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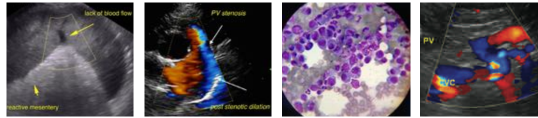

imagine SOUND LLC.
IMAGING PERFORMED BY
dbimaginesound@gmail.com 917-647-4318

PATIENT

Casey Navickas

SPECIES

Canine

BREED

Bichon Frise

SEX

Spayed Female

AGE

2004

WEIGHT

15.1 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert IVUSS

IMAGING PERFORMED BY

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Brooklyn Heights VH

REFERRING VET

Dr. Thomson

INVOICE

0000

DATE

01/06/22

PRESENTING CLINICAL SIGNS

History: Cushing's on Trilostane 30mg Sid

Hx arthritis on adequan

Hypertension on Semintra

Seems uncomfortable

Evaluate for cervical pain, IVDP, neoplasia, other

Labs, Radiographs and previous AUS attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. 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 **kidneys** revealed persistent gluomerulonephrosis pattern. The right kidney measured 4.46 cm with slight pyelectasia. Multi-focal cortical cysts were noted. The left kidney measured 4.66 cm with pyelectasia that measured 1.0 x 0.4 cm.

Adrenal Glands

The right adrenal gland was enlarged, hypoechoic and mildly heterogenous measuring 3.22 x 1.57 cm at the caudal pole and 0.79 cm at the cranial pole. The left adrenal gland was enlarged and measured 2.54 x 1.6 cm at the caudal pole creating a mass effect. The cranial pole measured 0.44 cm.

Spleen

The **spleen** was displaced caudally with normal size and contour.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. Minor polypoid changes were noted, yet not overtly pathological. There was minor, irregular swelling to the left lateral liver lobe. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

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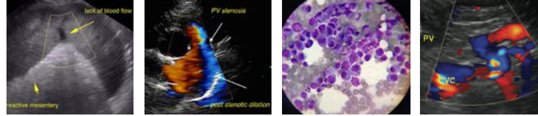

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Gastrointestinal

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. 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.

ULTRASONOGRAPHIC FINDINGS

Bilateral adrenal enlargement, possible mass of the left adrenal gland.

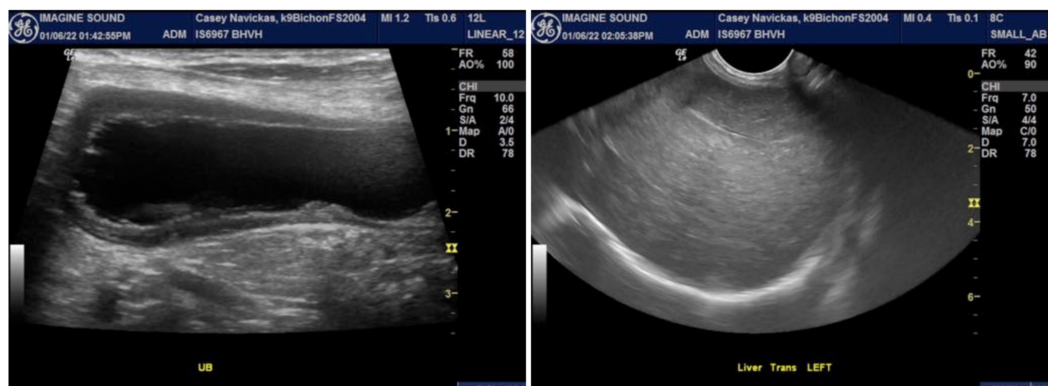
Benign hepatopathy, likely endocrine induced.

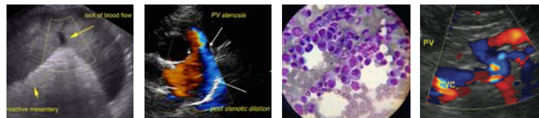
Minor gallbladder sludge.

Moderate degenerative renal changes. Gluomerulonephrosis pattern with cortical cyst.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a possibility of both left adrenal carcinoma as well as PDH in this patient. If Cushing's is difficult to regulate then I recommend consideration of this potential, possible left adrenalectomy. Pheochromocytoma is also a potential of either adrenal gland. Typically Trilostane will cause bilateral adrenal enlargement during treatment; however, the irregular enlargement of the left adrenal gland is a concern especially given the severe hypertension. Urine catecholamine is warranted to assess for pheochromocytoma, which I would suspect to be a potential of the left adrenal gland.





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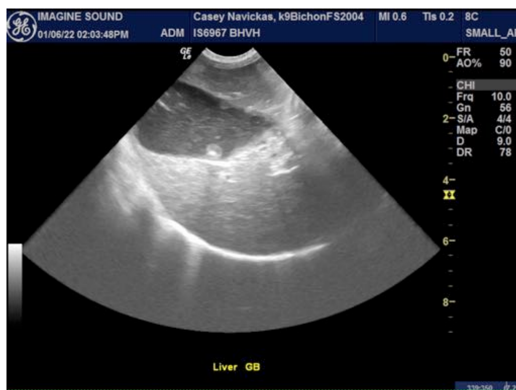

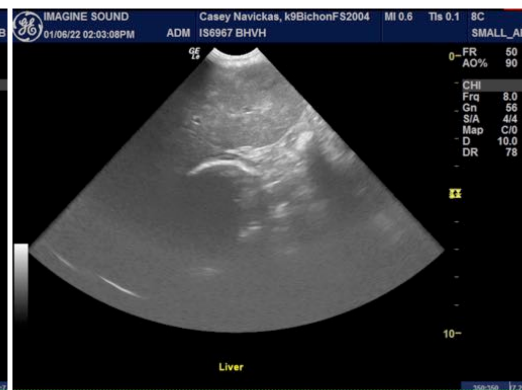

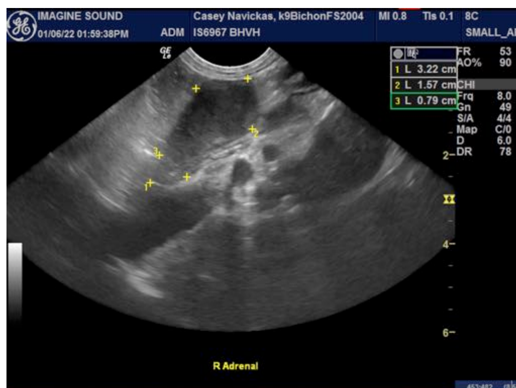

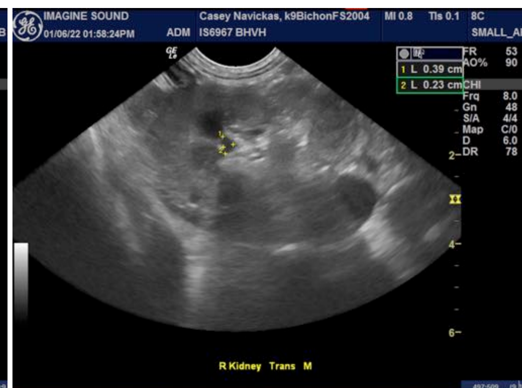

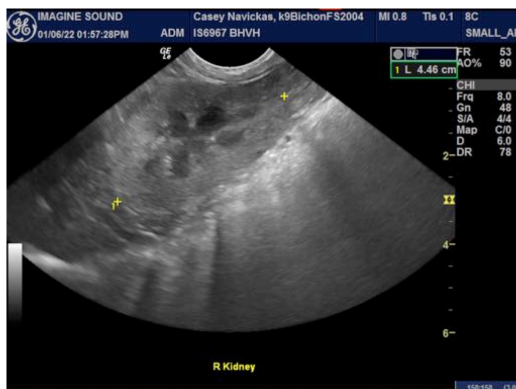

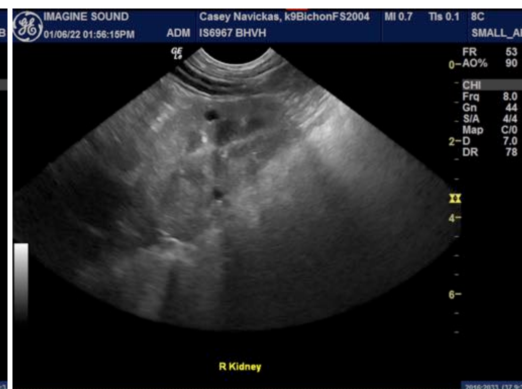

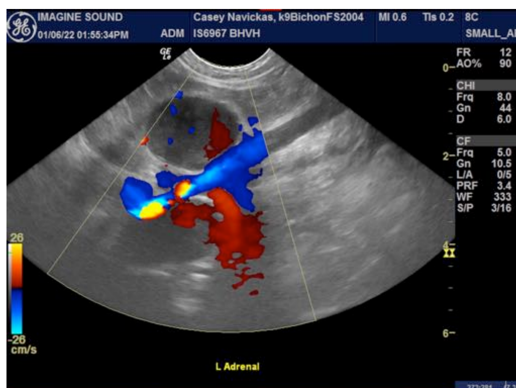

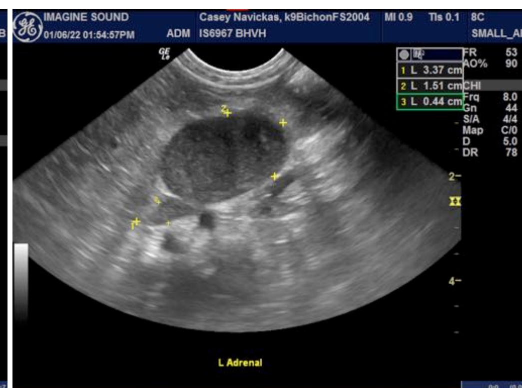

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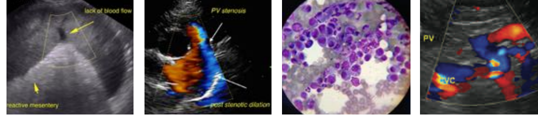

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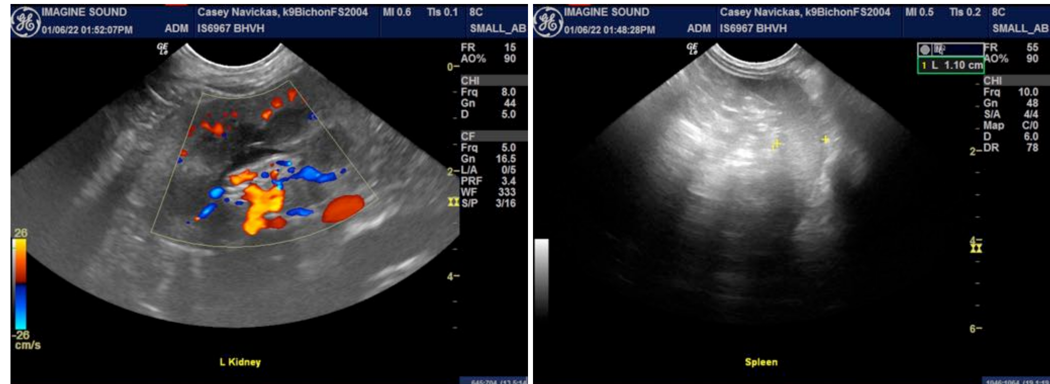

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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