



PATIENT

Whiskey Smithgillis

SPECIES

Canine

BREED

Border Terrier

SEX

Spayed female

AGE

12 years

WEIGHT

8.9 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Animal Clinic
Downtown

REFERRING VET

Dr. Waldman

INVOICE

74382

DATE

4/9/26

PRESENTING CLINICAL SIGNS

Confirmed hyperadrenocorticism based on LDDST, with results possibly suggestive adrenal dependent
Mild ALP elevation Isosthenuria Proteinuria Elevated pre-dex LDDST result and 4 and 8 hours levels
more than 50% baseline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 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 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 4.4 cm. The right kidney measured 4.6 cm.

The **iliac lymph nodes** were normal and measured up to 1.0 x 0.38 cm.

Adrenal Glands

The left **adrenal gland** was uniform and measured 0.63 cm. The right adrenal gland was at the upper limits of normal and was slightly heterogenous. The right adrenal gland measured 1.1 cm at the cranial pole and 0.64 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 was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. Minor gallbladder polyps were noted.



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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.

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.

ULTRASONOGRAPHIC FINDINGS

Prominent right adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend ensuring that this patient has persistent hyposthenuria i.e. urine specific gravity of less than 1.020 and urine cortisol to creatinine ratio is elevated prior to giving credence to the LDDST as structurally the adrenal glands are unremarkable. PDH is possible. I recommend that the clinical parameters are solid prior to management for Cushing's.



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 (CFM), Cert. IVUSS, CEO of SonoPath.com

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