



**PATIENT**

Sadie Mcniff

**SPECIES**

Canine

**BREED**

Pit Bull

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

78.4 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Americo Abadia

**HOSPITAL NAME**

Surfside Pet Hospital

**REFERRING VET**

Dr. Americo Abadia

**INVOICE**

37235

**DATE**

4/27/22

**PRESENTING CLINICAL SIGNS**

Pet has long history of skin allergies. For the past 6 months pet's abdomen has been distended and getting bigger according to owner . No history of weight loss. pet used to be on apoquel but not since the abdomen has been distended. HAd an UTI around 2 months ago and treated succesfully. Pet has been drinking more water than a normal animal but not excessive ( according to owner) and was gassy.

Owner started probiotics and denamarin for close to 2 months now. Pet has been maintaining stautus but abdomen not decreasing the distention.

Abnormal PE/Chem/CBC/UA Results: PE shows mild decreased on generalized muscle mass. Pets heart is wnl. Abdomen shows a very distended abdomen with cranial abdomen feeling excessive and more towards the right side of the abdomen. Popliteal lymph nodes feel more pronounced than normal but not enlarged at this time.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**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 7.54 cm.

**Adrenal Glands**

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 3.29 cm x 1.08 cm at the cranial pole and 1.04 cm at the caudal pole. The right adrenal gland measured 2.66 cm x 1.05 cm at the cranial pole and 0.84 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**

Exam of the cranial abdomen demonstrated excessive **liver** size, swollen contour, with conserved uniform architecture. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat. Multifocal hypoechoic nodular changes noted in the liver, non-disruptive, most consistent with benign hepatopathy or nodular hyperplasia. The **gallbladder** was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more



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aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.

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**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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Pit Bull

**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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**ULTRASONOGRAPHIC FINDINGS**

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- Mild bilateral adrenal hypertrophy
- Nodular hepatic changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

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Ultrasound guided FNA of the nodular liver changes recommended to ensure these are benign. Ursodiol therapy recommended from a proactive standpoint regarding the overdistended gallbladder and biliary debris. If USG is < 1020, then workup for PDH would be indicated, given the mild bilateral adrenal hypertrophy. The distended abdomen may be owing to underlying endocrinopathy as well as hepatomegaly.

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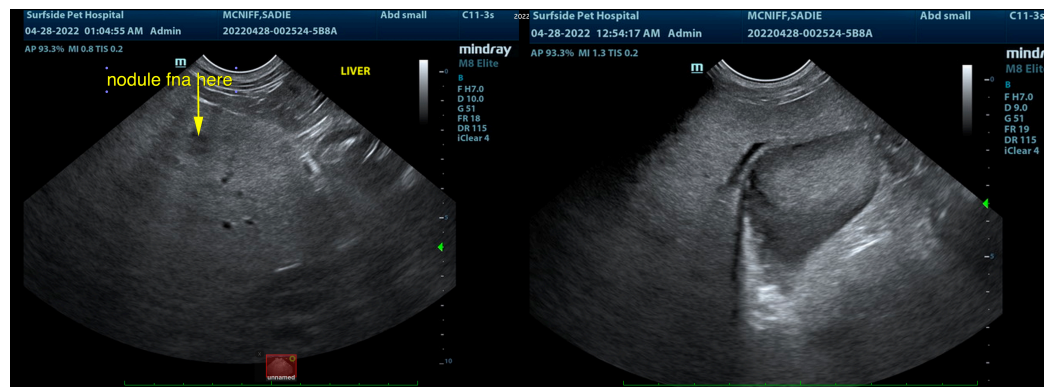
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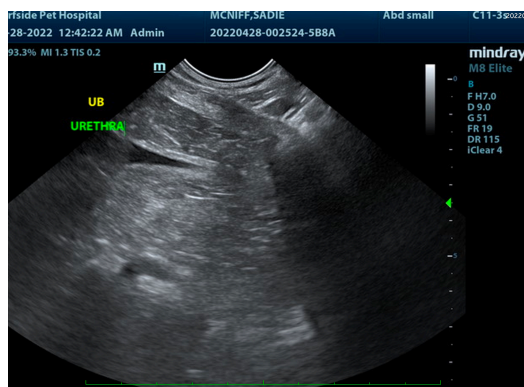
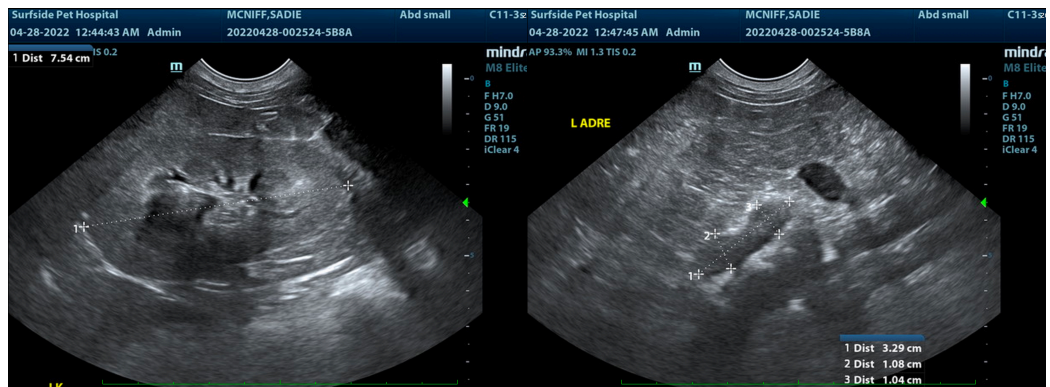
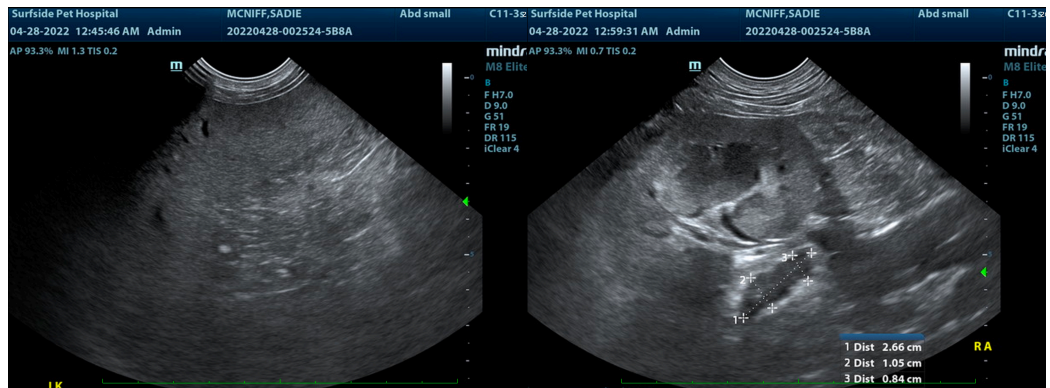
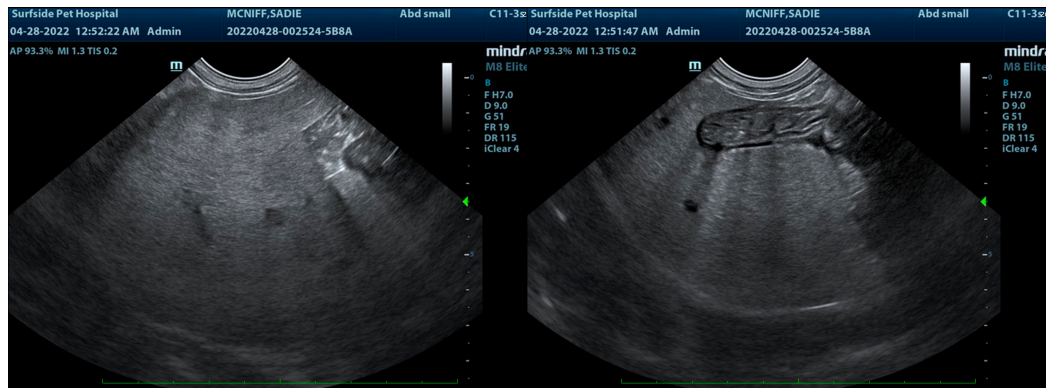
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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](mailto:info@SonoPath.com)

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