

**DATE**

1/3/22

**PRESENTING CLINICAL SIGNS**

History: Patient is a very stable Cushing's patient although recently owner has noticed some increased PU/PD. PE overall stable.

Current Medications: 10 mg Vetoryl SID, 3/4 of a 2.5 mg Amlodipine BID, Enalapril 5 mg BID.

Lab Results: stable ACTH stim but some progression with liver values. Attached separately.

Date of Previous IntraPet Ultrasound: 11-29-2018.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Pearce, RDCS, RVT

**PATIENT**

Jackson Grzeskiewicz

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

Neutered male

**AGE**

9/27/07

**WEIGHT**

23 lbs

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**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 prostate was uniform and measured 1.03 cm.

The **kidneys** revealed moderate degenerative changes with pelvic calculi. The right kidney measured 5.3 cm. The left kidney measured 6.2 cm.

**Adrenal Glands**

The right **adrenal gland** was normal in size and measured 1.97 x 0.6 cm at the caudal pole and 0.53 cm at the cranial pole with minor heterogenous changes. The left adrenal mass was persistent and measured 4.0 x 3.7 cm.

**Spleen**

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies.

**HOSPITAL NAME**

Perry Hall AH

**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. Lobar biliary mineralization was also noted. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. Gallbladder was mildly over distended with debris, sand and shadowing calculus that measured 1.0 cm.

**REFERRING VET**

Dr. Miller

**INVOICE**

94932

**Gastrointestinal**

The **stomach** was filled with ingesta. The small intestines and colon were unremarkable.

**Pancreas**

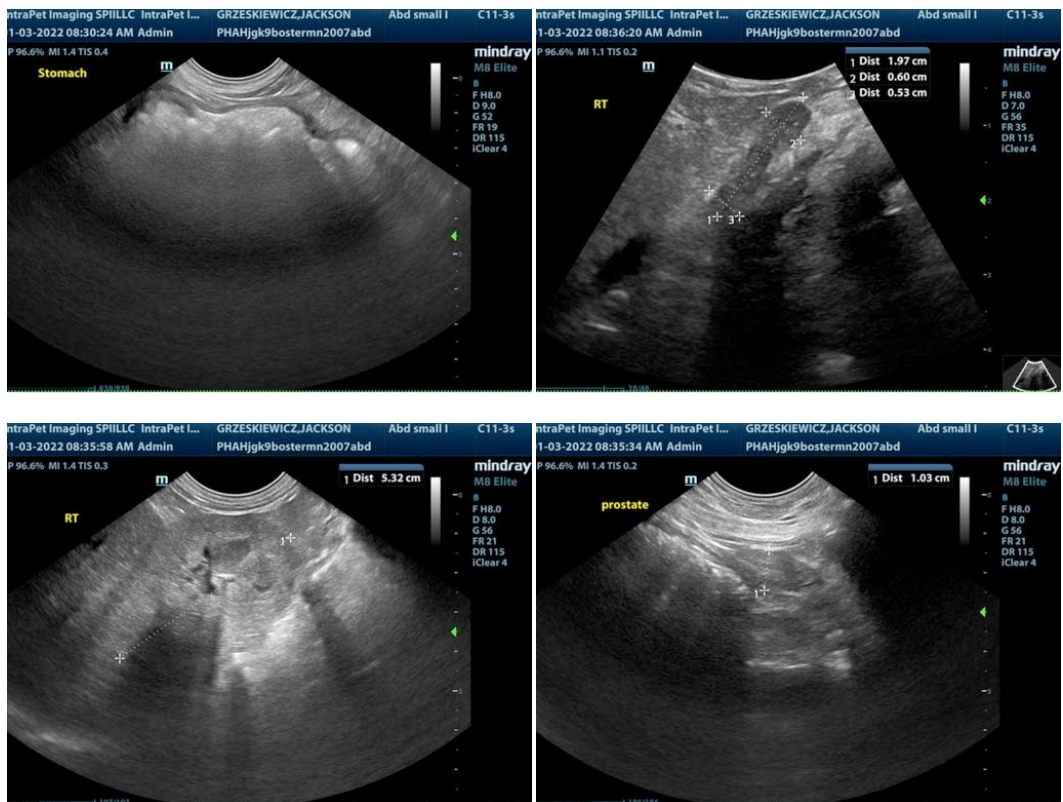
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain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

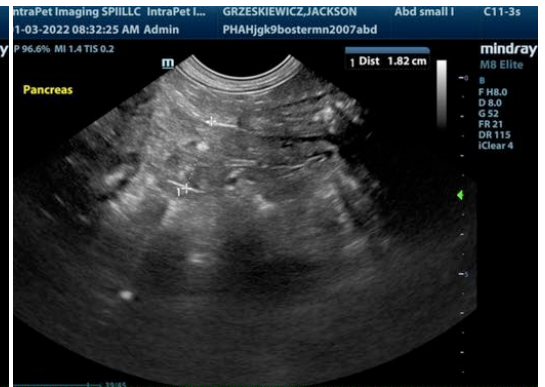
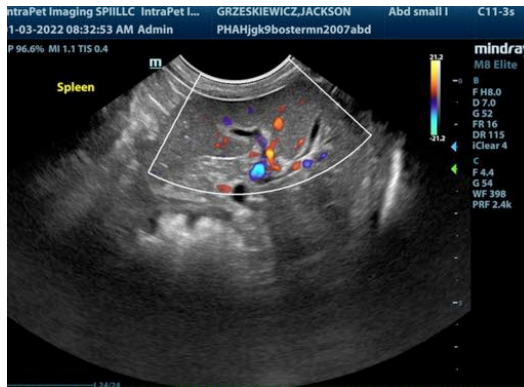
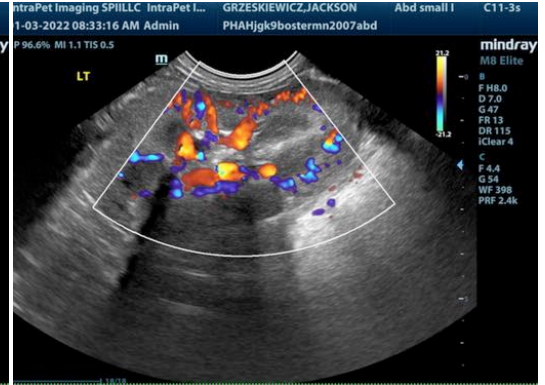
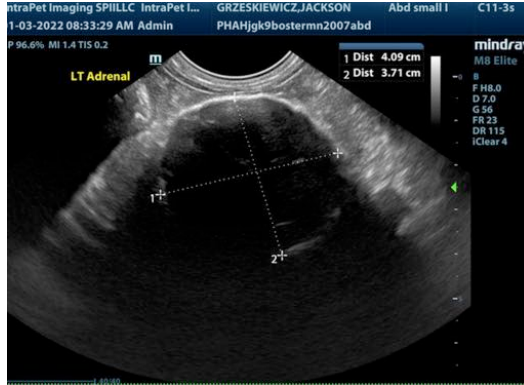
## ULTRASONOGRAPHIC FINDINGS

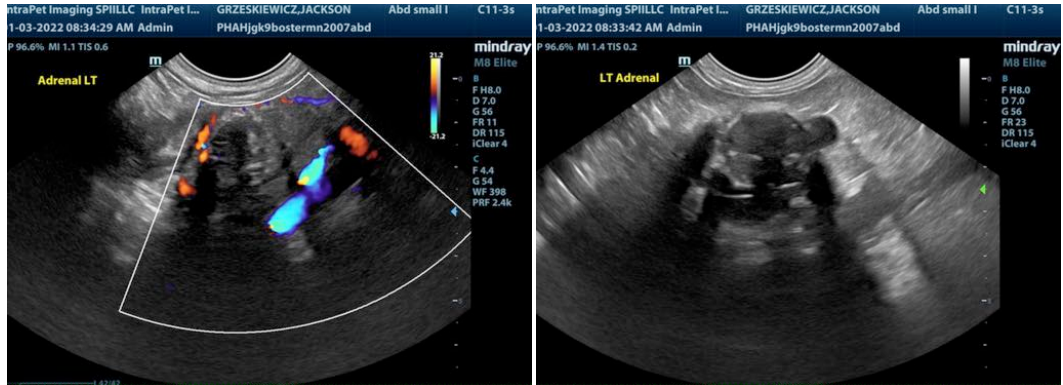
Persistent, strongly mineralized left adrenal mass.  
Unremarkable right adrenal gland.  
Pancreatic and hepatic remodeling.  
Excessive gallbladder debris and sand.  
Lobar biliary mineralization.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ursodiol therapy is warranted. I recommend consideration for left adrenalectomy for long term management. Early vascular invasion cannot be completely ruled out. CT and contrast is recommended as the mineralization obscured regional vascular structures. However, what was visualized did not reveal any overt invasion. However, minor invasion into the left phrenic vein and vena cava cannot be completely ruled out. There was no significant progression in size from a subjective standpoint.







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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