



**PATIENT**

Stella Hagopian

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Spayed Female

**AGE**

7 years

**WEIGHT**

4.8 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Hartzel AH

**REFERRING VET**

Dr. Morris

**INVOICE**

94281

**DATE**

12/2/21

**PRESENTING CLINICAL SIGNS**

History: Assess adrenal glands to be able to differentiate between PD and AT Cushing's.  
Abnormal PE/Chem/CBC/UA Results: RBC elevated, HCT elevated, ALP elevated, LDDST Baseline elevated 197(280120), 4HR 148, 8hr 103. U/A - sp.grav-1.015, pH 6.0, Blood ery50/ul, no bacteria.

**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 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. The right kidney measured 4.0 cm. The left kidney measured 3.8 cm.

**Adrenal Glands**

Both **adrenal glands** were normal in size and contour. The adrenal size and contour is normal for this breed and age. Early PDH patient's can have normal adrenal glands (approximately 10-15%). The left adrenal gland measured 1.89 x 0.54 cm at the caudal pole and 0.53 cm at the cranial pole. The right adrenal gland measured 1.27 x 0.47 cm at the caudal pole and 0.87 cm at the cranial 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 submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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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**

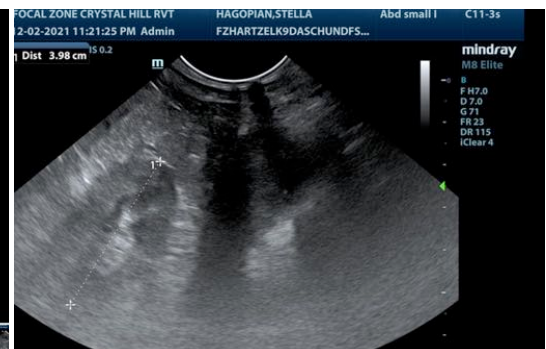
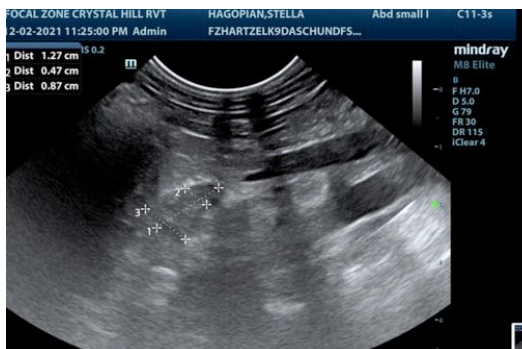
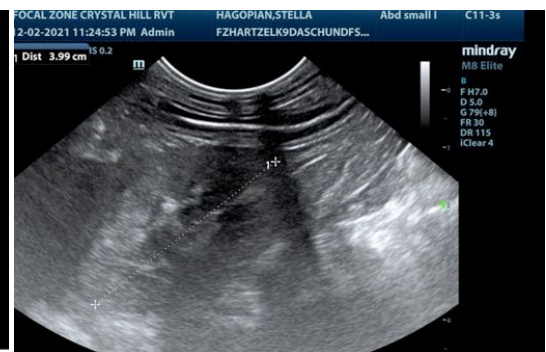
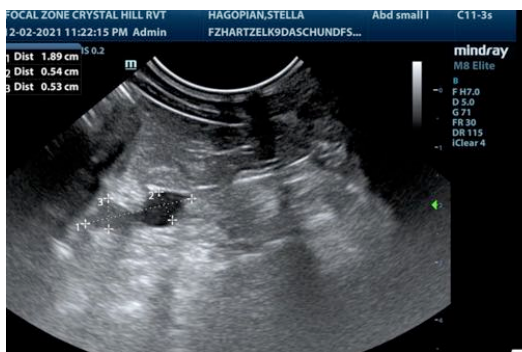
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

Structurally unremarkable abdomen.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is a potential for early PDH. There was no evidence of adrenal dependent Cushing's. I recommend that the clinical parameters are solid and repeatable prior to treating with Trilostane for pituitary dependent hyperadrenocorticism. The kidneys appear to have moderate degenerative changes. I recommend ensuring that urine cortisol to creatinine ratio is elevated. If not elevated then the LDDST elevation may be false positive. Blood pressure measurements are also indicated.





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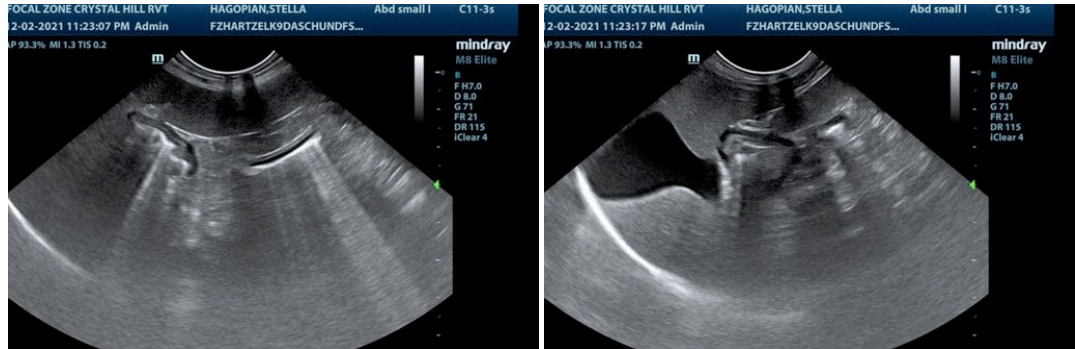
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
Eric.Lindquist@SonoPath.com