



**PATIENT**

Sasha Anderson

**SPECIES**

Canine

**BREED**

Pug Mix

**SEX**

Spayed Female

**AGE**

12 Years 7 Months

**WEIGHT**

41.5 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Jacquie Preston

**HOSPITAL NAME**

All Creatures AH of SH,  
Inc.

**REFERRING VET**

Dr. Hart

**INVOICE**

16697

**DATE**

8/2/22

**PRESENTING CLINICAL SIGNS**

History: PUPD, panting, slight pot belly appearance. Chronic UTI. Diagnosed Cushinoid several years ago and did not tolerate trilostane therapy well and it was discontinued. Senior labwork on 7/12/22 sresults - CBC mild reticulocytosis and thrombocytosis; CHEM mildly increased ALT, ALP Lipase and CK; Lytes WNL; T4 WNL; UA isosthenuria with UTI. Performed LDDST 7/18/22 - results WNL and not consistent with Cushing'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 pelvic urethra was imaged 2.0 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 minor 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. Both kidneys measured 5.0 cm.

**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.5 cm, visualized obliquely. The right adrenal gland measured 0.4 cm at the caudal pole and 0.6 cm at the cranial 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 were noted.

**Liver**

The **liver** revealed moderate enlargement with coalescing hypoechoic nodular changes, as well as increased portal markings. The gallbladder and common bile duct were unremarkable.

**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**



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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.

## SPECIES

Canine

## ULTRASONOGRAPHIC FINDINGS

- Diffuse hepatic micro- and macro-nodular changes
- Age-related renal changes

## BREED

Pug Mix

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile is warranted. Ultrasound guided FNA is warranted. Core biopsy is warranted, if crusting skin lesions are present, as the hepatic changes may be consistent with hepatocutaneous syndrome. The adrenal glands appear structurally normal. I do not believe this patient has typical Cushing's disease, as only a minor percentage of PDH patients will have normal adrenal glands. Partial water deprivation test would be indicated to assess the ability to concentrate, as medullary wash-out may be an issue. Enrofloxacin trial over a 3-week period could be considered to treat for occult UTI with secondary wash-out. Blood pressure measurements are warranted. Other causes of panting, such as orthopedic disease, respiratory or cardiac disease should be considered. However, structurally I'm most concerned about the liver presentation and long-term viability, as well as function,

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For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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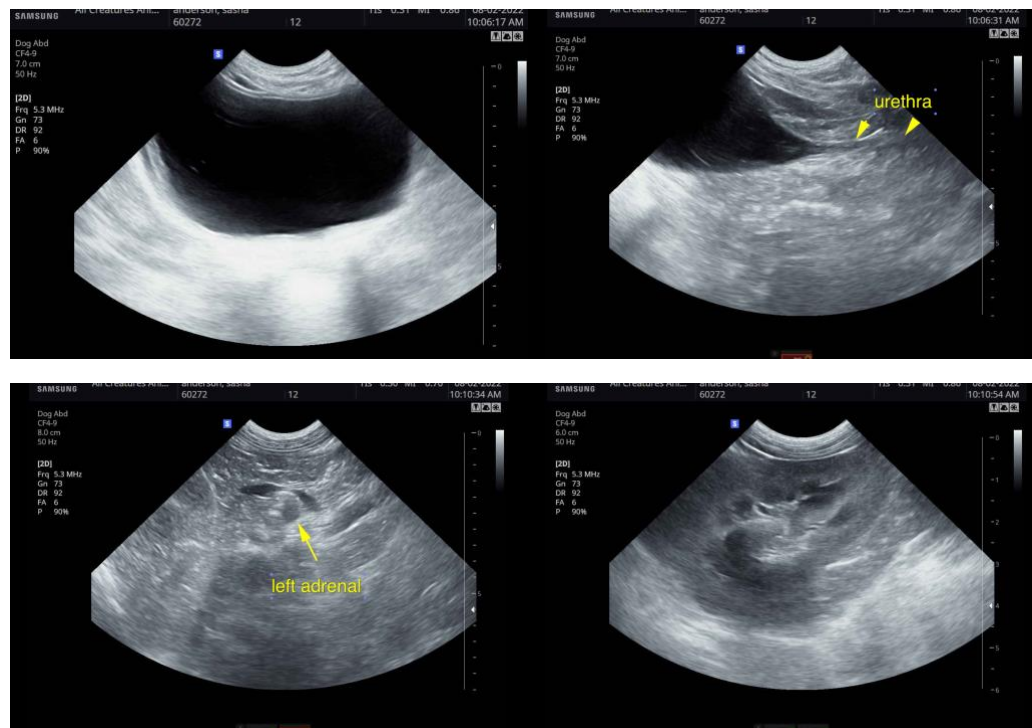
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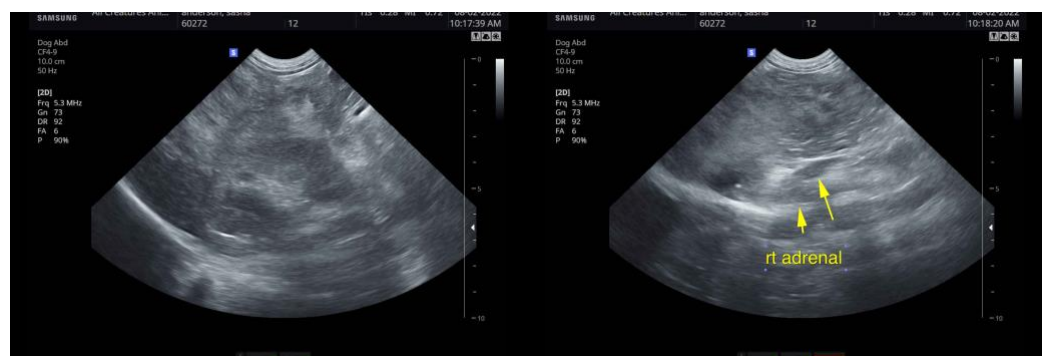
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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