



PATIENT PRESENTING CLINICAL SIGNS

Cooper Velikodnijs

History: Has become PU and PD with urinary accidents occurring at night . Increased appetite and lethargic not wanting to go for walks. Has 5-6 round pruritic lesions each one about 3 cm in diameter over the shoulder blades and on the dorsum of the neck. Look like bacterial or fungal in origin.

SPECIES

Abnormal PE/Chem/CBC/UA Results: Moderate elevation of ALP ALPK As well as LDDST was done and mild suppression at 4 and 8 hrs - suspect pituitary dependent Cushing's

Canine

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Boxer/Bulldog Cross

Urinary System

SEX

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 was noted. Ureteral papillae were normal.

Neutered male

The residual prostate was uniform and measured 0.89 cm.

AGE

8 years

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 6.51 cm.

WEIGHT

22 kg

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Both **adrenal glands** were visualized and slightly swollen. The right adrenal gland was at the upper limits of normal at 0.87 cm at the cranial pole and 0.85 cm at the caudal pole. The left adrenal gland was at the upper limits of normal and measured 0.81 cm at the cranial pole and 0.77 cm at the caudal pole .

IMAGING PERFORMED BY

Dr. Belan

Spleen

HOSPITAL NAME

Ramsay AC

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.

REFERRING VET

Dr. Gupta

Liver

INVOICE

47953

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.

DATE

6/26/23



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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

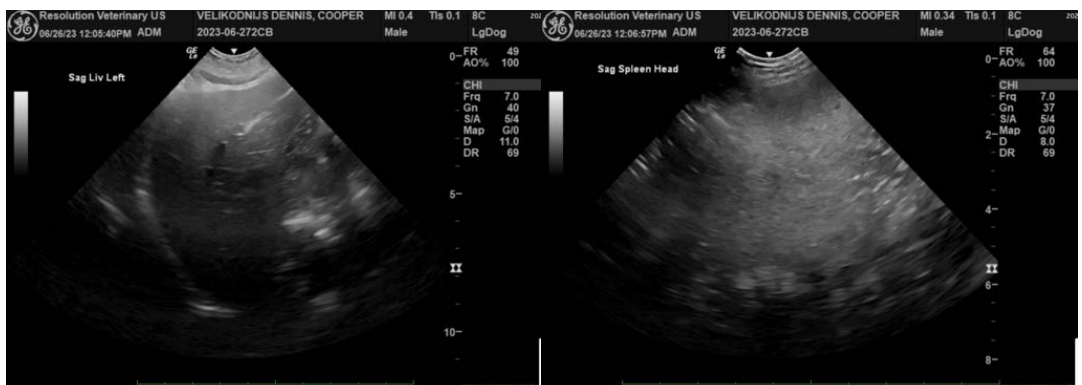
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Slightly swollen adrenal glands and were at the upper limits of normal for this patients and breed.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a potential for PDH. I recommend ensure that the urine cortisol to creatinine ratio I abnormal prior to giving credence to the LDDST. Full urine culture and sensitivity as well as empirical antibiotic trail for UTI is warranted as well. The abdomen as unremarkable.





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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.

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