

**PATIENT PRESENTING CLINICAL SIGNS**

Dolly Grant Presented for urinary accidents  
Abnormal PE/Chem/CBC/UA Results: PE: BCS 8/9 with purulent vaginal discharge CBC: WNL  
CHEM: Glob 4.6 Rads: 2 bladder stones U/A: leu 500, protein 500, RBC 250, pH 7, USG 1.027, bacteria and crystals present

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Spayed Female

**AGE**

8 years

**WEIGHT**

43 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Griffin

**HOSPITAL NAME**

Northside VC

**REFERRING VET**

Dr. Griffin

**INVOICE**

95574

**DATE**

1/26/22

**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. Large calculi were noted in the bladder measuring up to 2.0 cm. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

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. The capsules were acceptably uniform without significant irregularities. The left and right kidney measured 6.0 cm with light pyelectasia.

**Adrenal Glands**

The left **adrenal gland** was enlarged, heterogenous, irregular and nodular. Generalized swelling was noted. The left adrenal gland was imaged from the left and right side. The left adrenal gland did not reveal any phrenic vein invasion. Nodular changes were noted in the vena cava. The nodular change in the left adrenal gland measured 0.8 cm. Echogenic changes were noted in the left phrenic vein. This may represent a thrombus or tumor invasion. The caudal 2/3 of the right adrenal gland was imaged and the caudal pole is slightly heterogenous and at the upper limits of normal at 0.8 cm.

**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.

**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.



**PATIENT** *Gastrointestinal*

Dolly Grant 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.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

8 years

Nodular and enlarged left adrenal gland. Phrenic vein occupation of the left adrenal. Thrombosis versus tumor invasion. Carcinoma, pheochromocytoma, pronounced adenoma with phrenic vein thrombus is possible.

Upper limits of normal right adrenal gland.

**WEIGHT**

43 lbs

Bladder calculi.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

I recommend cystotomy and left adrenalectomy in this patient. Full adrenal work-up is warranted as well as serial blood pressure measurements. Ideally urine catecholamine would be performed.

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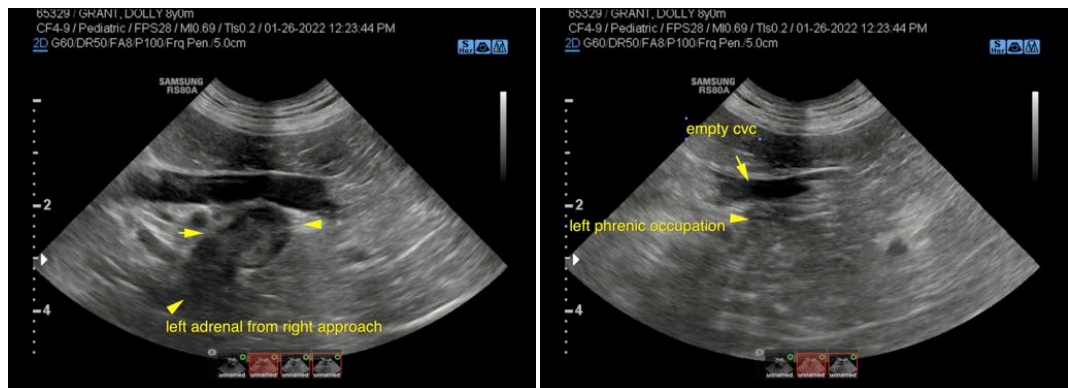
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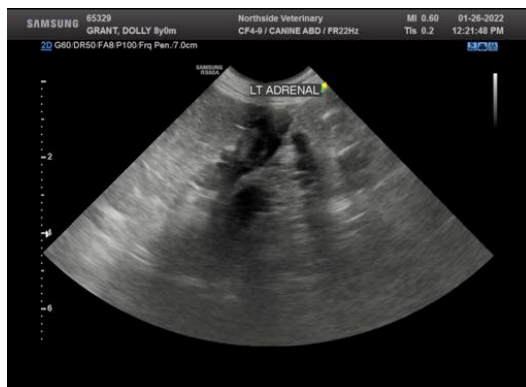
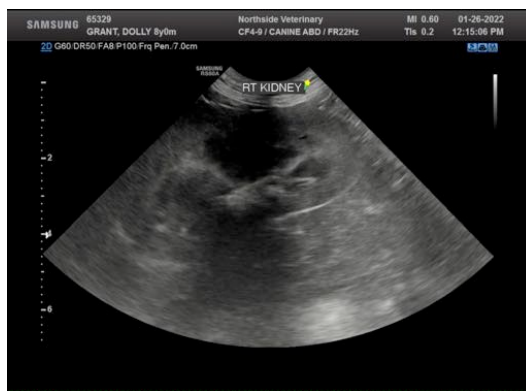
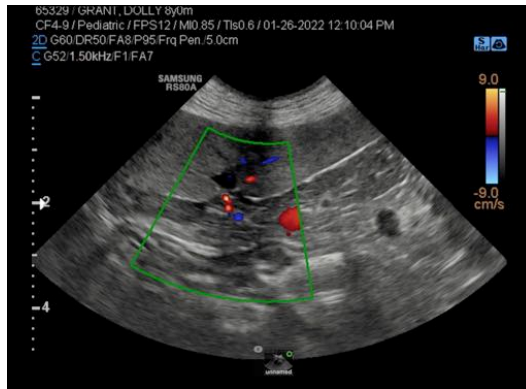
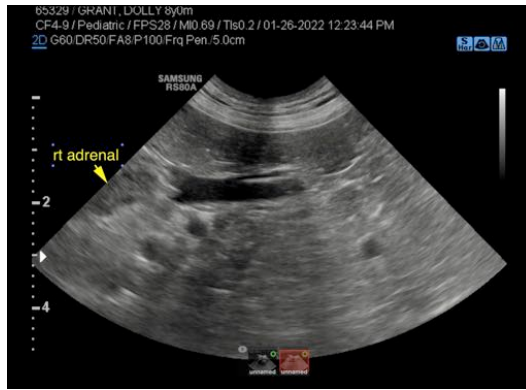
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**PATIENT**

Dolly Grant

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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.

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Mix

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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Spayed Female

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info@SonoPath.com

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