



**PATIENT PRESENTING CLINICAL SIGNS**

Kenai Duncan Cushing's positive, is currently on 120mg sid of trilostane with no relief of symptoms (Alopecia, p/u P/d, polyphagia) Started treatment 10/6/22 prior US done by Animal Sounds on 9/30/22 Acth stim being repeated same day as ultrasound, last result was 4.0-4.9 done on 1/11/23 and trilostane was increased from 90 to 120 mg. Current Medications trilostane, denamarin Primary Question/Differential to Be Answered in This Exam r/o adrenal gland tumor that was maybe to small to visualize on 9/30/22

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Shiba Inu

**Urinary System**

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

**SEX**

Neutered Male

**AGE**

9 Years

The residual prostate was uniform at 5.0 mm.

The **kidneys** presented persistent interstitial nephrosis pattern, moderate. The right kidney measured 5.02 cm with corticomedullary mineralization. Blood flow to the kidneys appeared to be adequate on color flow assessment.

**WEIGHT**

24.6 Pounds

**Adrenal Glands**

The **right adrenal gland** has further increased in size at 2.87 cm x 1.55 cm at the cranial pole and 1.31 cm at the caudal pole.

The **left adrenal gland** has progressed in size measuring 2.81 cm x 1.14 cm at the cranial pole and 1.39 cm at the caudal pole, slightly irregular at the caudal pole. This is typical for PDH and Trilostane combination.

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

**Spleen**

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Albany AH

**Liver**

The **liver** presented similar uniform parenchyma as on the prior sonogram with minor coarse architecture, consistent with metabolic hepatopathy. Areas of minor mineralization noted owing to dystrophic mineralization secondary to Cushing's disease. Minor excessive gallbladder debris noted, progressive.

**REFERRING VET**

Dr. Flanagan

**DATE**

4/28/23

**INVOICE**

47021



**PATIENT**

**Gastrointestinal**

Kenai Duncan

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.

**SPECIES**

Canine

**Pancreas**

The **pancreas** revealed minor heterogeneous parenchymal remodeling.

**BREED**

Shiba Inu

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Neutered Male

- Persistent metabolic hepatopathy with minor mineralization
- Progressive adrenal enlargement – typical for PDG with Trilostane therapy.
- Slight irregularity to the left adrenal gland, no overt neoplasia.
- Metabolic hepatopathy
- Interstitial nephrosis, mildly progressed from prior sonogram
- Urinary debris
- Age related splenic changes
- Pancreatic remodeling

**AGE**

9 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

24.6 Pounds

Blood pressure measurements warranted to ensure hypertension is not an underlying issue. Full urinary workup +/- culture and sensitivity indicated.

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DABVP, Cert. IVUSS

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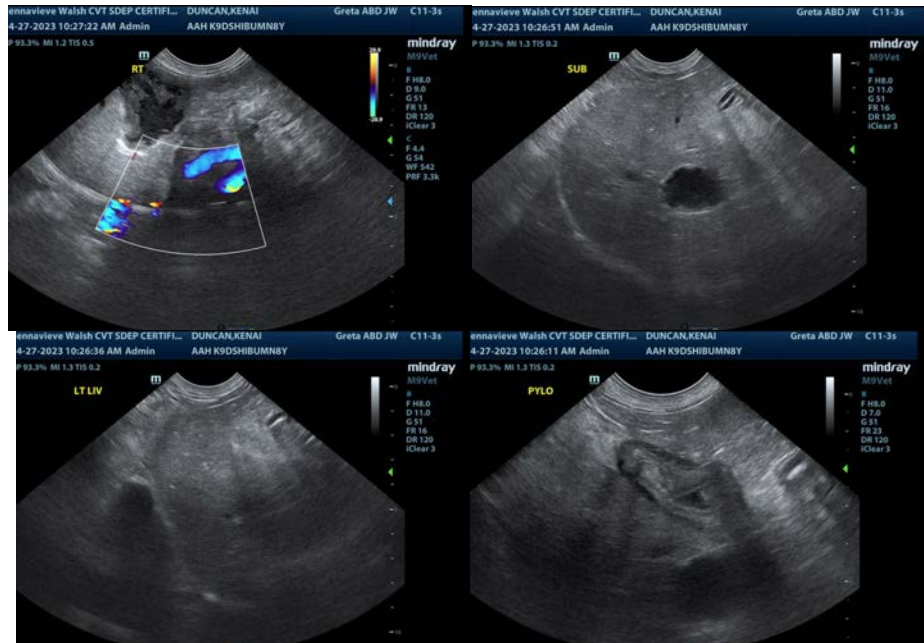
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**PATIENT**

Kenai Duncan

**SPECIES**

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**WEIGHT**

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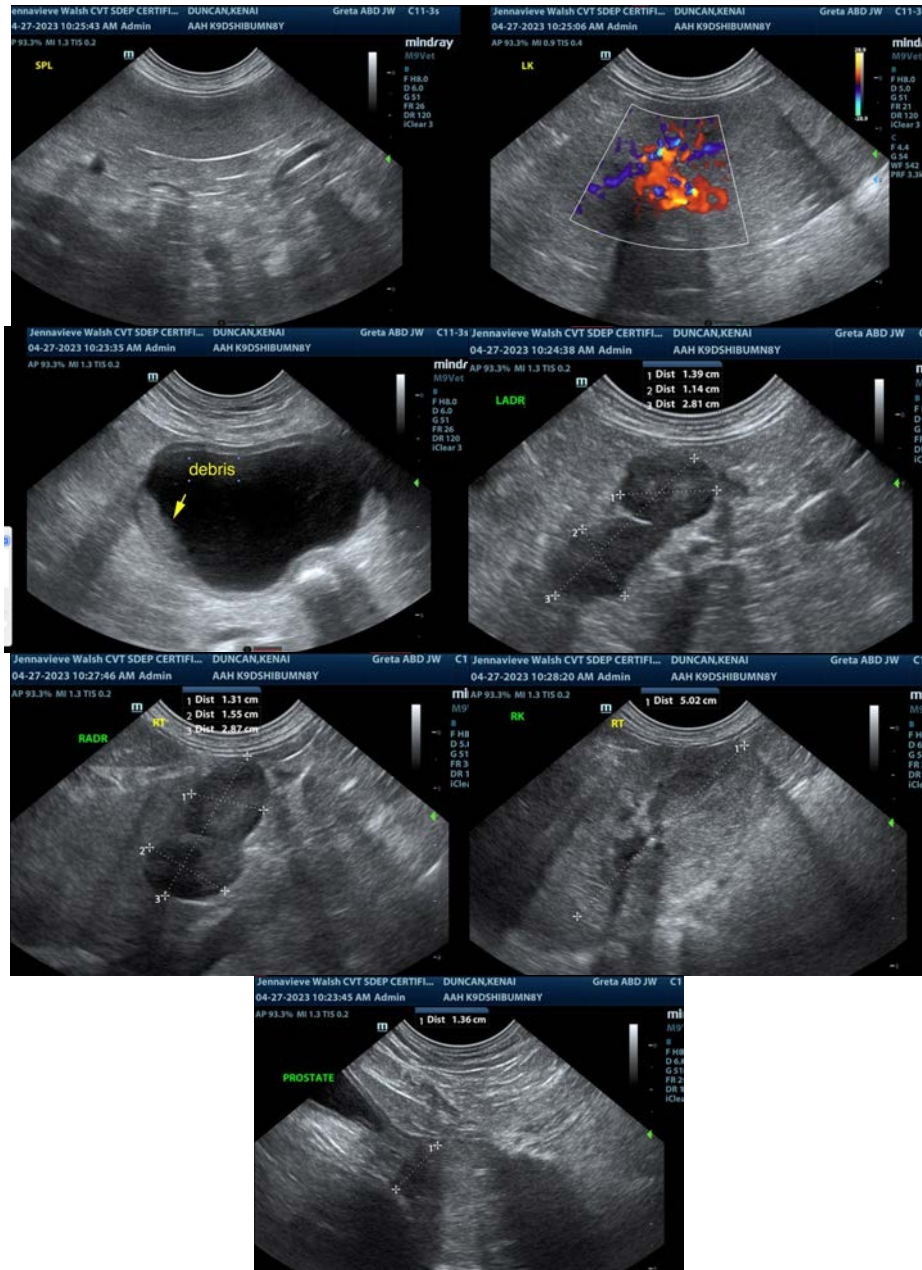
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**

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