



PATIENT

Lily Belle DVGRR

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed female

AGE

4 years

WEIGHT

50 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Lanz

HOSPITAL NAME

New Holland VH

REFERRING VET

Dr. Lanz

INVOICE

39499

DATE

9/20/22

PRESENTING CLINICAL SIGNS

History: Recent rescue dog - diagnosed with Cushing's via LDDS currently being treated with Trilostane

Abnormal PE/Chem/CBC/UA Results: bilateral hair loss otherwise PE WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and trigone 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.

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 right kidney measured 6.7 cm. The left kidney measured 6.9 cm.

Adrenal Glands

The left **adrenal gland** was subnormal in size. The left adrenal gland measured 0.3 cm and was flattened. The right adrenal gland appeared isoechoic and flattened. The cranial pole of the right adrenal gland measured 1.0 cm and the caudal pole measures 0.6 cm.

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** had mildly coarse architecture with heterogenous parenchyma. 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.



PATIENT

Pancreas

Lily Belle DVGRR

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

BREED

Golden Retriever

Normal to subnormal adrenal size, not typical of Cushing's.

Minor hepatic remodeling.

Otherwise, unremarkable abdomen.

SEX

Spayed female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

4 years

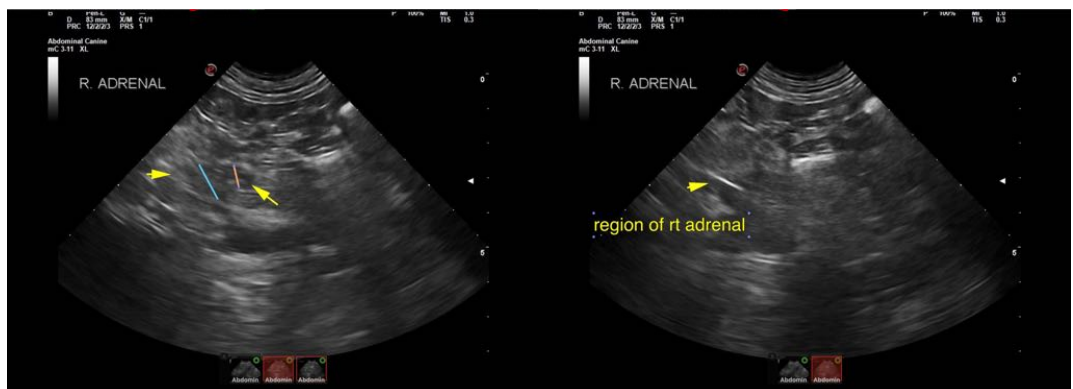
I recommend reassessment of the Cushingoid status in this patient as the adrenal glands are not typical of Cushing's. I recommend reassessment of the potential age in this patient as primarily the hepatic presentation would be consistent with an older dog liver such as an 8 year old.

WEIGHT

50 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

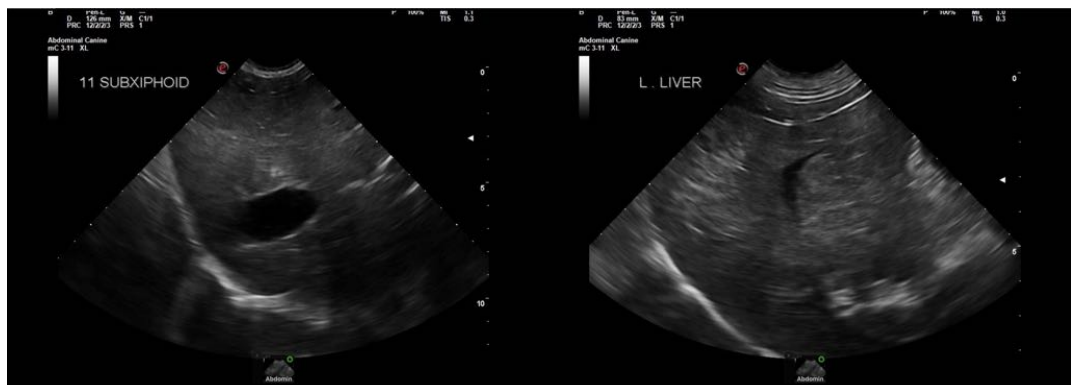


IMAGING PERFORMED BY

Dr. Lanz

HOSPITAL NAME

New Holland VH



REFERRING VET

Dr. Lanz

INVOICE

39499

DATE

9/20/22



PATIENT

Lily Belle DVGRR

SPECIES

Canine

BREED

Golden Retriever

SEX

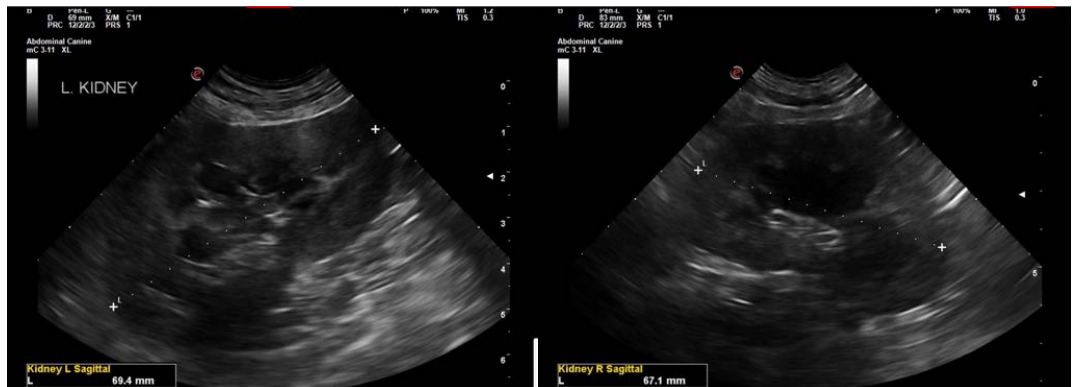
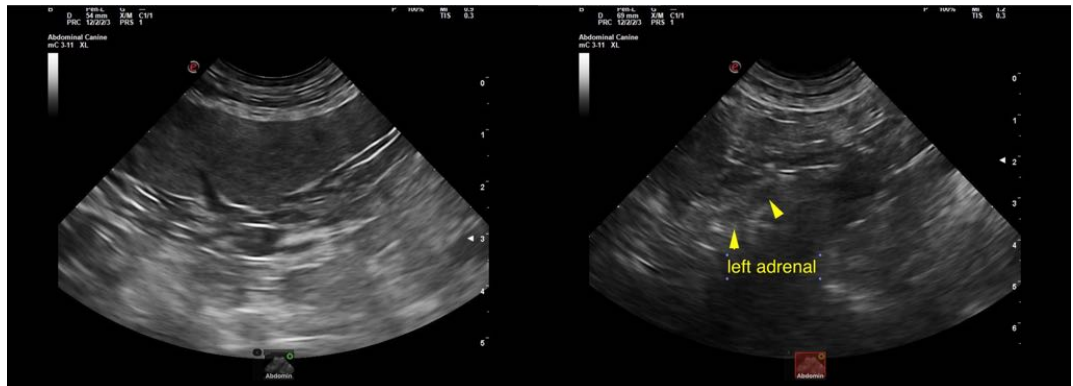
Spayed female

AGE

4 years

WEIGHT

50 lbs



INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Lanz

HOSPITAL NAME

New Holland VH

REFERRING VET

Dr. Lanz

INVOICE

39499

DATE

9/20/22

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