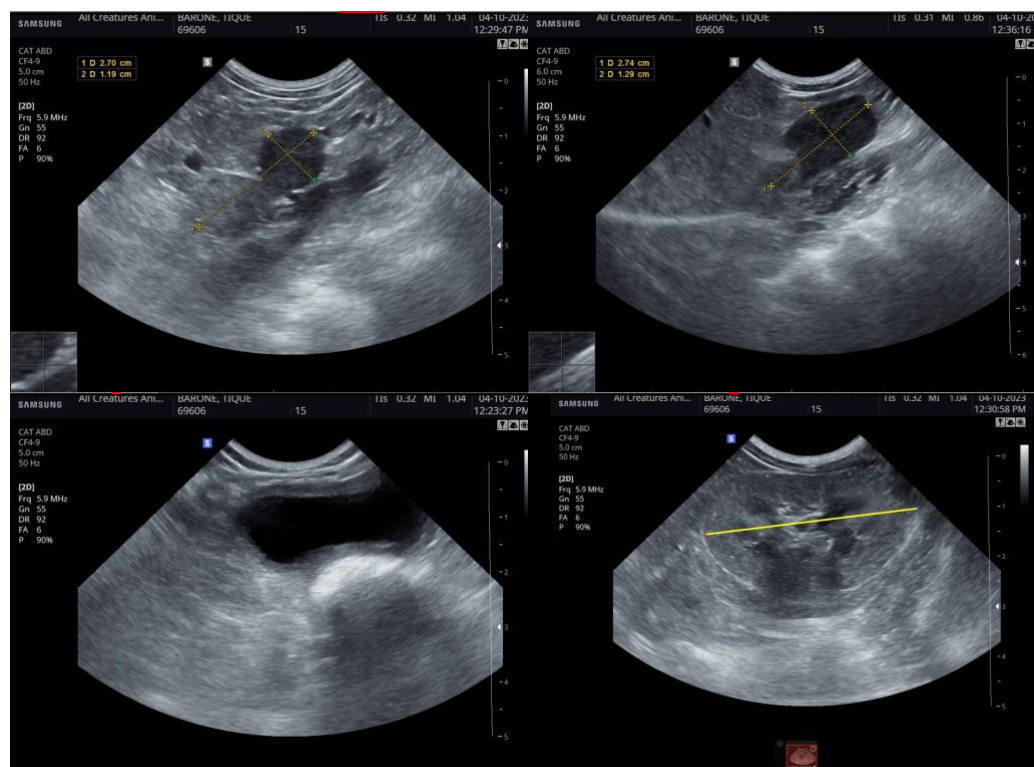
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes.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

ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenal hypertrophy- moderate to severe. This is consistent with PDH with secondary hypertrophy, likely owing to Trilostane therapy.
- Vacuolar hepatopathy liver pattern with some remodeling
- Mineralized spleen, secondary to underlying Cushings/endocrinopathy
- Moderate degenerative renal changes
- Age-related urinary bladder and pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

These are largely expected changes for a PDH patient. Blood pressure measurements are warranted. Ursodiol therapy could be considered given the excessive gallbladder debris.





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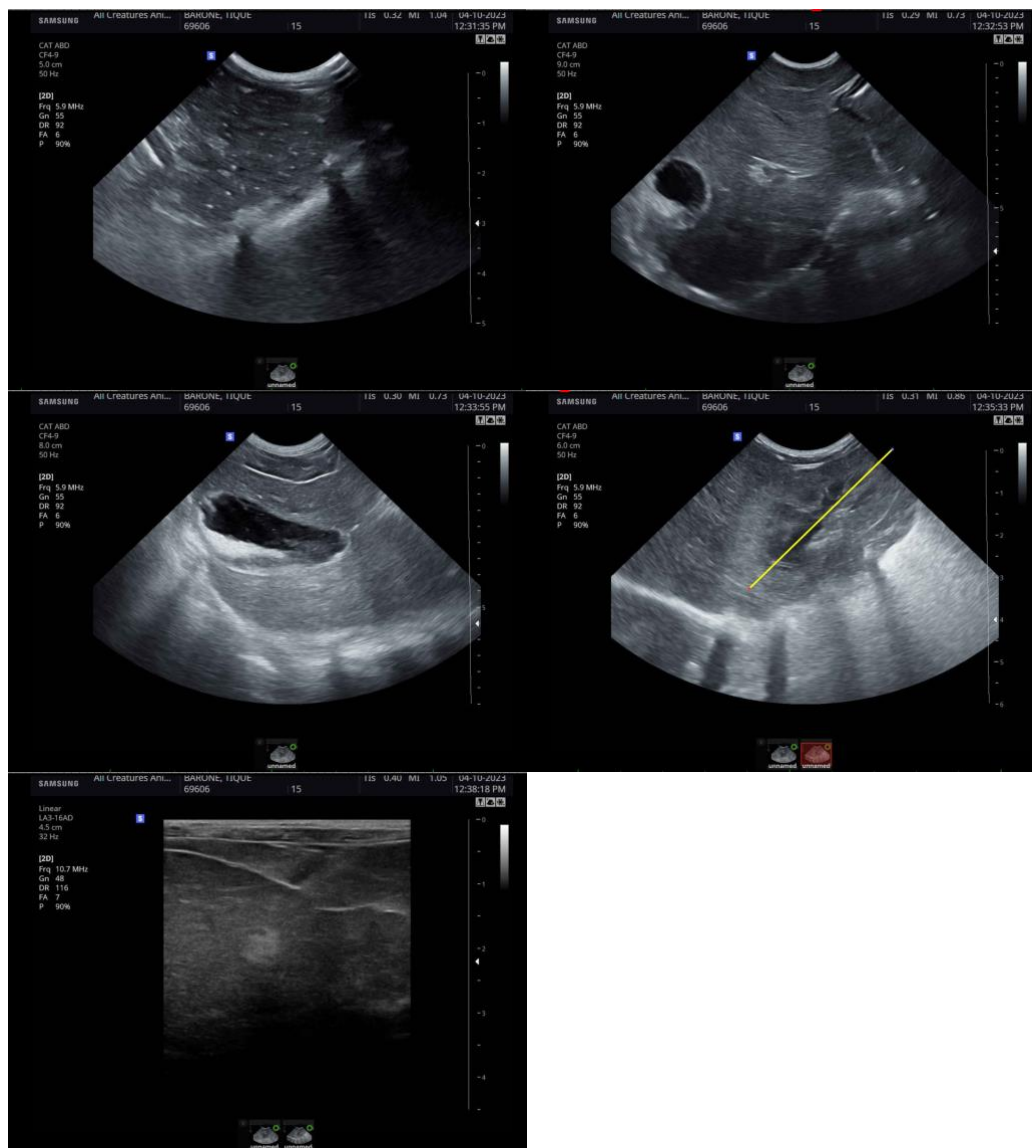
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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