



PATIENT

Teddy Cruz

SPECIES

Canine

BREED

Toy Poodle

SEX

Neutered male

AGE

7 years

WEIGHT

14 lbs

INTERPRETED BY

Eric Lindquist, DMV,
 DABVP (CFM), Cert.
 IVUSS, CEO of
 SonoPath.com

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Willowbrook AC

REFERRING VET

Dr. Osei

INVOICE

74901

DATE

4/28/26

PRESENTING CLINICAL SIGNS

History: Cushing's suspected. Diabetic, severe acute kidney injury/ failure and elevated liver enzymes.

Vetsulin, vetoryl, dex sp, IV fluids, Baytril IV.

Abnormal PE/Chem/CBC/UA Results: MCV-61.3 MCHC-38 lymph-8.58 plt-0.52 hemat-35.5 sdma-66 creat-6.1 bun>130 phos-10 calc-5 alt-265 alp->2k ggt-99 bili-1.5 chol-422 amy->2,500 lipase-5,909

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient presented mild uniform hypertrophy. There was no evidence of calculi. Assessment for underlying cystitis would be warranted.

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. Mild, hyperechoic medullary rim was noted. This is consistent with diabetic hepatopathy. The left kidney measured 4.32 cm with slight pyelectasia. The right kidney measured 4.71 cm.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The right adrenal gland measured 2.15 x 0.86 cm at the cranial pole and 0.68 cm at the caudal pole. The left adrenal gland measured 0.9 cm at the cranial pole and 0.57 cm at the caudal pole and 2.39 cm in length.

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

Exam of the cranial abdomen demonstrated excessive **liver** size, swollen contour, with conserved uniform architecture. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat. Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. This type of liver presentation



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typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.

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. Soft stool was noted in the colon. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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.

ULTRASONOGRAPHIC FINDINGS

Subjectively benign metastatic hepatopathy.

Diabetic nephropathy with pyelectasia.

Minor bladder hypertrophy.

Bilateral adrenal enlargement, consistent with PDH.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the abdomen are consistent with diabetic state and age-related changes. Suppurative hepatitis is entirely possible given the liver value elevation. Non-specific, acute renal insult is suspected. Leptospirosis titers would be warranted to ensure that this is not an underlying issue. Management for renal failure is warranted. I believe that the amylase and lipase elevation are likely secondary to renal failure and not primarily pancreatic as the pancreas appears structurally unremarkable. However, I cannot rule out minor low-grade inflammation. Urine culture, blood pressure measurements, 72-hour IV fluid protocol and broad spectrum antibiotics are all indicated. There was no evidence of neoplasia.



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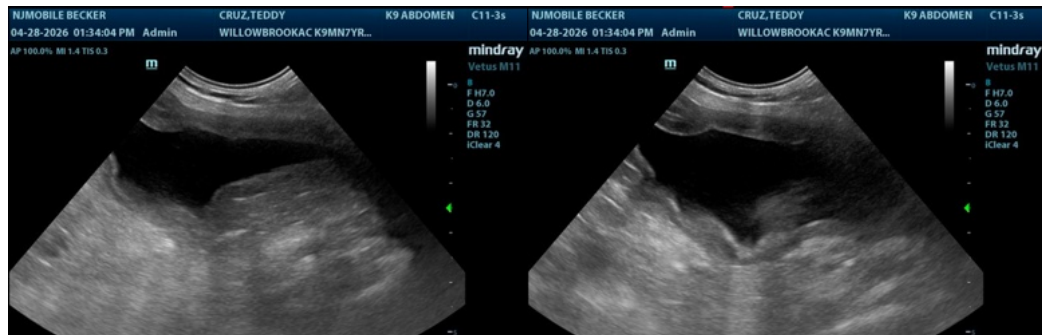
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

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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