



PATIENT

Poe Long

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered male

AGE

14 years

WEIGHT

40 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Ashely Whitesell

HOSPITAL NAME

Dickson Animal Clinic

REFERRING VET

Dr. Whitesell

INVOICE

32926

DATE

9/15/22

PRESENTING CLINICAL SIGNS

History: increase in alk phos 511 IU/L (5-131), USG 1015 and has been consistently been this or even lower at 1012 since February. Owner noticing pu/pd.

Abnormal PE/Chem/CBC/UA Results: increase in alk phos 511 iu/L (5-131), USG 1015 and has been consistently been this or even lower at 1012 since February. Owner noticing pu/pd.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

19 still images and 4 videos were submitted

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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.

The residual prostate measured 1.0 cm.

The **kidneys** revealed increased cortical echogenicity with minor pyelectasia. The left kidney measured 6.27 cm with trace pyelectasia and occasional cortical cyst was noted. The right kidney measured 5.06 cm.

Adrenal Glands

The left **adrenal gland** was uniform and measured 0.73 cm at the caudal pole and 0.73 cm at the cranial pole. The right adrenal gland was particularly enlarged with slightly irregular contour. The phrenic vein appeared to be potentially optimized; however, resolution was marginal. It appeared to have a minor, pericapsular inflammatory pattern around the gland. The right adrenal gland was slightly swollen, yet uniform. The right adrenal gland measured 1.68 cm at the cranial pole and 1.28 cm at the caudal 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 was noted.

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 mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.



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Gastrointestinal

Poe Long

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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Pancreas

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The visible **pancreas** was unremarkable.

SEX

ULTRASONOGRAPHIC FINDINGS

Neutered male

Swollen right adrenal gland. Relatively normal to slightly enlarged left adrenal gland. PDH or potential right adrenal carcinoma. Phrenic vein may be possibly occupied.

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

40 lbs

The right adrenal gland should be monitored carefully. Work-up for Cushing's is indicated. I can make an argument for either adrenal dependent or PDH. The phrenic vein may be occupied by thrombus or expanding right adrenal tumor in a very early phase.

INTERPRETED BY

Efficient & Accurate Cushing's Work up-Lindquist

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Notes regarding Cushing's Clinical Presentations:

Nearly all Cushing's dogs have SAP elevations and true PU/PD (USG < 1.025) and most are polyphagic.

IMAGING PERFORMED BY

Ashely Whitesell

Cushing's dogs are > 6 years and usually > 9 years old, usually have poor skin coats, body scores > 3/5, and are usually sedentary animals.

Its important to remember that Cushing's dogs usually look and play the part and other diseases cause false + stress related cortisol spikes. On rare occasion a Cushing's dog will not follow the rules but this is truly an exception.

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Potential Cushing's patient workups can be costly and frustrating if not definitive and, in my experience, the non-definitive patient usually has something else going on that may be contributing to some of the clinical signs a Cushing's dog will have, especially SAP elevations or PU/PD. Based on this prelude of information I came up with the following algorithm in the spirit of diagnostic efficiency.

REFERRING VET

Dr. Whitesell

The following suggested protocol is based on current available literature on Cushing's disease and extensive clinical-sonographic experience evaluation + Cushing's and False + LDDST & ACTH stim. cases in order to maximize the efficiency of a Cushing's workup in practice.

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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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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