



PATIENT

Zunnei Lindiakos

SPECIES

Canine

BREED

American Staffordshire

SEX

Spayed Female

AGE

11 Years

WEIGHT

62 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Kitiz

HOSPITAL NAME

Woodlands AH

REFERRING VET

Dr. Danielle Kitiz

INVOICE

37254

DATE

4/27/22

PRESENTING CLINICAL SIGNS

Patient presented for annual exam with history of intermittent distension of the abdomen per owner. She drinks a lot of water but is otherwise normal per owner, with good appetite. Abnormal PE/Chem/CBC/UA Results: She has pot-bellied appearance with muscle wasting along spine, thinned skin on ventral abdomen with venous distension, and pants excessively. Labwork shows ALKP 2000, GGT 42, USG-1.005 with 2+ proteinuria.

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 1.0 cm beyond the cystourethral junction.

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. Slight pyelectasia noted in both kidneys. The right kidney measured 6.9 cm. The left kidney measured 7.0 cm.

Adrenal Glands

The **right adrenal gland** was uniform to subnormal in size, measuring 0.42 cm at the cranial pole and 0.47 cm at the caudal pole.

The **left adrenal gland** was enlarged and irregular, measuring up to 1.3 cm. Capsular expansion noted without capsular escape or vascular invasion.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself caudally. 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

Some retention of ingesta noted in the **stomach**. The small intestine and colon were unremarkable.



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Pancreas

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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

- Enlarged left adrenal gland – differentials include non-functional hyperplasia, emerging carcinoma or pheochromocytoma.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Workup for adrenal dependent Cushing's indicated with urine cortisol/creatinine ratio +/- LDDST. Eventual left adrenalectomy indicated. However, full CNS examination also warranted. There is no evidence of underlying neoplasia. Chest radiographs also indicated. Serial blood pressures indicated. The left adrenal appears resectable if necessary.

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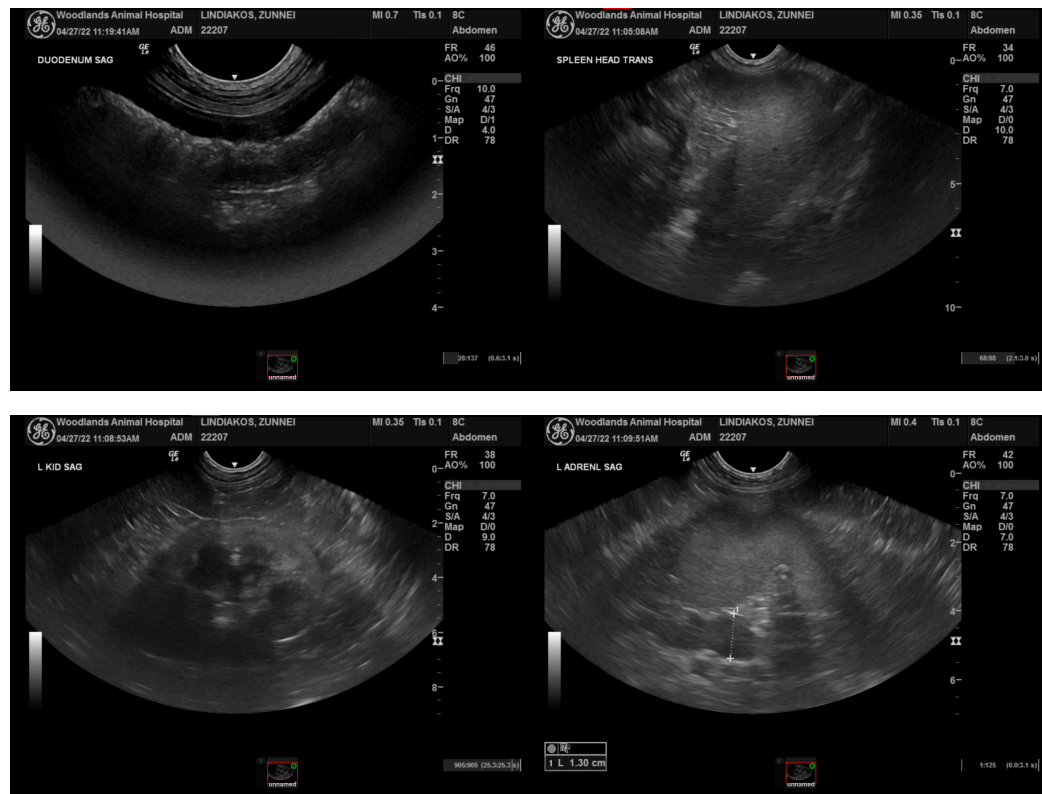
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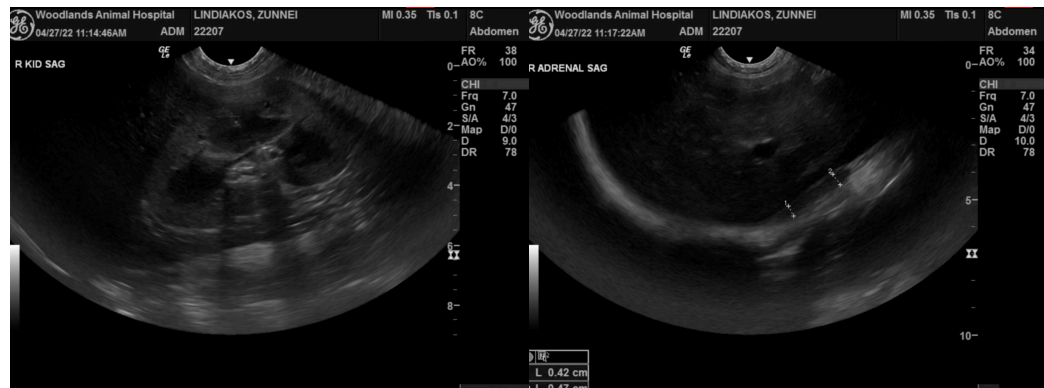
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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