

**DATE**

1/10/22

**PRESENTING CLINICAL SIGNS**

History: previous u/s showed nodules on R adrenal gland; recheck recommended especially if BP was elevated. BP taken 10/11/21 was borderline high but P was very stressed.

Date of Previous IntraPet Ultrasound: 10-4-2021.

**PATIENT**

Bella McGovern

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**SPECIES**

Canine

**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.

**BREED**

Pug Mix

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. The left kidney measured 4.31 cm.

**SEX**

Spayed Female

**AGE****Adrenal Glands**

The right **adrenal gland** was slightly heterogenous and measured 0.94 cm in maximum cranial width at 2.0 x 0.59 cm at the caudal pole. The left adrenal gland measured 1.4 x 0.49 cm at the caudal pole and 0.44 cm at the cranial pole.

**WEIGHT**

12/4/11

**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.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**HOSPITAL NAME**

Charm City VH

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**REFERRING VET**

Dr. Karbonik

**INVOICE**

95087

**Gastrointestinal**

The **stomach** revealed a minor amount of chyme with a 1.6 cm polypoid mucosa. This is a new development from the prior sonogram. Polypoid changes were noted in the stomach and occupied the gastric fundus.

**Pancreas**

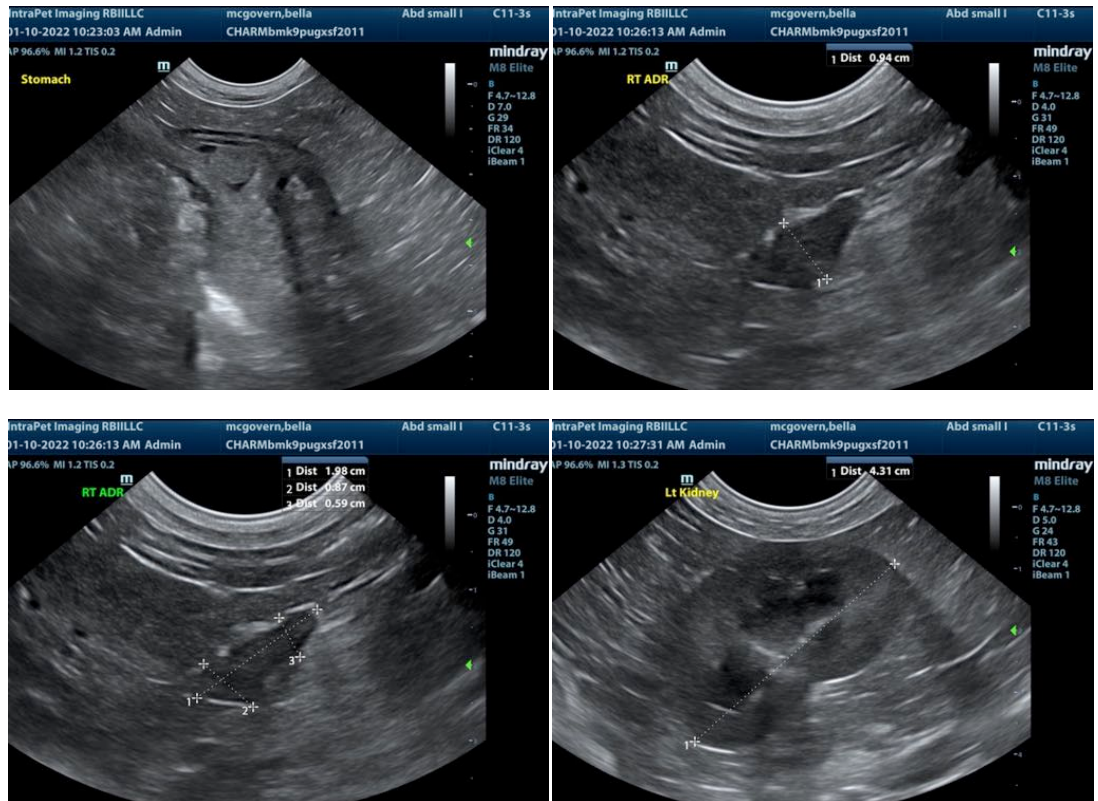
Anechoic right **pancreatic** cyst was noted and measured 1.0 cm with areas of echogenic remodeling of the pancreas.

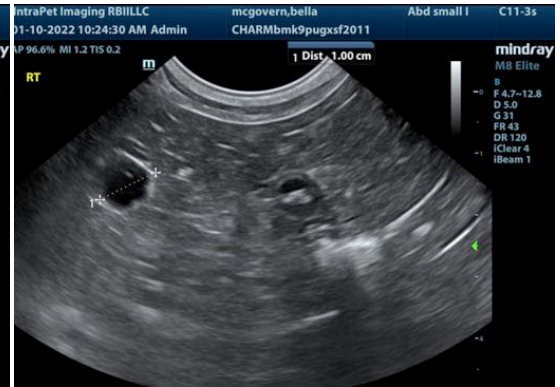
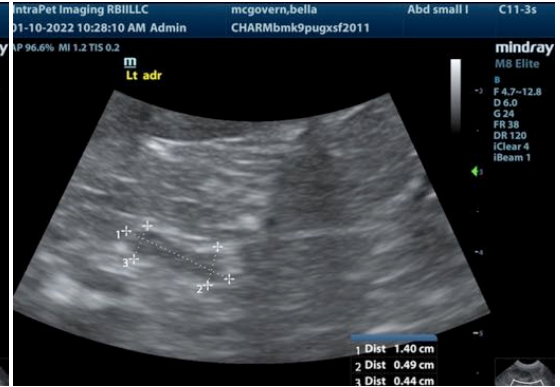
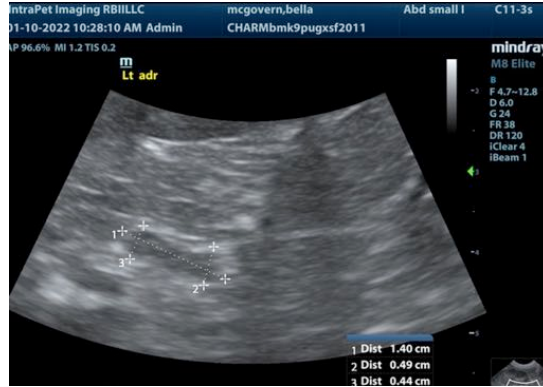
## ULTRASONOGRAPHIC FINDINGS

Gastric mucosal polyps.  
Otherwise, geriatric abdomen.  
Heterogenous right adrenal gland, stable.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If any vomiting is an issue then endoscopy is indicated. The polypoid changes appeared to be localized to the mucosa in the stomach. This appears to be a new development or may have been obscured by gastric luminal artifact on the prior sonogram. The pancreatic changes are stable. The stomach likely represents polypoid hyperplasia, yet there is a minor potential for emerging neoplasia.







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.

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