



**PATIENT PRESENTING CLINICAL SIGNS**

Chancellor Rankin

History: Chancellor a 11 yr old neutered male hound mix presented for ultrasound due to decreased appetite lethargy increased shedding and dry flaky coat - Diagnosed with Cushing's 3/11/23 - started on Trilostane 120 mg po sid and weighed 104 lbs. ( no PU/PD noted per owner before dx, history of increased liver enzymes ( large adrenal gland noted on u/s on 1/26/23 lead to ACTH stim ) - Pre pill cortisol 3.1 on 3/11/23 decreased down to 100 mgs of Trilostane but appetite still lower than normal pre pill cortisol on 4/19/23 4 and weight down to 96.4

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**

96.4 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Isabel Plourde

**HOSPITAL NAME**

TotalBond VH

**REFERRING VET**

Dr. Probst

**INVOICE**

43895

**DATE**

4/19/23

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

\*\*\*\* 5 still images and 22 videos were submitted\*\*\*\*

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared normal. 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.

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 and no evidence of pelvic dilatation was present. The left kidney measured 7.73 cm. The right kidney measured 7.94 cm.

**Adrenal Glands**

The left **adrenal gland** was mildly enlarged and uniform measuring 3.85 x 0.89 cm. The right adrenal gland was mildly enlarged and measured 1.45 cm at the cranial pole and 1.1 cm at the caudal pole.

**Spleen**

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. Hyperechoic, lipogranulomatous nodules were noted. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. Occupation was noted in the splenic vein within the parenchyma of the spleen adjacent to the portal hilus and extended for approximately 1-1.5 cm. This may be spontaneous contrast, but would be more consistent with early thrombosis. Power Doppler of this specific region is recommended (see image attached).



**PATIENT**

**Liver**

Chancellor Rankin

The **liver** was slightly heterogenous with uniform enlargement and mildly increased portal markings. The gallbladder was not visualized.

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Canine

**Gastrointestinal**

**BREED**

Mix

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

**SEX**

Neutered male

**Pancreas**

**AGE**

11 years

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.

**WEIGHT**

96.4 lbs

**ULTRASONOGRAPHIC FINDINGS**

Bilateral adrenal hypertrophy, consistent with PDH.

Small intraparenchymal splenic thrombus.

**INTERPRETED BY**

Age related renal changes.

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

Small intraparenchymal splenic thrombus, may be the cause of the poor appetite or the result of systemic hypercoagulable state. Recheck with Power Doppler is recommended to confirm. GI protectant protocol can be considered. Other causes of poor appetite such as pain related orthopedic disease, CNS or thoracic disease should be considered.

Isabel Plourde

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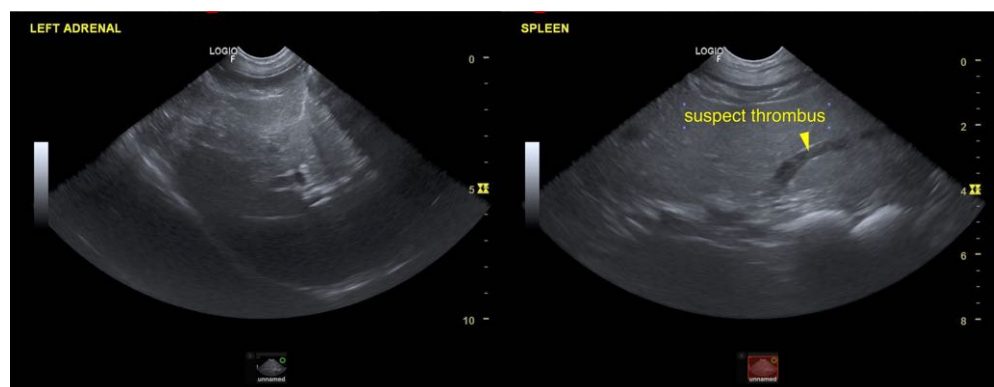
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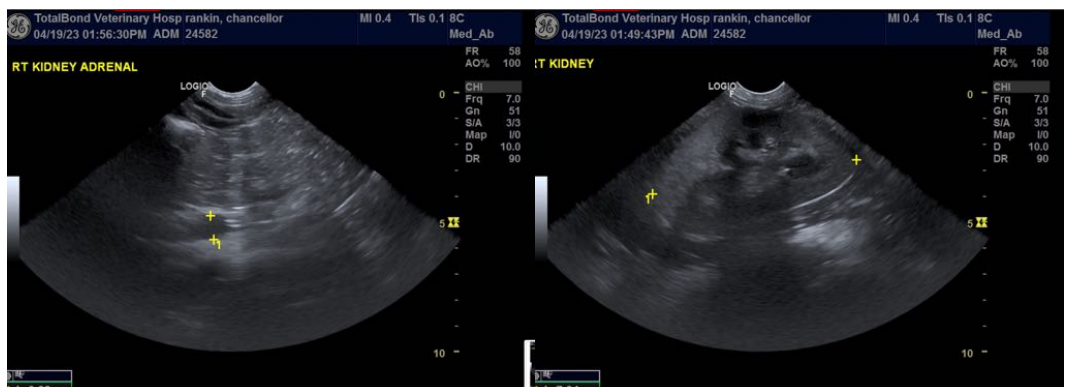
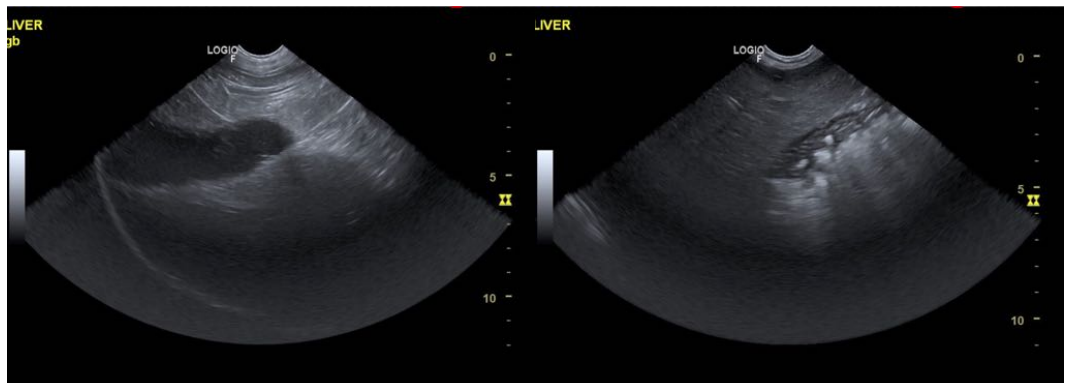
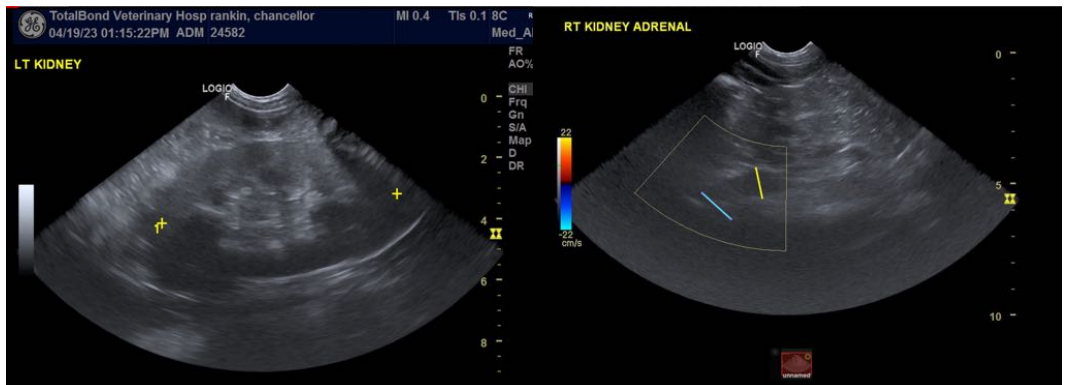
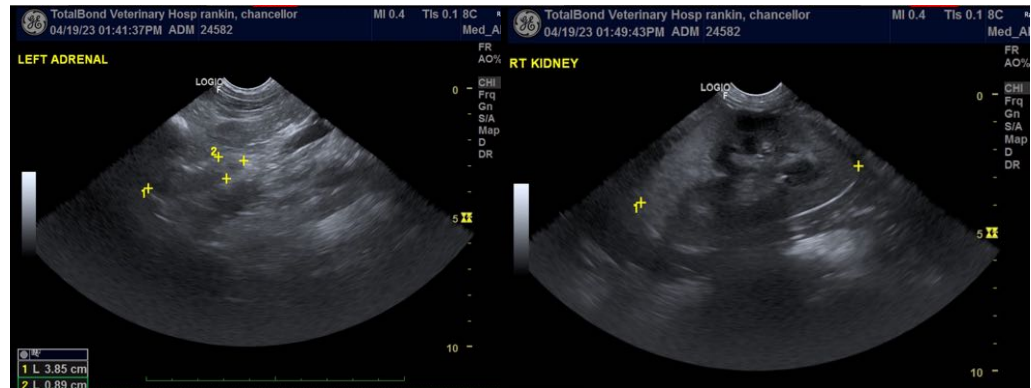
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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