



**PATIENT PRESENTING CLINICAL SIGNS**

Kristy Nelson

History: neuro signs (disoriented, ataxic, absent menace, collapse, delayed CPs right hind, slightly delayed CP left hind); hypoglycemic, no known toxic exposure. on IVF + 2.5% dextrose with no improvement in BG.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: BUN 30.1, Crea 1.9, phos 1.4 low, globulin 4, glucose 62 low, K 3.7 low, lymphocytes 0.21 low. Insulin:glucose pair pending.

**BREED**

Foxhound

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**  
*Urinary System*

**SEX**

Spayed female

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

**AGE**

13 years

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 his age patient. Medullary structure differed distinctly from that of the cortex. Multi-focal infarcts and cortical cysts were noted as well as pyelectasia. The left kidney measured 6.5 cm. The right kidney measured 7.7 cm.

**WEIGHT**

52.8 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

*Adrenal Glands*

The left **adrenal gland** was slightly irregular at the cranial pole measuring 3.3 x 1.08 cm at the cranial pole and 0.54 cm at the caudal pole. The right adrenal gland measured was enlarged and measured 2.95 x 1.91 cm at the cranial pole and 0.62 cm at the caudal pole. An isoechoic nodule was noted at the cranial pole and measured 1.38 cm.

**IMAGING PERFORMED BY**

Diane McFadden, RVT

**HOSPITAL NAME**

Newton VH

*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.

**REFERRING VET**

Dr. Kim

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*Liver*

The **liver** was subnormal in size with increased portal markings. The gallbladder and common bile duct were unremarkable.

**DATE**

1/10/23



**PATIENT**

**Gastrointestinal**

Kristy Nelson

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

**BREED**

Foxhound

**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.

**SEX**

Spayed female

**ULTRASONOGRAPHIC FINDINGS**

Irregular, bilateral adrenal hypertrophy.

**AGE**

13 years

Hepatic remodeling. Likely history of cholangitis.

Moderate degenerative renal changes with polycystic kidneys.

**WEIGHT**

52.8 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If insulin glucose ratio does not suggest insulinoma then brain CT with contrast is indicated. Blood pressure measurements are warranted if hypertension is an issue. Urine catecholamine is indicated regarding the right adrenal gland, potentially being pheochromocytoma driving the clinical signs.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**ABOUT SONOPATH CT SERVICES:**

SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at <https://sonopath.com/services/sonopath-ct-services>

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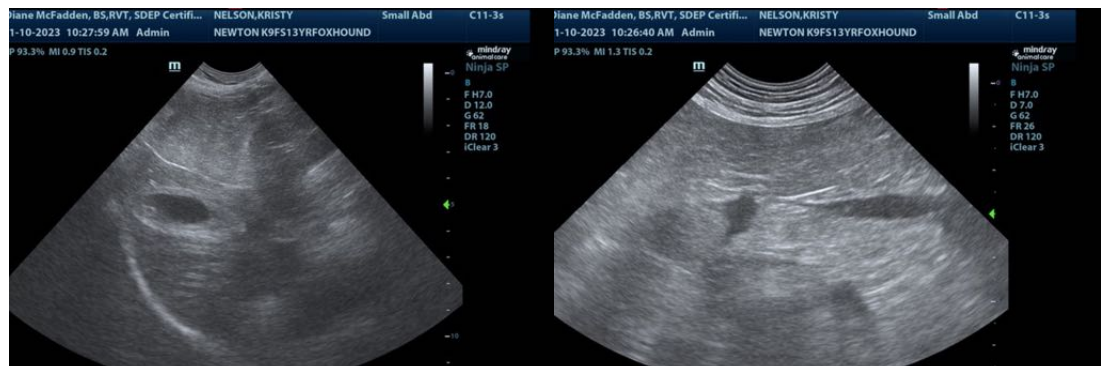
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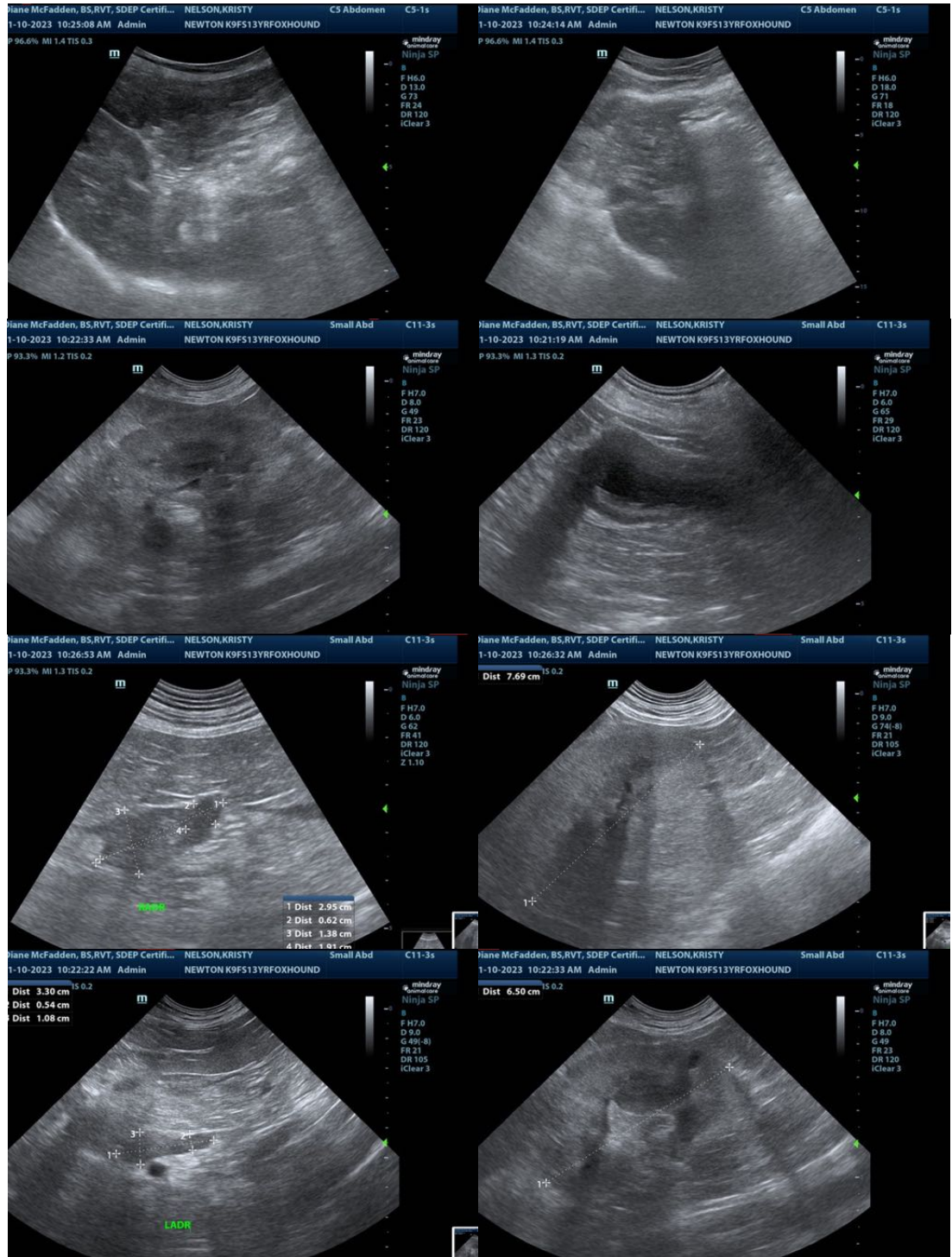
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



**PATIENT**

Kristy Nelson

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
Info@SonoPath.com

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