



## PATIENT

Felicity McBroom

## SPECIES

Canine

## BREED

Lab X

## SEX

Spayed Female

## AGE

10 Years

## WEIGHT

28.6 kg

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP (CFM), Cert.  
IVUSS

## IMAGING PERFORMED BY

Erin Wicks

## HOSPITAL NAME

Shores VEC

## REFERRING VET

Dr. Law

## INVOICE

35188

## DATE

1/3/26

## PRESENTING CLINICAL SIGNS

Patient History: No previous health concerns known to client. Pet very lethargic, not acting like herself, not wanting to walk or move around, and seeming painful. Pet refused dinner, which is very unusual behavior.

Abnormal PE/Chem/CBC/UA Results: ABD Tense/hard to palpate - CBC: WBC 30,000 (H) [normal ~16,000], hematocrit 68% (H) - Chemistry panel: elevated total proteins, elevated creatinine and phosphorus, BUN within normal limits - Leptospirosis testing: negative - CPL: normal.

## 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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 7.5 cm. The left kidney measured 7.5 cm. The left kidney was deviated dorsolaterally by the left adrenal gland mass. Retroperitoneal fluid accumulation was noted around the kidneys.

### *Adrenal Glands*

The **right adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 3.01 cm x 0.73 cm at the cranial pole and 0.46 cm at the caudal pole.

The **left adrenal gland** revealed a moderately complex mass, measuring approximately 5.0 cm x 5.0 cm, deviating the left kidney dorsolaterally, with regional omental escape. The mass appeared to envelope portions of the medial aspect of the left kidney.

### *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 were noted.

### *Liver*

The **liver** was mildly hypoechoic to falciform fat with slight increased portal markings and a minor amount of remodeling. Gallbladder edema was noted.

### *Gastrointestinal*



**PATIENT**

Variable **gastrointestinal** thickening was noted. The colon was unremarkable.

Felicity McBroom

**Pancreas**

**SPECIES**

The right limb of the **pancreas** was hypoechoic and irregular.

Canine

**Free Abdomen**

**BREED**

Slight areas of **free fluid** were noted.

Lab X

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Invasive left adrenal gland mass with retroperitoneal escape, secondarily involving both kidneys, primarily the left
- Variable gastrointestinal thickening
- Regional pancreatitis pattern
- Cholecystitis
- Slight areas of free fluid

Spayed Female

**AGE**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

10 Years

There are multiple issues in this patient, primarily driven by the left adrenal mass, however, concurrent pancreatic, gastrointestinal, and hepatic inflammation was also noted. Serial blood pressures are warranted. CT evaluation for potential surgical planning is warranted, however, given the omental involvement and left renal involvement, clean removal of the left adrenal is unlikely. Differentials include pheochromocytoma or carcinoma.

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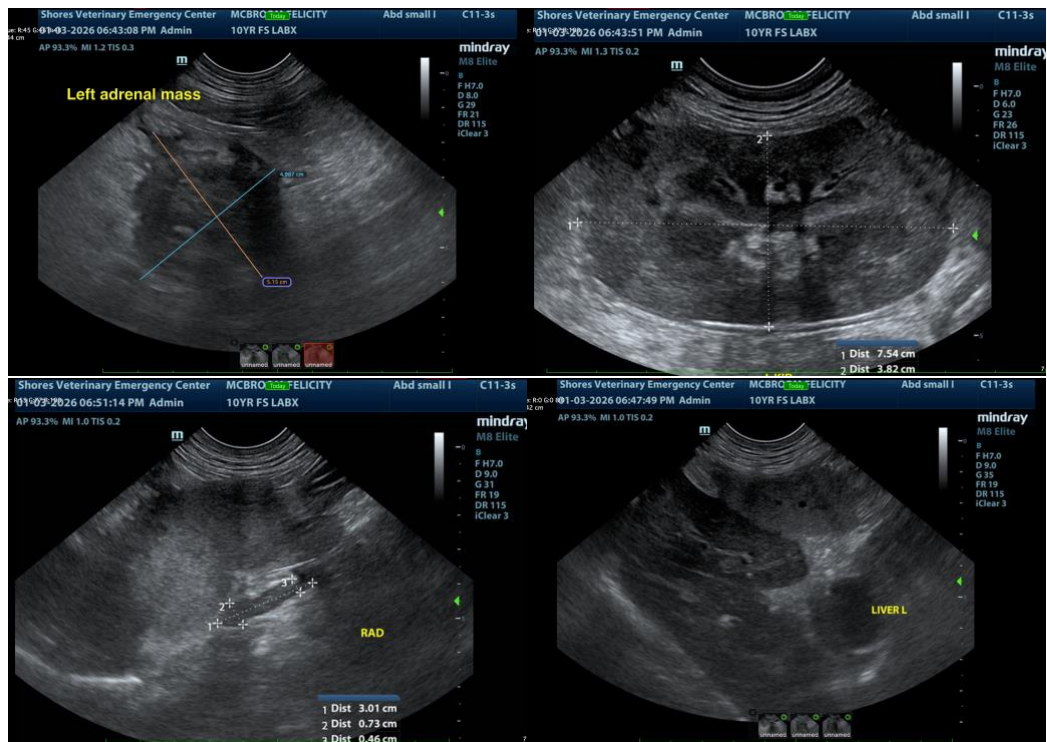
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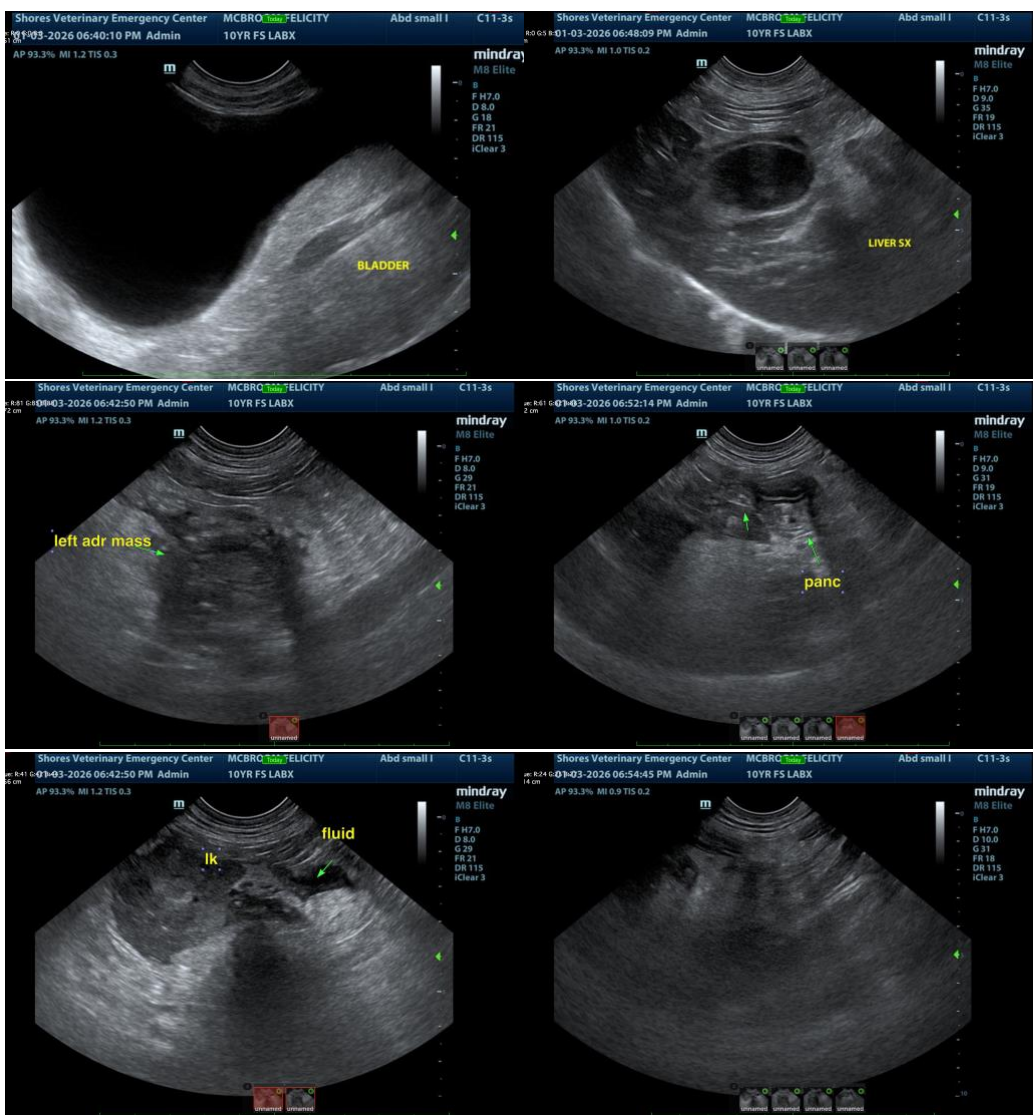
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,  
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