

**DATE**

1/20/23

**PRESENTING CLINICAL SIGNS**

Elevated LE.

**PATIENT**

Zoey Woish

Current Medications: None listed.

Lab Results: Subnormal sodium to potassium ratio, ALP 1218, USG 1.012

Radiographs: See attached report.

Date of Previous IntraPet Ultrasound: No previous.

**SPECIES**

Canine

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**BREED**

Lab X

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Spayed Female

**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 were noted. Ureteral papillae were normal.

**AGE**

12 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 and no evidence of pelvic dilation was present. The left kidney measured 7.3 cm. An anechoic cyst was noted at 0.64 cm.

**WEIGHT**

65.8 Pounds

**Adrenal Glands****INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 3.05 cm x 0.93 cm at the caudal pole and 0.91 cm at the cranial pole. The right adrenal gland measured 2.33 cm x 0.81 cm at the caudal pole and 0.97 cm at the cranial pole.

**HOSPITAL NAME**

Homeward Bound Vet

**Spleen**The **spleen** was folded upon itself caudally. Minor heterogeneous changes noted.**REFERRING VET**

Dr. Vance

**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.

**INVOICE**

44404

**Gastrointestinal**

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

### **Free Abdomen**

A 2.24 cm mixed echogenic nodule was noted in the rectal region.

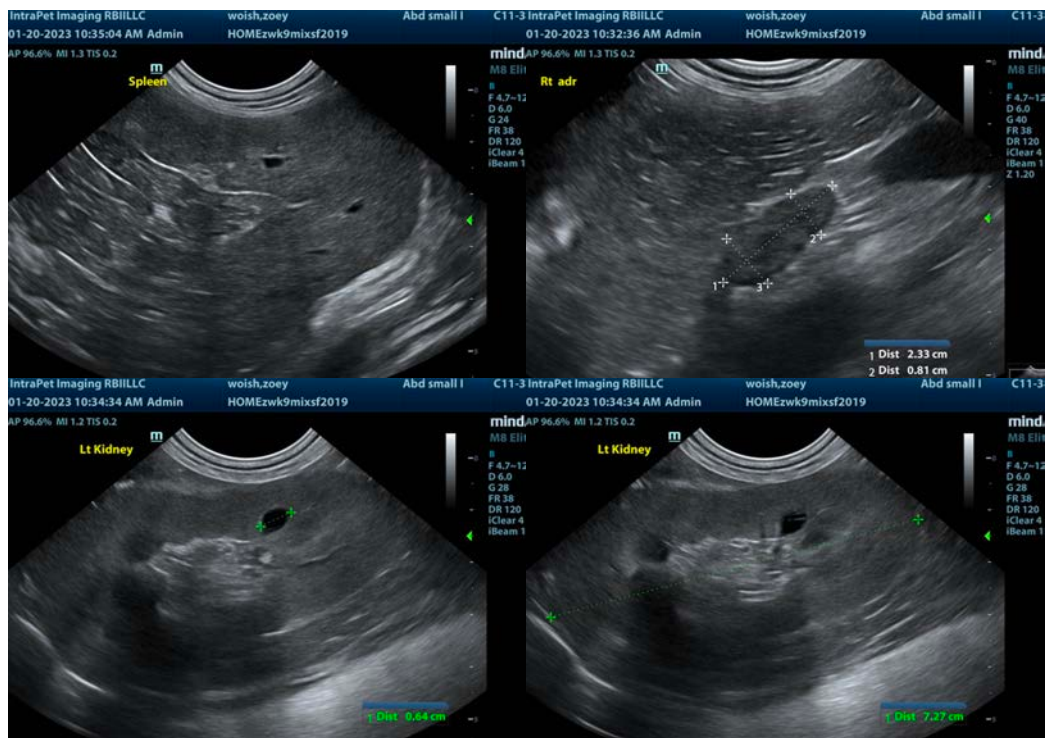
### **ULTRASONOGRAPHIC FINDINGS**

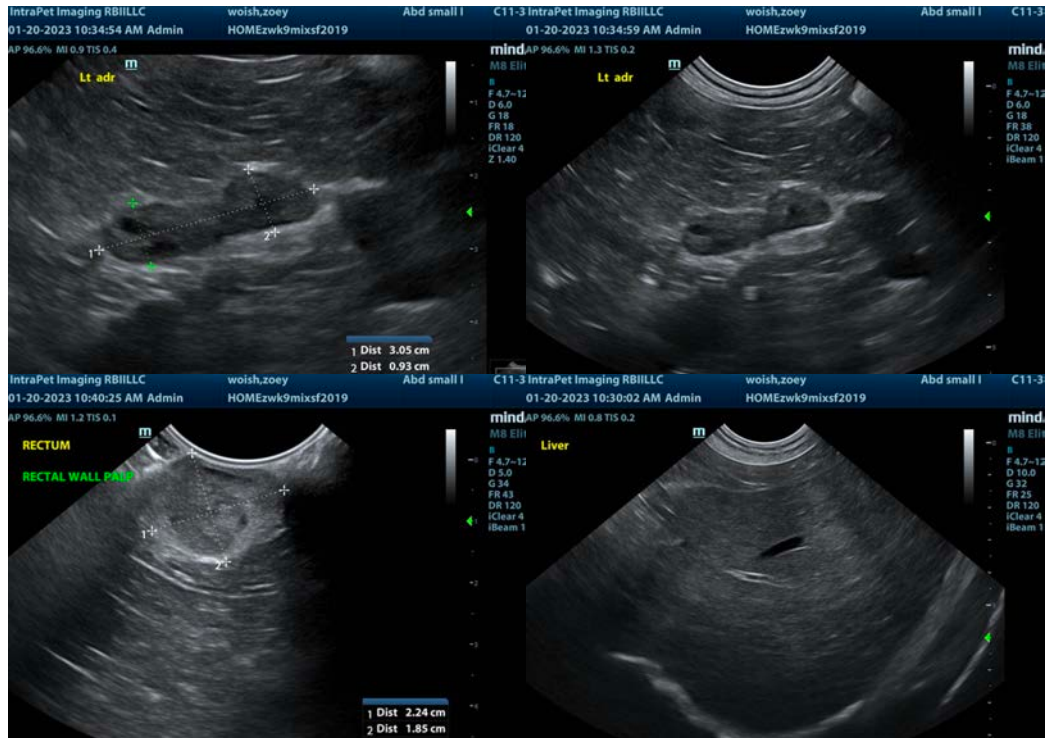
- Bilateral adrenal hypertrophy
- Subjectively benign hepatopathy with minor remodeling
- Age related renal changes
- Minor splenic remodeling with positional fold
- Partially full stomach
- Rectal mass or possible anal gland mass

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The rectal mass appears to be encapsulated, possibly related to an anal gland, and depending on its position appears resectable. If USG is persistently <1.020, then workup for PDH/Cushing's indicated.

*Radiographs: Hepatosplenomegaly.*





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**  
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