



PATIENT

Bella Trix Sattur

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

11 years

WEIGHT

80 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

New Bridge VH

REFERRING VET

Dr. Glennon

INVOICE

95340

DATE

1/18/22

PRESENTING CLINICAL SIGNS

Hepatomegaly - ravenous appetite. Blood work WNL. ACTH stim. WNL. Radiographic findings: pendulous ventral abdominal wall, generalized hepatomegaly, multiple spondylosis - unrelated to the reason of clinical presentation.

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 **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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 7.2 cm. The left kidney measured 6.78 cm.

Adrenal Glands

The left **adrenal gland** is slightly irregular and measured 2.51 x 0.78 cm at the caudal pole and 0.43 cm at the cranial pole. The right adrenal gland was mildly heterogenous and slightly irregular in contour measuring 2.56 x 0.82 cm at the caudal pole and 1.07 cm at the cranial pole. There was no evidence of vascular invasion noted. However, enhanced surrounding mesentery was present. I am concerned for right adrenal tumor/carcinoma.

Spleen

The **spleen** presented discrete and diffuse hypoechoic micronodular parenchyma. The capsule was generally 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. These changes are consistent with age related benign nodular hyperplasia. However, early hemangiosarcoma, lymphoma or mast cell neoplasia could not be entirely ruled out. Fine needle aspirate or biopsy following coagulation panel would be ideal especially if any weight loss is an issue. Otherwise, follow up ultrasound in 3-4 weeks to track these changes would be a more conservative approach.

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



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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

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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.

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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.

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ULTRASONOGRAPHIC FINDINGS

Irregular enlarged right adrenal gland. Concern for right adrenal carcinoma.

WEIGHT

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Slightly irregular left adrenal gland.

Micronodular hyperplasia splenic pattern.

INTERPRETED BY

Otherwise, unremarkable geriatric abdomen.

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the urine specific gravity drops less than 1.020 then LDDST is indicated. Blood pressure measurements are recommended. If hypertension is present then urine catecholamine is indicated. The right adrenal gland should be monitored carefully in this patient. A recheck sonogram is recommended in 2-3 weeks and if it is growing then right adrenalectomy is indicated. Carcinoma, pheochromocytoma and pronounced hyperplasia is possible. Although ACTH stimulation was normal, this may be a false negative.

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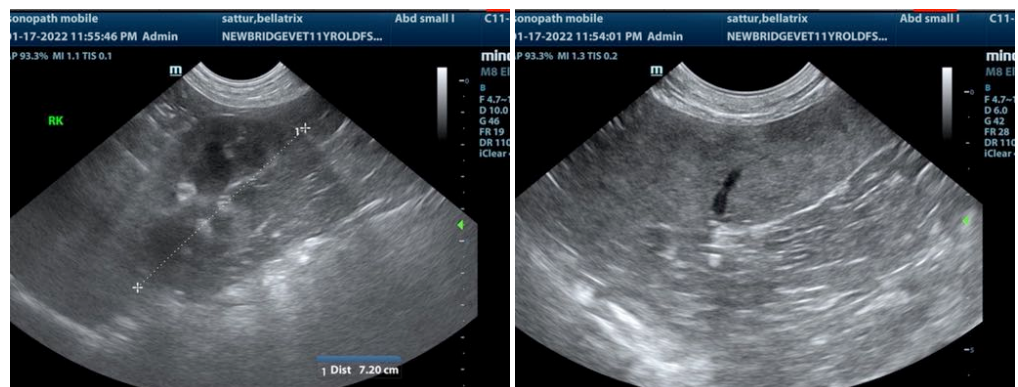
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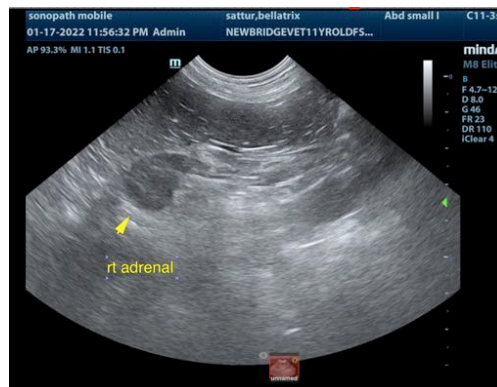
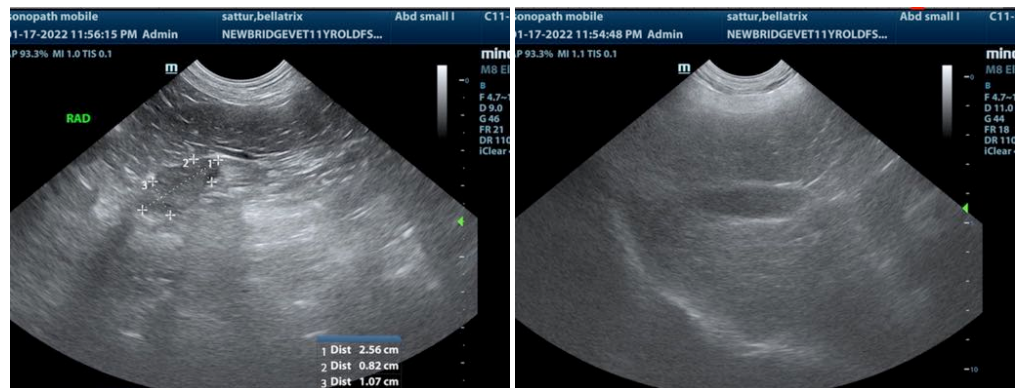
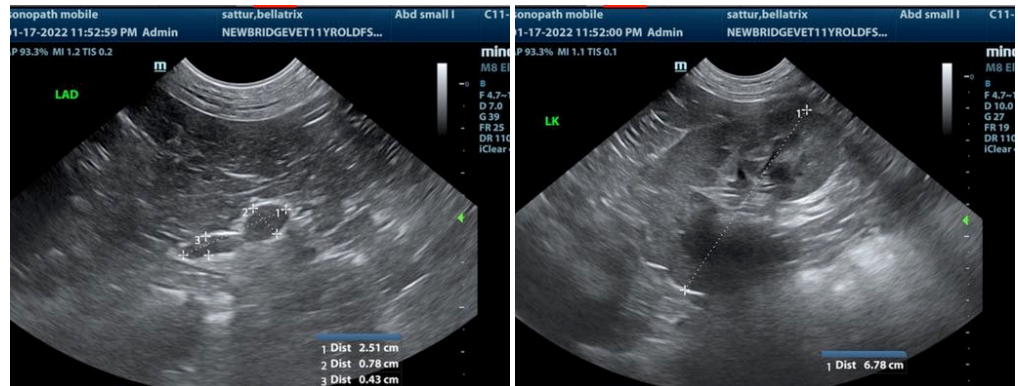
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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