



PATIENT

Bear Bear Jhe

PRESENTING CLINICAL SIGNS

Presented for bloody diarrhea large abdominal mass seen on Ab x rays. Blood work pending

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Chow

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. Micropolypoid changes were noted in the bladder. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. The wall thickness at moderate repletion measured up to 0.64 cm.

SEX

Neutered male

The residual prostate measured 0.6 cm.

AGE

10 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.95 cm. The right kidney measured 5.92 cm.

WEIGHT

24 kg

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

The right **adrenal gland** was enlarged, nodular and irregular creating mass effects measuring up to 2.86 cm with pericapsular inflammatory pattern. The right adrenal mass appears moderately vascular and appears to be invading the vena cava. The left adrenal gland measured 2.21 x 1.37 cm. The left adrenal gland was hypoechoic, ovoid and nodular.

IMAGING PERFORMED BY

Dr. Belan

Spleen

HOSPITAL NAME

Aspen Landing AH

The **spleen** revealed heterogenous parenchymal changes with nodules. An undifferentiated, hypoechoic, 10.0 cm mass was noted.

REFERRING VET

Dr. Ross

Liver

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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 vena cava appeared dilated at 1.48 cm owing to passive congestion. The vena cava may be dilated secondary to sedation, if the patient was sedated prior to the sonogram. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele. However, the sludge appears to be mildly excessive. No adjunctive inflammation was noted.

DATE

1/4/22



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Gastrointestinal

Bear Bear Jhe

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. The sublumbar lymph nodes were slightly enlarged and reactive measuring up to 0.53 cm in width.

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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.

Free Abdomen

Slight free fluid was noted adjacent to the right adrenal gland.

Heart

Rapid view of the heart revealed no evidence of pathology. No evidence of pericardial effusion or right auricular pathology that would cause vena cava dilation.

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ULTRASONOGRAPHIC FINDINGS

Adrenal masses differentials include pheochromocytoma, adenoma, adenocarcinoma, myelolipoma.

Splenic mass. Differentials include sarcoma either of round cell origin or hemangiosarcoma.

Excessive gallbladder debris.

IMAGING PERFORMED BY

Dr. Belan

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Aspen Landing AH

Further imaging of the right adrenal mass is necessary to determine if it is invading the vena cava. The vena cava may be dilated owing to sedation (if the patient was sedated prior to the sonogram). Urinary work-up is warranted to assess for concurrent urinary tract infection. If chest radiographs are free of evident pathology then exploratory surgery could be considered. I am more concerned about the right adrenal than the left. However, early invasion into the vena cava is a potential. CT evaluation would be ideal of the thorax for micrometastasis as well as surgical planning for the abdomen. Caudal thoracic obstructive disease should be considered depending on chest radiographs. If surgery is to be performed manual expression of the gallbladder would be warranted.

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The midabdominal mass cannot be directly connected to the spleen on video; however, it is likely splenic in origin. FNA of the splenic mass +/- FNA of the adrenal masses could be considered for further evaluation if the sonographer is comfortable with the procedure.

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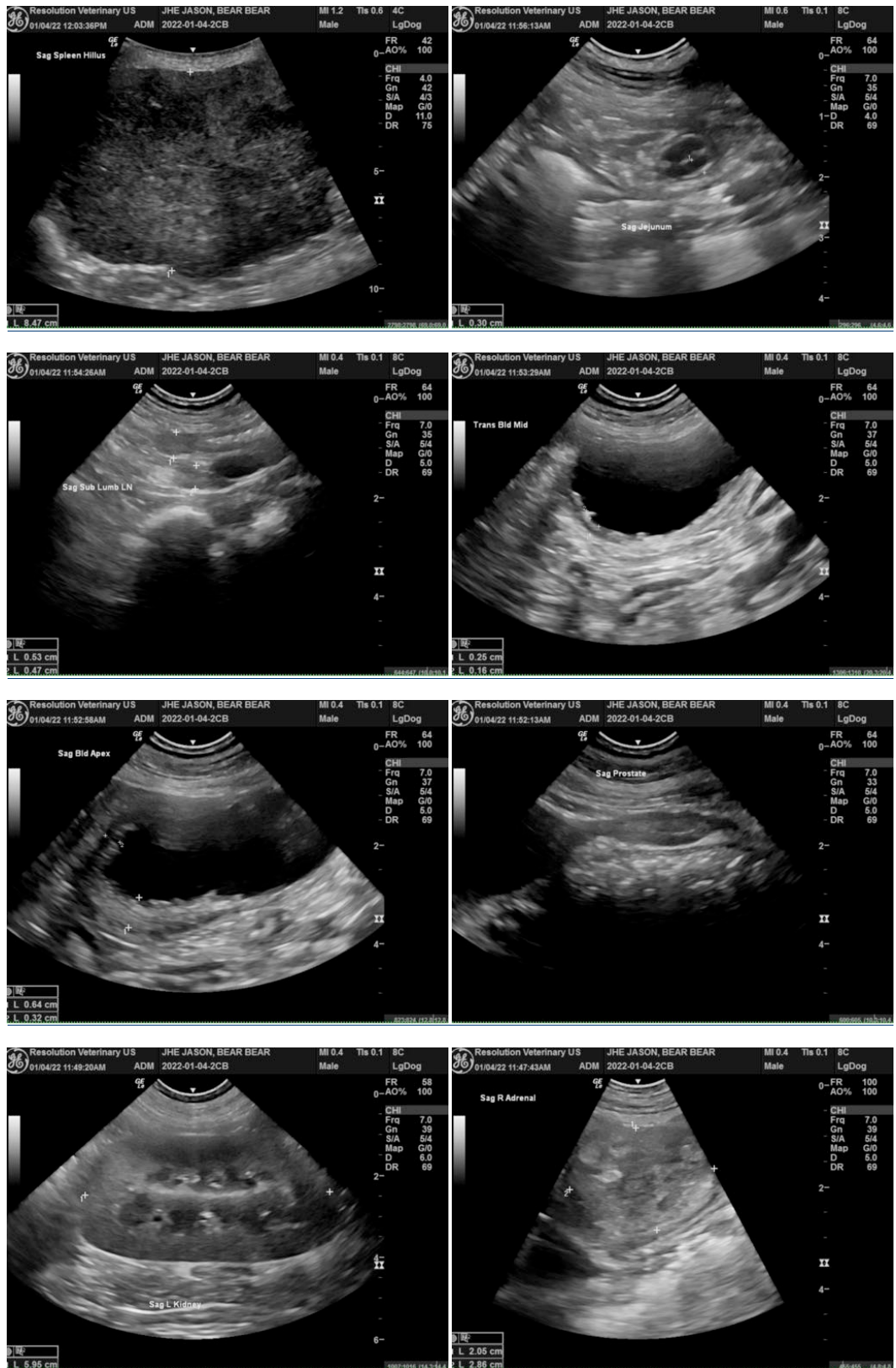
Dr. Ross

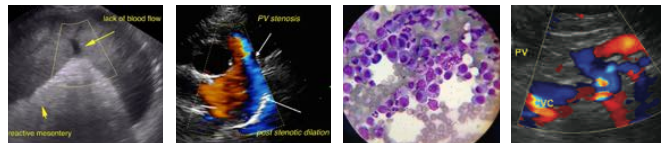
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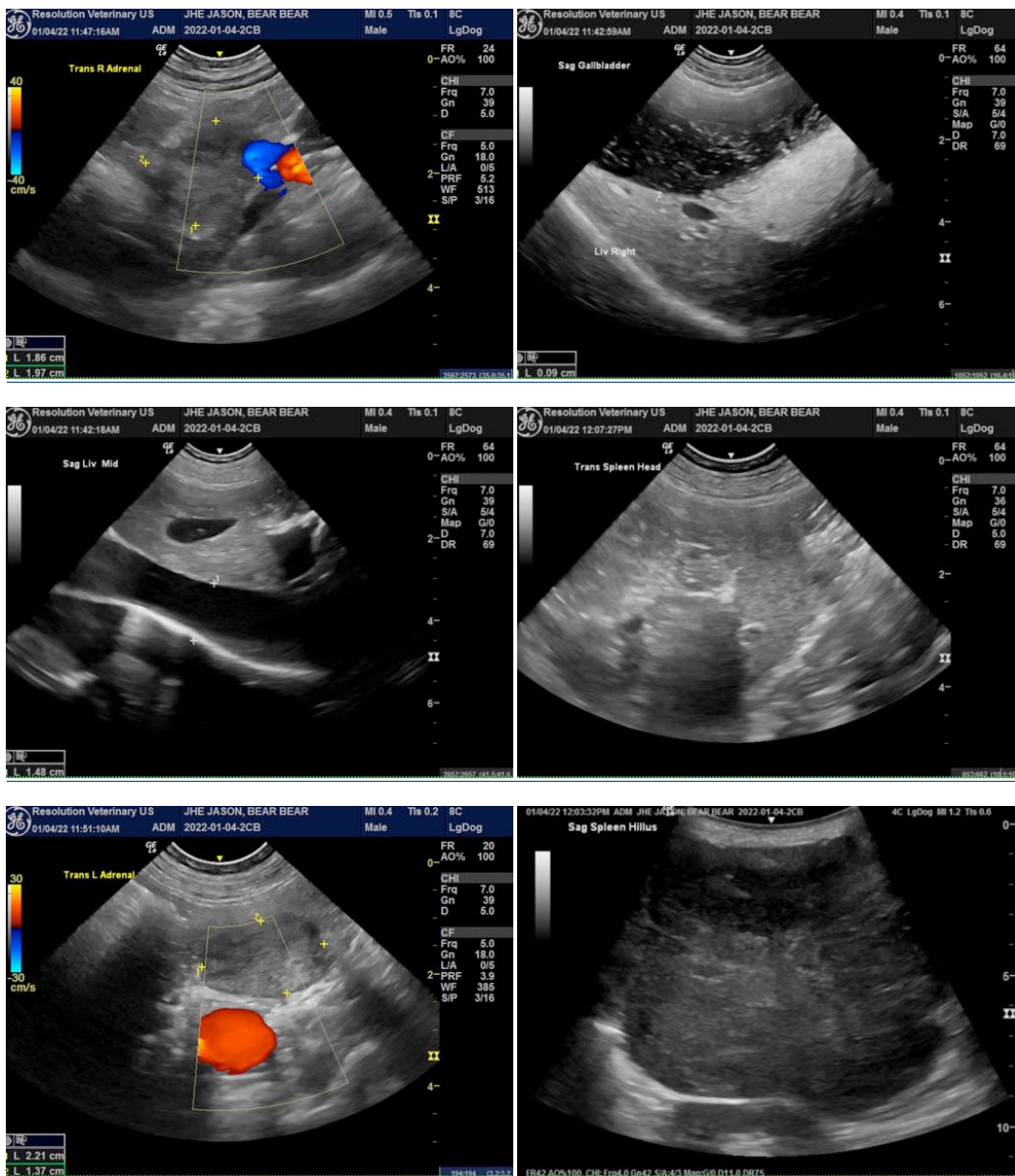
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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