

**DATE**

1/21/22

PRESENTING CLINICAL SIGNS

History: No clinical signs at this time. Main concern is elevated ALP first discovered on routine bloodwork on 11/2/2021. Repeated on 1/10/2022 and ALP is 500 now. Remaining chem and CBCs have been WNL UA WNL Sp Gr 1.037 on 11/27. Discussed signs of Cushing's with O and does not believe clinical at this time.

PATIENT

Moose Windsor

Current Medications: Cytopoint 10 mg every few months.

Lab Results: ALP 500. Attached separately.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Chihuahua

Imaging Performed By: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

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

12/14/11

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild to moderate 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 4.13 cm. The right kidney measured 4.22 cm.

WEIGHT

7.7 Lbs.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Adrenal Glands**

The **left adrenal gland** was mildly enlarged and mildly heterogeneous, measuring 2.12 cm x 0.89 cm at the cranial pole and 0.6 cm at the caudal pole.

The **right adrenal gland** was enlarged and irregular, measuring 2.31 cm x 1.22 cm with a mildly hyperechoic nodule at the cranial pole. Capsular expansion was noted.

HOSPITAL NAME

Pleasantville AH

Spleen

The **spleen** revealed a focal hypoechoic irregular target nodule (1.18 cm x 0.96 cm).

REFERRING VET

Dr. Gounaris

Liver

The **liver** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. The gallbladder and common bile duct were unremarkable. This is consistent with moderate chronic inflammatory hepatopathy.

INVOICE

13557

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

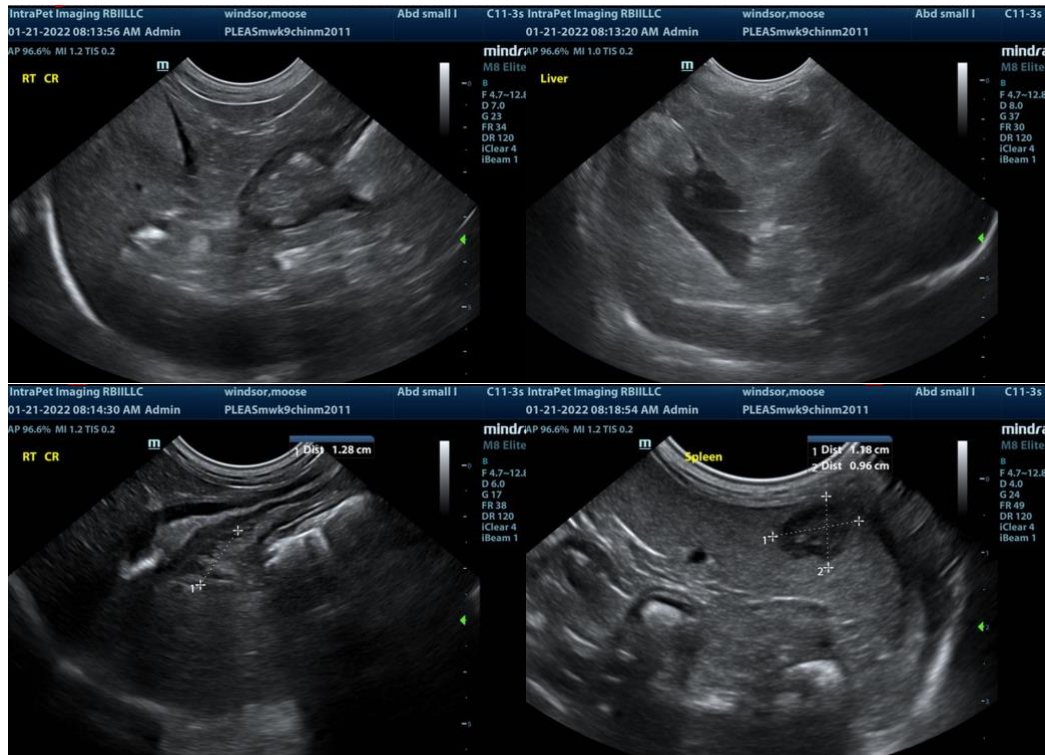
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some moderate parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

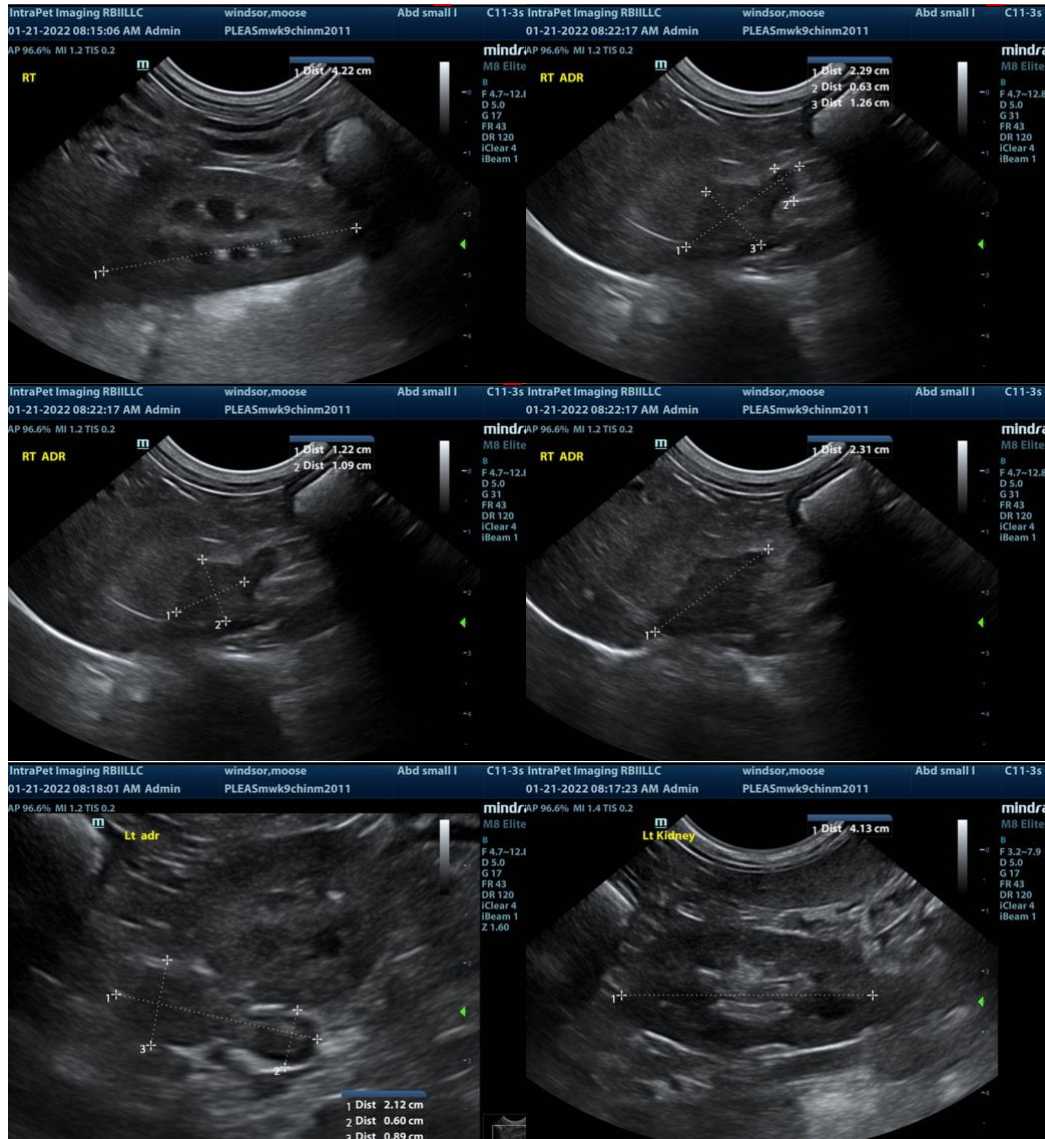
ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy with remodeling
- Pancreatic remodeling
- Age-related renal changes
- Swollen adrenal glands with right adrenal nodule (likely adenoma)
- Splenic nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver could be considered for further definition. Blood pressure measurements warranted +/- work up for Cushing's if the patient is PU/PD and urine spec gravity is <1.020. NO caval invasion was noted in the right adrenal gland, however, the irregular contour is to monitor. Adenoma, pheochromocytoma, adenocarcinoma all possible on the right adrenal gland. Hyperplasia is likely on the left adrenal gland. Regarding the splenic nodule, round cell neoplasia, emerging hemangiosarcoma, pronounced hyperplasia all possible. Mild potential for metastatic lesion from the right adrenal. Justification for right adrenalectomy/splenectomy could be considered or FNA of the splenic nodule.





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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
 Eric.Lindquist@SonoPath.com