



**PATIENT**

Jimmy Miller

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

67 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Pascucci

**HOSPITAL NAME**

American AH

**REFERRING VET**

Dr. Pascucci

**INVOICE**

46525

**DATE**

8/10/23

**PRESENTING CLINICAL SIGNS**

History: O states P is agitated in the evenings. States he seems unsettled and is panting. The other night P rolled over and whined after jumping on bed. O thinks he's losing weight. Appetite seems to be normal. Last AUS done in June 2022 by sonopath: - Mildly prominent nonhomogeneous to subtly nodular residual prostate-subjectively benign - Mild chronic renal changes with static left kidney cortical cyst - Subtle left adrenal nodule-possible emerging adenoma, no overt evidence of neoplastic criteria - Normal splenic size exhibiting parenchyma heterogeneity-subjectively benign - Mildly thickened pylorus/antrum with suspect mild duodenitis  
Abnormal PE/Chem/CBC/UA Results: ALP 140 trace proteinuria, 1.036, pH 7.5

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

The residual prostate was unremarkable.

The iliac trifurcation was unremarkable.

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 revealed a persistent 1.0 cm anechoic cyst. This is benign. The left kidney measured 6.0 cm. The right kidney measured 6.0 cm.

**Adrenal Glands**

The left **adrenal gland** was mildly enlarged and measured 1.1 cm. The right adrenal gland was mildly enlarged and measured 0.6 cm at the cranial pole and 0.6 cm at the caudal pole.

**Spleen**

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. Occasional, hypoechoic nodular change was noted measuring up to 0.5 cm. There was no evidence of significant disease.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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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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Pitbull

**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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12 years

**ULTRASONOGRAPHIC FINDINGS**

Bilateral adrenal hypertrophy. May be a normal variant or emerging Cushing's. However, given that the urine specific gravity is well concentrated at 1.036, typical Cushing's is not evident.

**WEIGHT**

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Age related renal changes.

Folded spleen with occasional, benign nodule.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no evidence of significant disease. Given the clinical signs assessment for orthopedic or CNS disease is warranted. Given the bilateral adrenal enlargement blood pressure measurements are indicated. If any orthopedic changes are found then CT of the spinal regional in question would be recommended. If any CNS signs are noted then CT of the skull is indicated. However, there no evidence of visceral disease that would be the cause of the clinical signs.

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**ABOUT SONOPATH CT SERVICES:**

**SonoPath CT Services** are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at <https://sonopath.com/services/vetimaging/>

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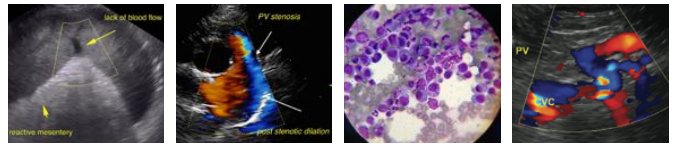
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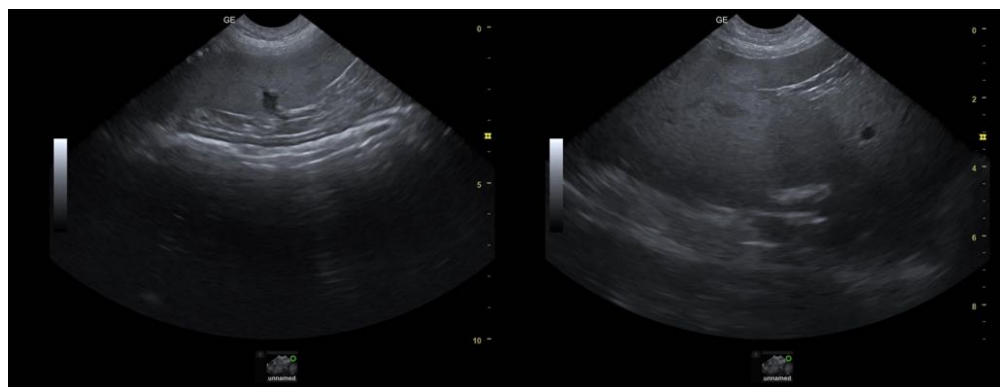
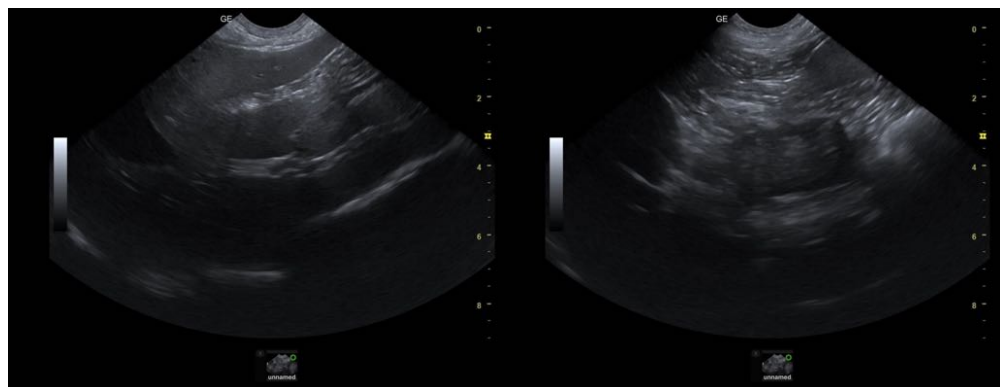
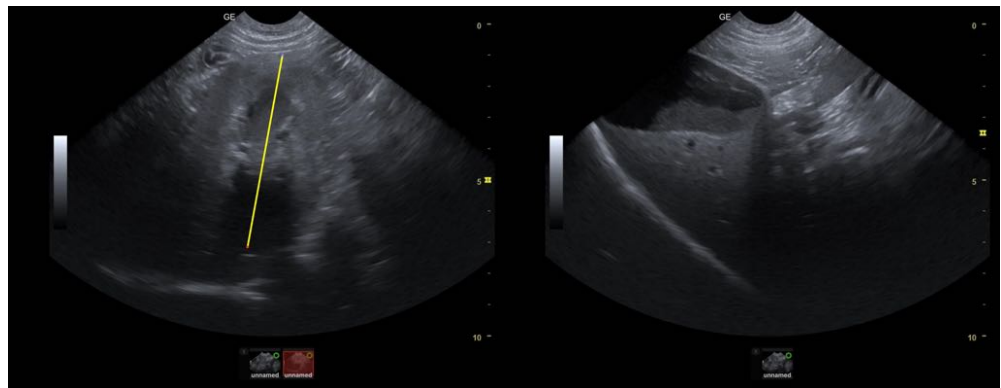
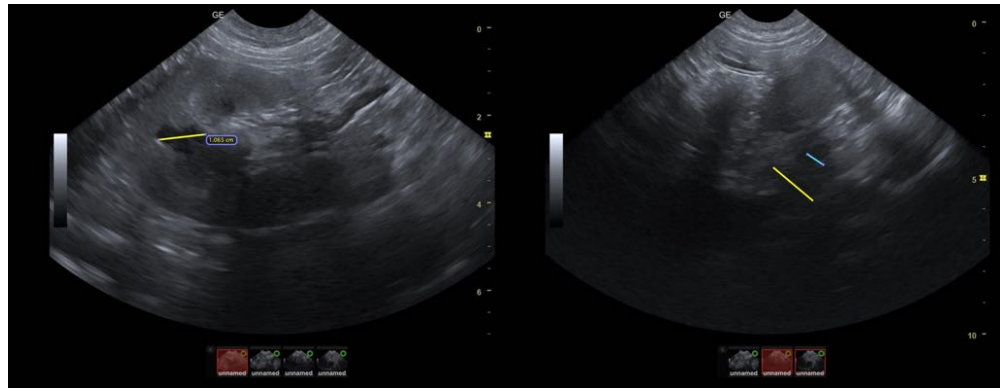
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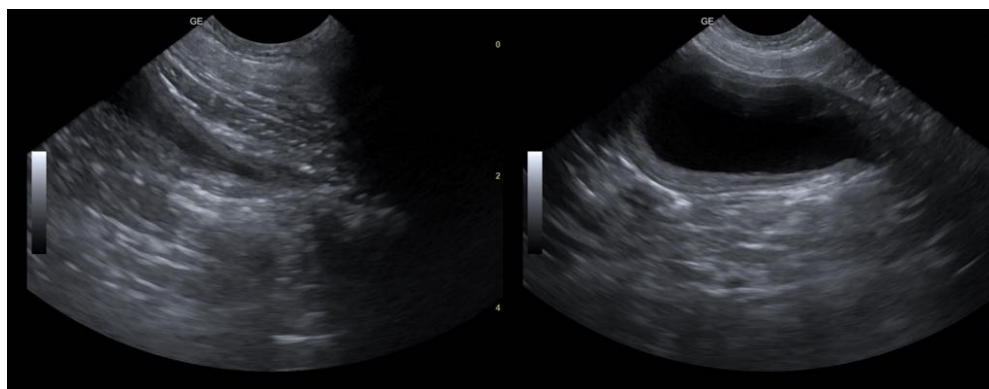
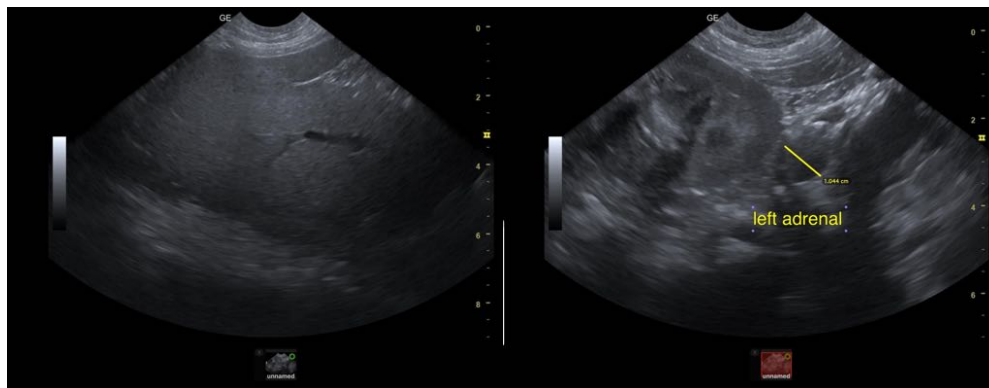
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com

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