



PATIENT

Zoey Cambell

PRESENTING CLINICAL SIGNS

History: Ultrasound for neighboring clinic- Concern for Cushing's On telmisartan 10mg for proteinuria
Abnormal PE/Chem/CBC/UA Results: UPC >2.0, USG 1.025

SPECIES

Canine

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. A minor amount of sand and small calculi were noted and measured up to 0.2 cm. This was non-obstructive at the time of the sonogram. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

BREED

Brussel Griffon Cross

SEX

Spayed Female

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 this age patient. Medullary structure differed distinctly from that of the cortex. Slight pyelectasia was noted in the kidneys. Both kidneys measured 6.0 cm.

AGE

10 years

WEIGHT

8.2 kg

Adrenal Glands

The left **adrenal gland** was at the upper limits of normal and measured 0.5 cm. The right adrenal gland was prominent and measured 1.0 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** revealed multi-focal, hypoechoic, non-disruptive nodular changes. The largest nodule measured 2.0 cm. This is likely hyperplasia. However, FNA of the largest nodule would be recommended.

IMAGING PERFORMED BY

Dr. Biederbeck

HOSPITAL NAME

Lomsnes VH

Liver

Exam of the cranial abdomen demonstrated excessive **liver** size and swollen contour. Mild, coarse architecture was noted with increased portal markings and minor parenchymal remodeling is suggestive of an inflammatory component. Hyperechoic and hypoechoic non-disruptive nodules were noted. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

REFERRING VET

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INVOICE

91867

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.

DATE

9/15/21



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Pancreas

SPECIES

Canine

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.

BREED

Brussel Griffon Cross

ULTRASONOGRAPHIC FINDINGS

Bladder sand.

SEX

Spayed Female

Prominent right adrenal gland, upper limits of normal left adrenal. Possible emerging PDH.

Bilateral renal pyelectasia.

Undefined splenic and hepatic nodular changes, likely hyperplasia.

AGE

10 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary work-up is warranted with culture and sensitivity or cystotomy, sand analysis and lavage. FNA of the spleen and liver could be considered to confirm hyperplasia. If after the urinary tract has been liberated of calculi and the patient appears to be persistently PU/PD then work-up for PDH would be appropriate. There was no evidence of neoplasia.

WEIGHT

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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.

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