



PATIENT

Maycee Meckes

SPECIES

Canine

BREED

Brittany Spaniel

SEX

Spayed female

AGE

8 years

WEIGHT

48 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Melissa DaSilva

HOSPITAL NAME

Pocono Peak VC

REFERRING VET

Dr. Thompson

INVOICE

32785

DATE

9/9/22

PRESENTING CLINICAL SIGNS

History: Diagnosed w/ Cushing's June 2022 & Both eyes- SARDs (Sudden Acquired Retinal Degeneration) dx by referral ophthalmologist. Patient is currently on Dasaquin, Cobalequin, Hepato Trubenefits, CBD oil, pt also recently started on Trilostane 30mg SID however O does not appear to be giving consistently- last dose was given two days ago.
Abnormal PE/Chem/CBC/UA Results: Elevations: TLI 38.2, Cortisol Baseline 6.8, ALT 177, ALKP 367
Decreased: Cobalamin 274

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 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.

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 right adrenal gland measured 2.5 x 0.71 cm at the caudal pole and 0.71 cm at the cranial pole. The left adrenal gland measured 2.12 x 0.51 cm at the cranial pole and 0.64 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. Hypoechoic nodular changes were noted with mildly increased portal markings. The gallbladder and common bile duct were unremarkable.



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Gastrointestinal

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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

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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ULTRASONOGRAPHIC FINDINGS

AGE

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Mineralized spleen, likely owing to underlying endocrinopathy.

Structurally normal adrenal glands.

Subjectively benign hepatopathy with nodular hyperplasia pattern.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The adrenal glands are structurally normal and therefore pituitary dependent hyperadrenocorticism is possible, yet would represent a small percentage of such cases have normal adrenal glands. There was no evidence of adrenal masses present. FNA of the liver could be considered for further definition, yet subjectively the liver appears benign.

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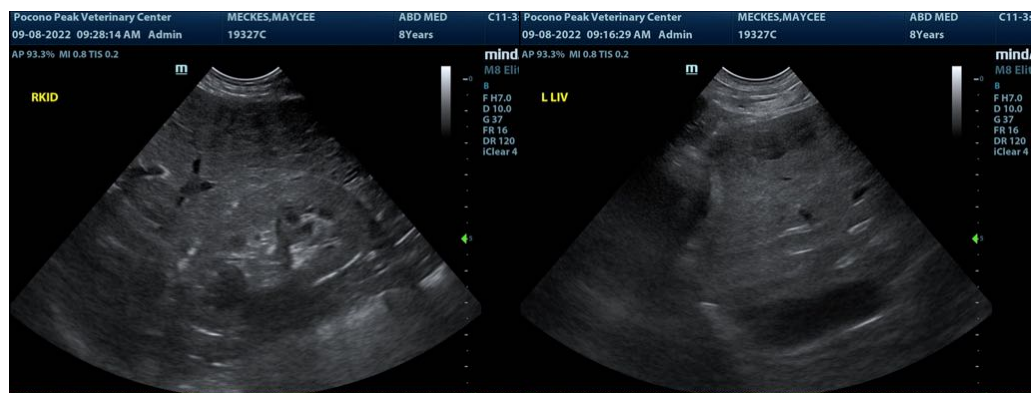
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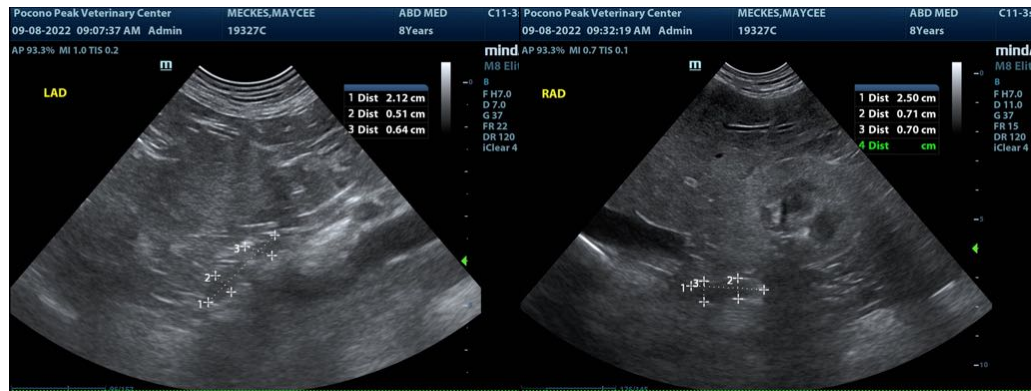
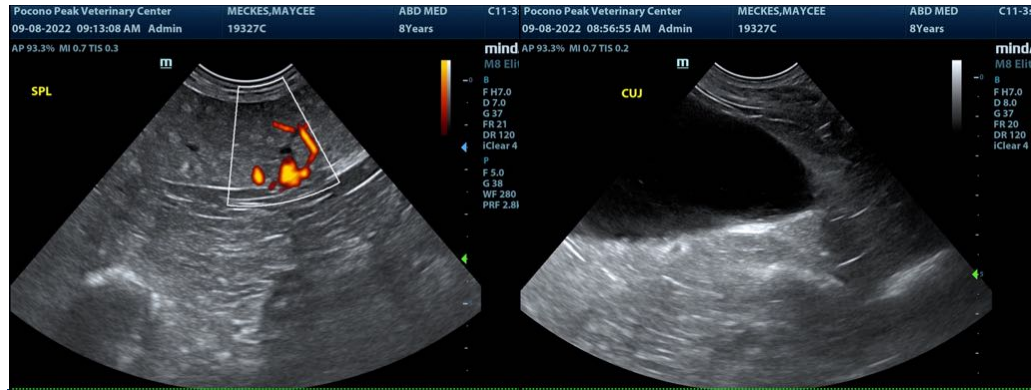
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Melissa DaSilva

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.

HOSPITAL NAME

Pocono Peak VC

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