



**PATIENT**

Lola Grayston

**SPECIES**

Canine

**BREED**

Golden Doodle

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

26 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Callihan

**HOSPITAL NAME**

Animal Emergency  
Care

**REFERRING VET**

Dr. Bailey

**INVOICE**

17536

**DATE**

10/1/22

**PRESENTING CLINICAL SIGNS**

History: Patient presents for: Slowing down past 2 months. Past 10 days not eating, just a little canned food. Has also had gagging cough 8-10X/day. Vomited bile this AM. History of: Pancreatitis

Abnormal PE/Chem/CBC/UA Results: - Bloodwork = Mild neutrophilia 11,800, WBC 15,900, chemistries WNL - Rads = lung mass left caudal dorsal lung field T9-T11

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Left kidney is normal is size (6.73 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal is size (6.52 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

**Adrenal Glands**

Adrenal glands are small (flattened contour). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The left adrenal gland measures 0.64 cm at the cranial pole and 0.67 cm at the caudal pole. The right adrenal gland measures 0.48 cm at the cranial pole and 0.54 cm at the caudal pole.

**Spleen**

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal.

**Liver**

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

**Gastrointestinal**

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

**Pancreas**

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The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

**Free Abdomen**

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There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

**Thorax**

**AGE**

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In the left caudodorsal thorax, there is a 3-4 cm area of mixed echogenic moderately complex lung consolidation with peripheral air entrapment, which confirms lung origin and multifocal areas of mineralization. A very scant amount of anechoic free fluid is suspected around the mass.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

26 kg

**Primary Findings**

- An area of lung consolidation/mass in the left caudodorsal lung field with mineralization, concerning for possible carcinoma. Other neoplasia, such as sarcoma, round cell neoplasia, or even benign necrosis/pneumonia is possible, but considered slightly less likely.
- Flat adrenal glands – This can be a normal patient variant and/or a sign of exogenous cortisol administration. If exogenous steroids are not being administered, hypoadrenocorticism (either relative or absolute) should be considered.

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**Secondary Findings**

- Hyperechoic splenic nodules – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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A fine needle aspirate of the consolidated lung area/mass is recommended for cytology, as well as culture and sensitivity if indicated based on cytology results, followed by a thoracic CT scan for possible surgical planning/staging of ultimate mass removal. Prior to anesthesia, etc., however, a baseline cortisol is recommended for further investigation of possible hypoadrenocorticism. If the baseline cortisol is <2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

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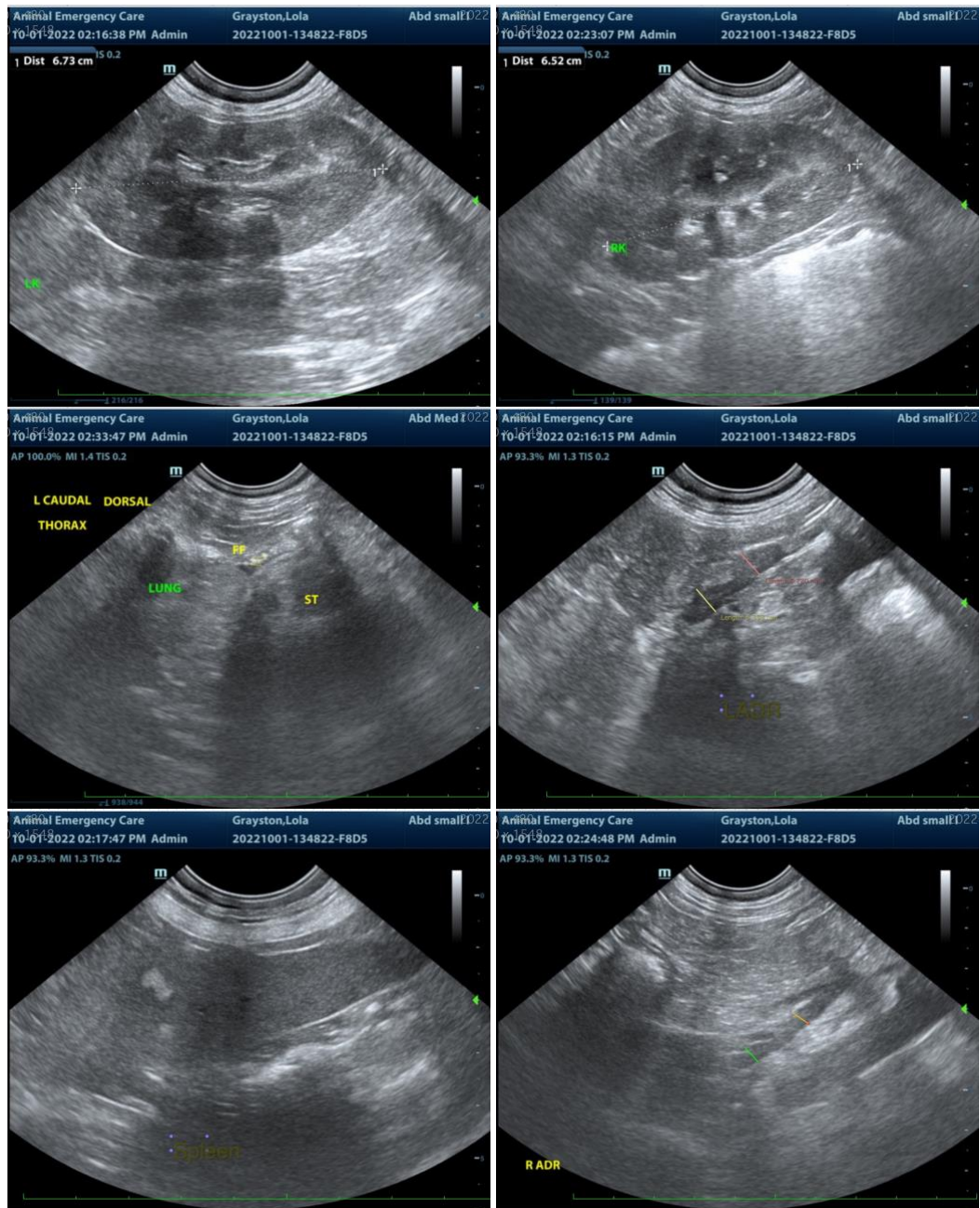
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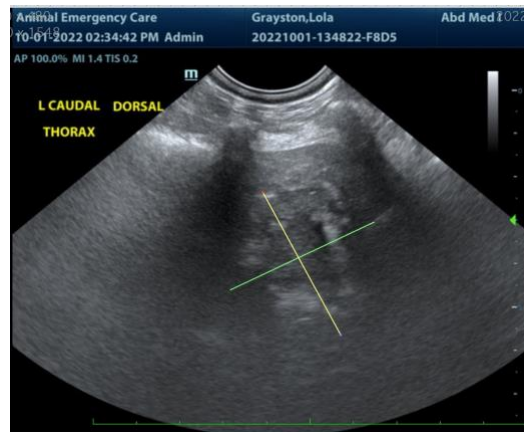
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Beth Johnson, DVM DACVIM**

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