

**PATIENT**

Kirby Gonzalez

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

Neutered male

**AGE**

10.9 years

**WEIGHT**

23.7 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jessica Miller, RDMS

**HOSPITAL NAME**

Englewood Cliffs VH

**REFERRING VET**

Dr. Attanasi

**INVOICE**

76306

**DATE**

7/31/23

**PRESENTING CLINICAL SIGNS**

History: Elevated LES. ADR bad IVDD last month treated and improved- steroids, gaba; still off.  
Current meds: gabapentin  
Abnormal PE/Chem/CBC/UA Results: ALT 304, AST 159, ALP 445, Globulin 14.2

**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 residual prostate was uniform and measured 1.0 cm.

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 and no evidence of pelvic dilation was present. The right kidney measured 4.85 cm and the left kidney measured 4.91 cm.

**Adrenal Glands**

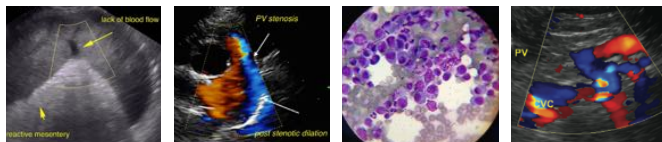
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland was enlarged and measured 3.5 x 1.67 cm at the caudal pole and 1.22 cm at the cranial pole. The right adrenal gland presented a nodule at the cranial pole measuring 1.4 x 1.09 cm. The right adrenal gland measured 2.41 x 1.31 cm at the cranial pole and 0.56 cm at the caudal pole.

**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 was noted.

**Liver**

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.



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## 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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

## Pancreas

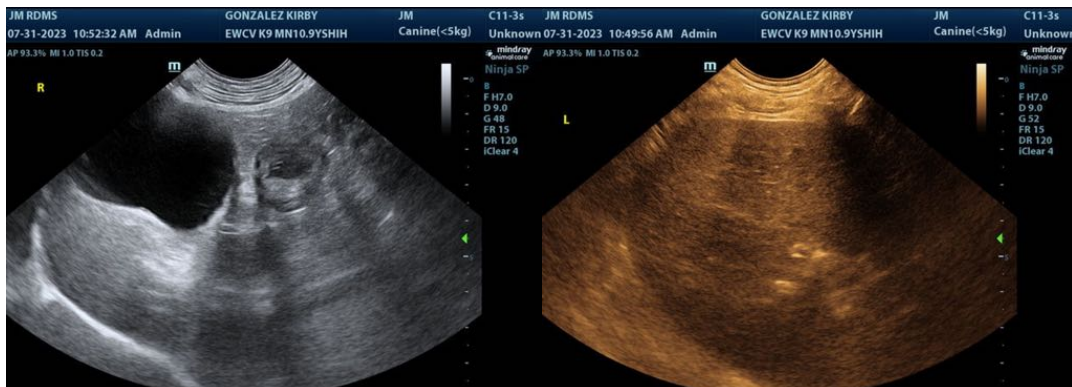
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

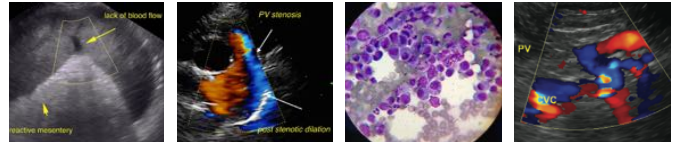
## ULTRASONOGRAPHIC FINDINGS

Bilateral, nodular adrenal enlargement.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the urine specific gravity is less than 1.020 then work-up for either adrenal dependent or pituitary dependent Cushing's could be justified. Differentials on the left adrenal gland include hyperplasia, adenoma, adenocarcinoma and pheochromocytoma all of which appear resectable. The right adrenal gland is likely adenoma. Serial blood pressure measurements are also indicated. FNA of the liver can be considered for further definition as there is some level of low-grade inflammatory hepatopathy given the liver enzyme elevations. There was no overt evidence of neoplasia.





**PATIENT**

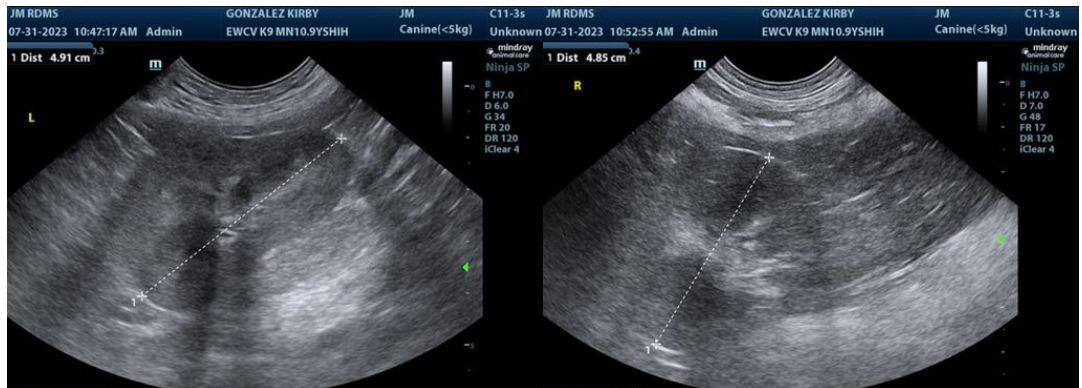
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com  
Info@SonoPath.com