



**PATIENT**

Shasha Kim

**SPECIES**

Canine

**BREED**

Poodle X

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

23.1 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Kim

**HOSPITAL NAME**

Ridgefield Park AH

**REFERRING VET**

Dr. Kim

**INVOICE**

38037

**DATE**

5/26/22

**PRESENTING CLINICAL SIGNS**

For about a week, Patient has not been eating and drinking (if any, barely). P had decreased appetite for about 2 weeks. Patient has vomitted yellow bile 3 times during the week and has had diarrhea for about 4 days. No defecation for 2 days. No c/s

**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 **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 dilation was present. The left kidney measured 4.81 cm. The right kidney measured 4.71 cm.

**Adrenal Glands**

The **left adrenal gland** was enlarged and irregular, measuring 2.02 cm in length and up to 1.0 cm at the cranial pole. Capsular expansion noted without capsular escape.

The **right adrenal gland** presented normal size and shape, measuring 1.22 cm x 0.60 cm.

**Spleen**

The **spleen** presented a hyperechoic lipogranulomatous nodule measuring 0.45 cm at the caudal pole. The remainder of the spleen was unremarkable.

**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. The gallbladder was overdistended with striating bile, polypoid changes and thickened wall, consistent with emerging mucocele. The gallbladder measured 5.5 cm x 3.5 cm.

**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.



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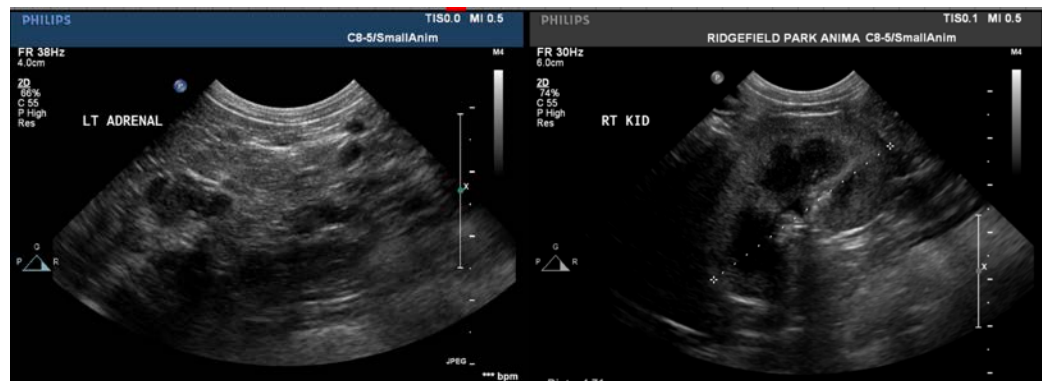
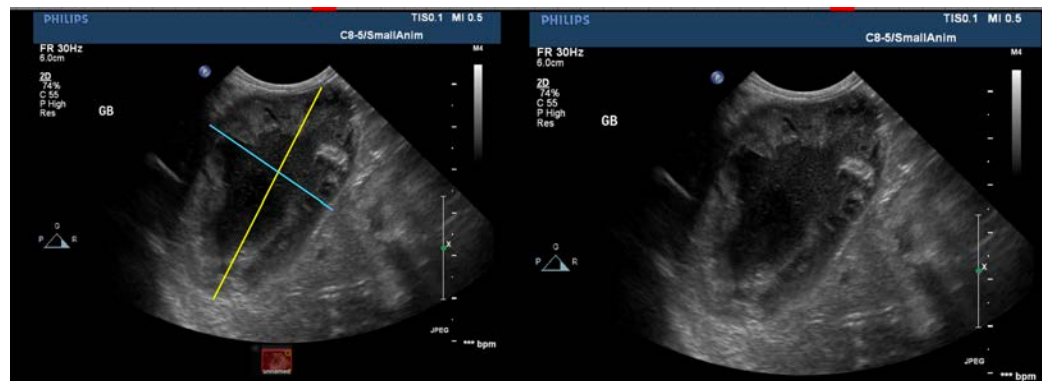
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**ULTRASONOGRAPHIC FINDINGS**

- Irregular left adrenal gland – differentials include hyperplasia, emerging carcinoma, minor potential for pheochromocytoma.
- Emerging gallbladder mucocele, chronic cholangitis pattern

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The gallbladder is likely playing a primary role in the clinical disease. Cholecystectomy likely in this patient's best interest, especially if rapid rise of liver enzymes is occurring. Blood pressure measurements warranted. If patient appears cushingoid, workup for adrenal dependent Cushing's indicated. Left adrenalectomy would be ideal.





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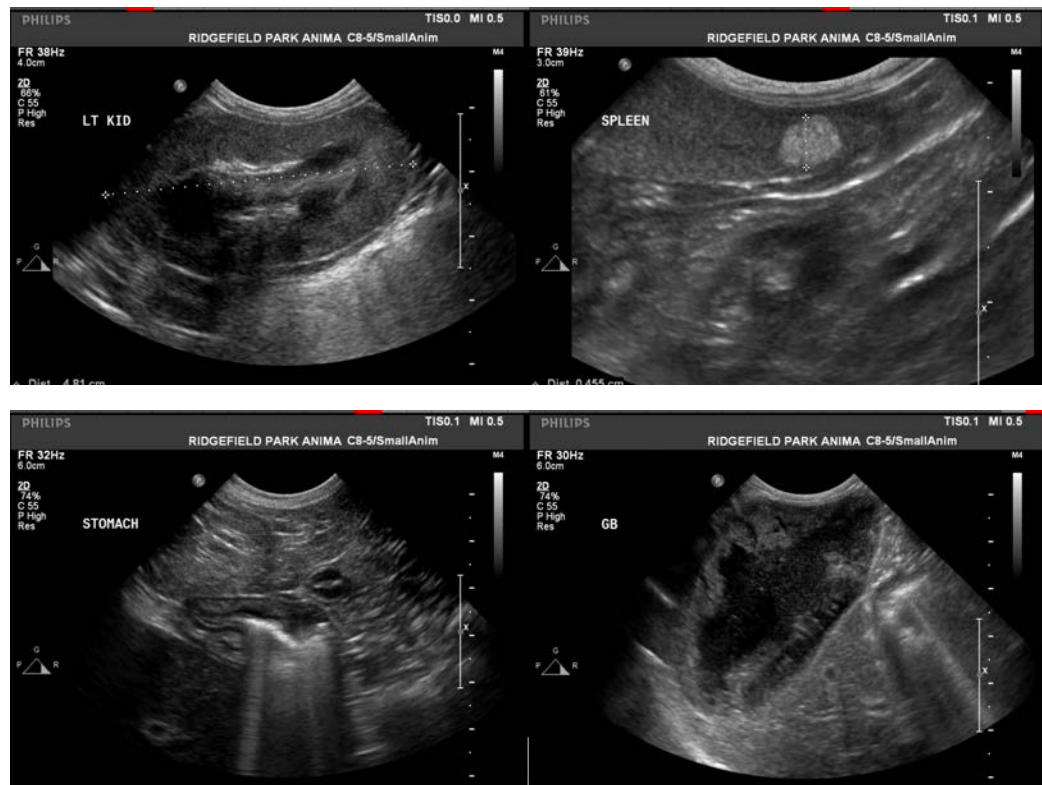
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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