



PATIENT PRESENTING CLINICAL SIGNS

Rosie Nesbit

4/25: P presented for progression of clinical signs: polyphagia, PU/PD, distended abdomen, panting. P also seems confused at times. P has been excessively panting and now the tongue is turning purple at times. P is anxious and has a grade 2/6, systolic, left sided heart murmur. Today it is muffled. P is very painful in the abdomen and the abdomen is distended and pendulous but also very taught. LDDS was inconclusive for Cushings disease. Elevated liver enzymes, platelets and dilute urine. PE 4/20:

SPECIES

Canine

Abdominal pain, Pendulous abdomen, Polyuria and polydipsia, Seborrhea, Overweight, Weight gain, Hepatomegaly, heart murmur 2/6, Nuclear sclerosis, Chronic dental disease, subdermal mass right shoulder, Anal gland disease (historical), Otitis externa, Aural debris, Comedones

BREED

Dachshund

Abnormal PE/Chem/CBC/UA Results: BP- 143/405/114 Attached Chemistry- globulin-3.7, ALKP-849, BUN/CREAT RATIO 41, CALCIUM 11.7, TRIGLYCERIDE 296, AMYLASE 1126, PrecisionPSL 254
Dex suppression- normal

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE

11 years

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. 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.

WEIGHT

12.6 l

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 and no evidence of pelvic dilation was present. A slight, cortical cyst was noted in the cranial pole of the right kidney. The right kidney measured 5.2 cm. The left kidney measured 4.38 cm.

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

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 left adrenal gland measured 1.73 x 0.35 cm at the cranial pole and 0.58 cm at the caudal pole. The right adrenal gland measured 2.17 x 0.64 cm at the caudal pole and 0.28 cm at the cranial pole.

HOSPITAL NAME

VCA Westmoreland
AH

REFERRING VET

Dr. Sullivan

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.

DATE

5/2/22

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PATIENT *Liver*

Rosie Nesbit

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

SPECIES

Canine

BREED

Gastrointestinal

Dachshund

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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AGE

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

WEIGHT

12.6 l

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THYROID

The left thyroid lobe revealed a 0.45 x 2.0 mm hypoechoic nodule at the mid body. This is consistent with parathyroid hyperplasia or adenoma. The remainder of the left thyroid lobe appeared unremarkable. The right thyroid lobe was unremarkable. Both thyroids measured 0.4 cm in width. The esophagus, trachea and salivary glands were all unremarkable. Regional tissues and vasculature were all normal.

IMAGING PERFORMED BY

Jenna Walsh, CVT

ULTRASONOGRAPHIC FINDINGS

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Geriatric abdomen.

Structurally normal adrenal glands.

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Left thyroid nodule.

Trachea unremarkable with no evidence of pathology.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If hypercalcemia develops in this patient then emerging left parathyroid adenoma is possible; however, hyperplasia is most likely. No significant capsular expansion was noted. There was no evidence of

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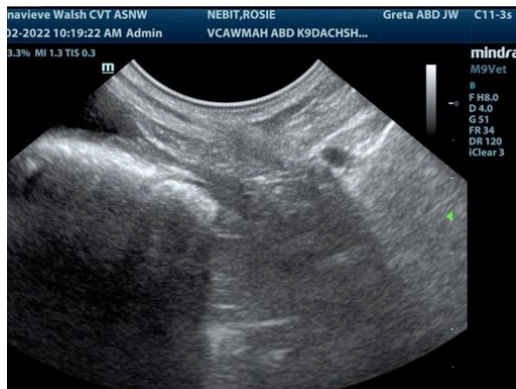
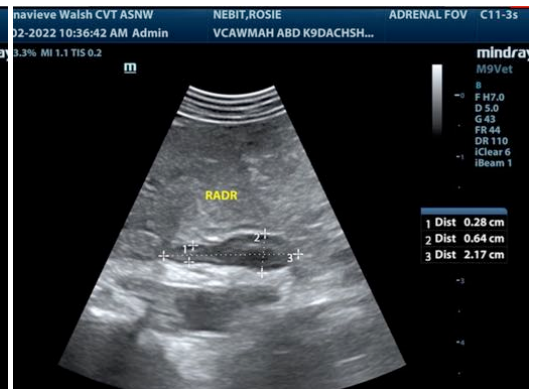
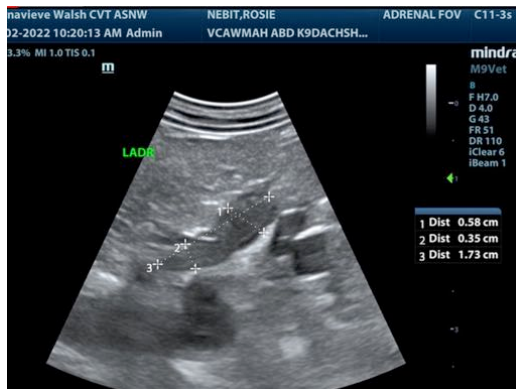
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thyroid neoplasia or esophageal or tracheal disease based on the images presented. Given the patient's history obstructive pulmonary disease is possible as well as systemic hypertension. Blood pressure measurements are warranted if not already performed. If the calcium levels continue to rise then hypercalcemia panel is recommended to Michigan State and further monitoring of any growth of the left parathyroid nodule. The cause of PU/PD is unclear. Structurally the adrenal glands appear within normal limits. However, emerging PDH is possible. 10-15% of PDH patient's can have Cushing's/PDH with normal appearing adrenal glands.





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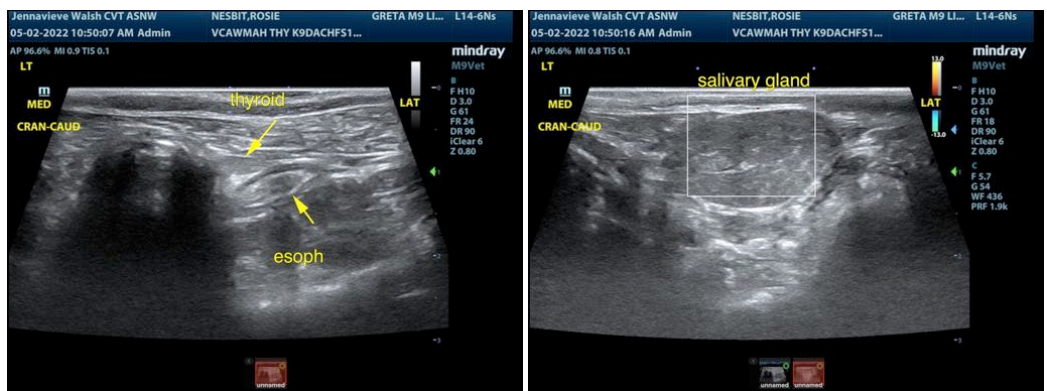
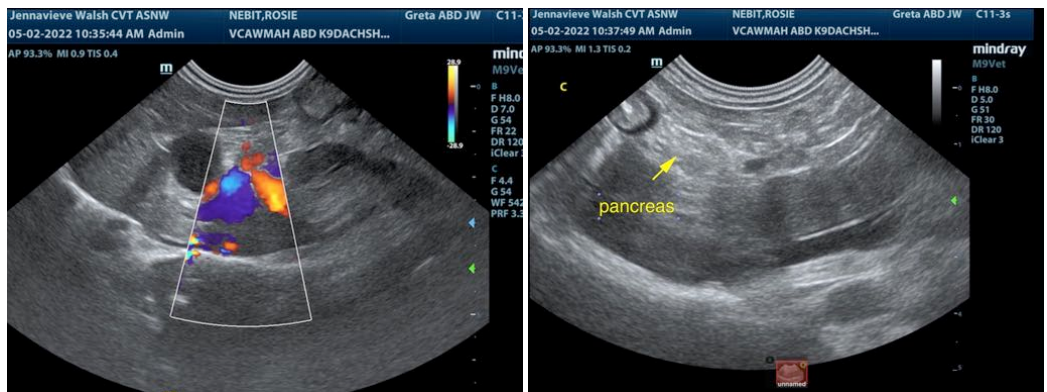
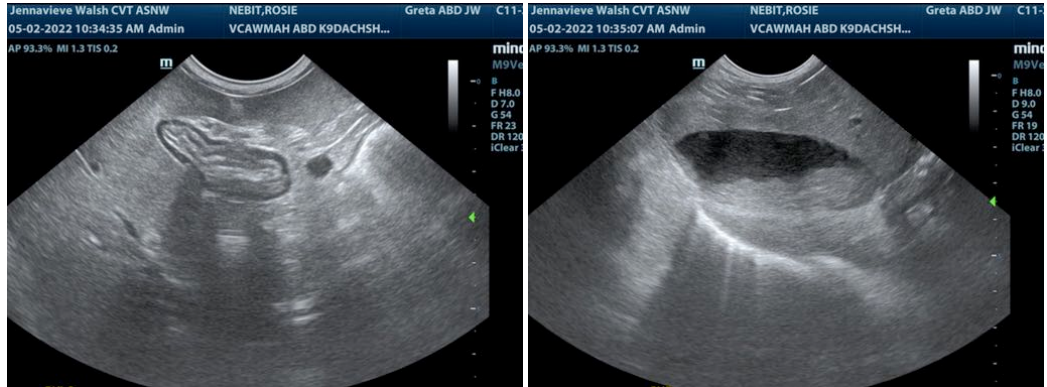
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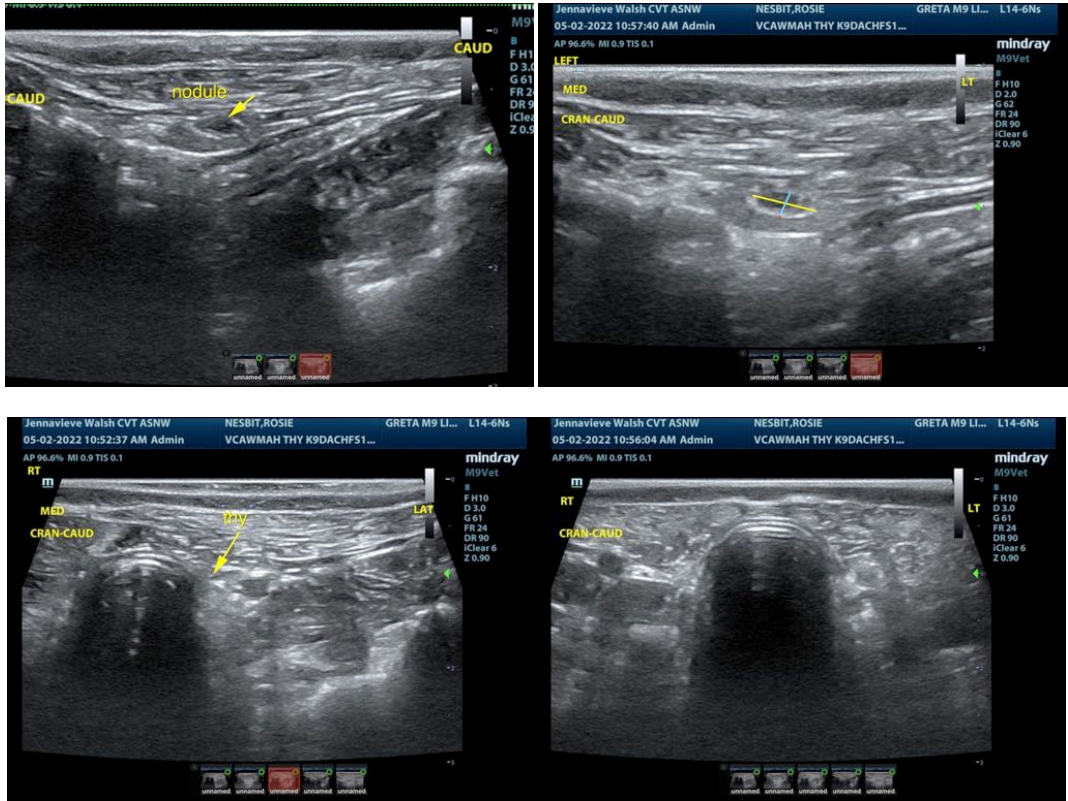
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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