



PATIENT

Mitchell Aceto

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

12 Years

WEIGHT

70 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Peyser

INVOICE

37173

DATE

4/26/22

PRESENTING CLINICAL SIGNS

Suspect untreated Cushing's disease; want to R/O other underlying pathology. Not markedly PU/PD. Abnormal PE/Chem/CBC/UA Results: PE: marked muscle wasting in hind legs, Grade 4/6 systolic heart murmur, hyperpigmentation and bilateral symmetric alopecia caudal thighs and ventral trunk, distended tense abdomen w/palpable cranial organomegaly. RADS (attached) hepatomegaly. BW: BUN 34, Creat 1.5, ALT 341, ALP 2,011, GGT 21, CK 335. ProBNP 524 (normal). ACTH Stim: Pre 5.4, Post 11.7 (similar to previous ACTH stims done in 2/2022 and 12/2021) 4Dx: new Ehrlichia +

LIMITED ULTRASONOGRAPHIC EXAMINATION

Urinary System

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

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 7.19 cm. The right kidney measured 5.91 cm.

Adrenal Glands

Both **adrenal glands** were slightly enlarged, heterogeneous and slightly irregular. The right adrenal gland measured 3.2 cm in length x 1.8 cm at the cranial pole and 0.89 cm at the caudal pole. The left adrenal gland measured 3.2 cm in length x 1.2 cm at the cranial pole and 0.99 cm at the caudal pole.

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 were 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.

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.



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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.

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Heart

Rapid view of the heart revealed normal contractility, LA size, and cardiac structure. No pericardial or pleural effusion noted.

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ULTRASONOGRAPHIC FINDINGS

- Mild adrenal enlargement with heterogeneous remodeling, no evidence of masses
- Benign hepatopathy with remodeling
- Moderate age related renal changes

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Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of wasting is unclear. Heart murmur is likely mitral, yet compensated. No evidence of clinical cardiac disease. However, full echocardiogram would be necessary for further definition and exact cause of the murmur. Structure, function and volumes are all normal.

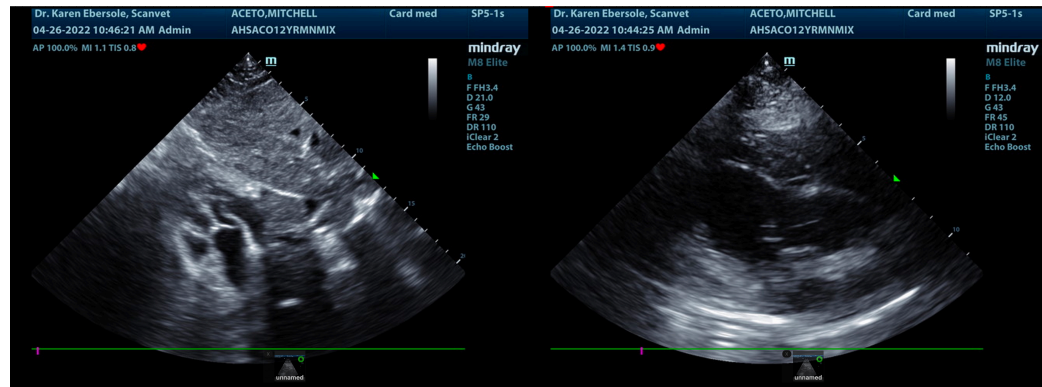
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Radiographs: Generalized hepatomegaly.

WEIGHT

70 Pounds



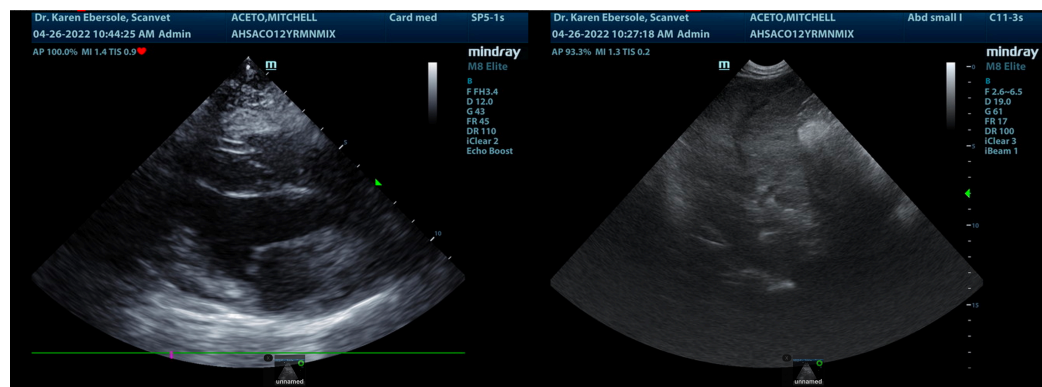
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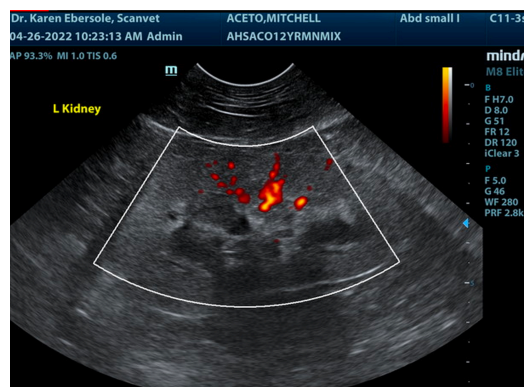
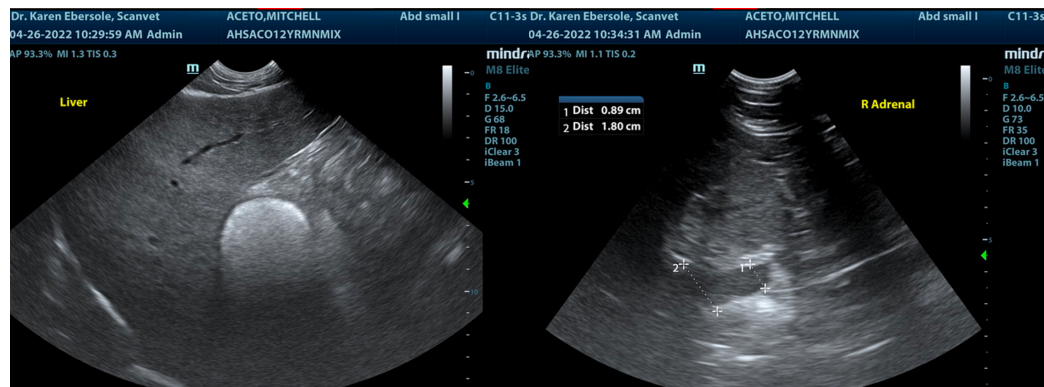
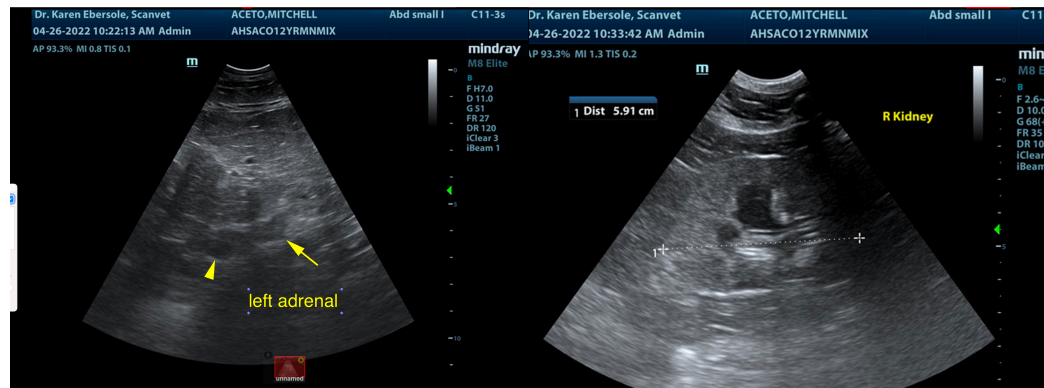
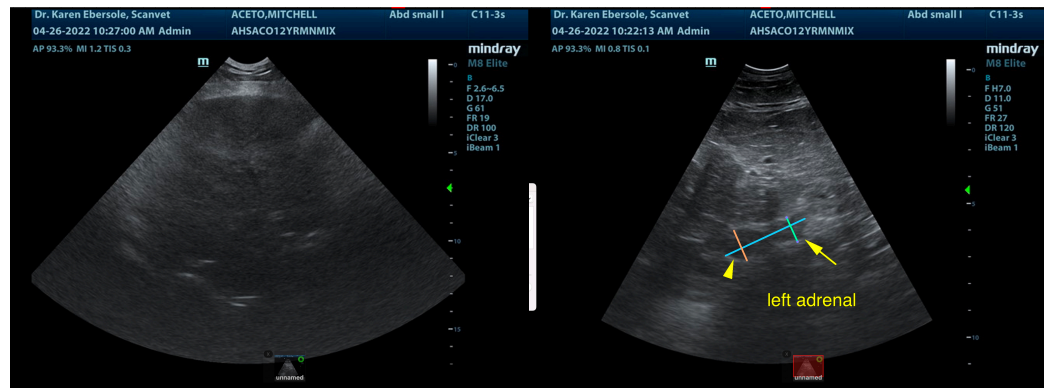
Dr. Peyser

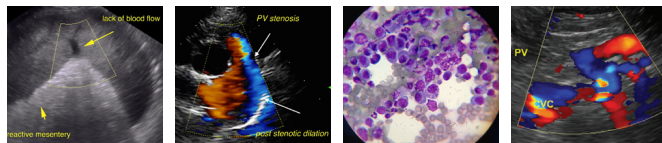
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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