

**DATE PRESENTING CLINICAL SIGNS**

10/1/21 History: In for WVX, eval of Cardiac status, PU/PD. Heart murmur III-IV.

PATIENT

Jones Alkaterinidis

Current Medications: Vetmedin 5mg 1 po BID, Trazodone 100mg 1 PO BID prn anxiety.

Lab Results: hyposthenuria, proteinuria, albumin low normal

Date of Previous IntraPet Ultrasound: No previous

Sedation: not needed

SPECIES

Canine

Stat Report: not requested

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Vizsla

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 were noted. Ureteral papillae were normal.

SEX

Neutered Male

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 5.9 cm. The left kidney measured 6.42 cm.

AGE

2008

WEIGHT

50.3 Pounds

Adrenal Glands

The **right adrenal gland** was significantly enlarged with swollen irregular contour, measuring 4.7 cm x 2.68 cm at the cranial pole and 1.17 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

The **left adrenal gland** was also enlarged, uniform, measuring 2.96 cm x 1.27 cm at the cranial pole and 0.98 cm at the caudal pole,

Spleen

The **spleen** was enlarged with heterogeneous nodular changes. No evidence of overt masses.

HOSPITAL NAME

Festival VC

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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 wall mineralized consistent with porcelain gallbladder.

REFERRING VET

Dr. Beron

Gastrointestinal

The upper **gastrointestinal tract** presented excessive amount of GI gas. The small intestine and colon were unremarkable.

INVOICE

13447

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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen

Slight free fluid was noted in the caudal **abdomen**, the exact cause is unclear.

ULTRASONOGRAPHIC FINDINGS

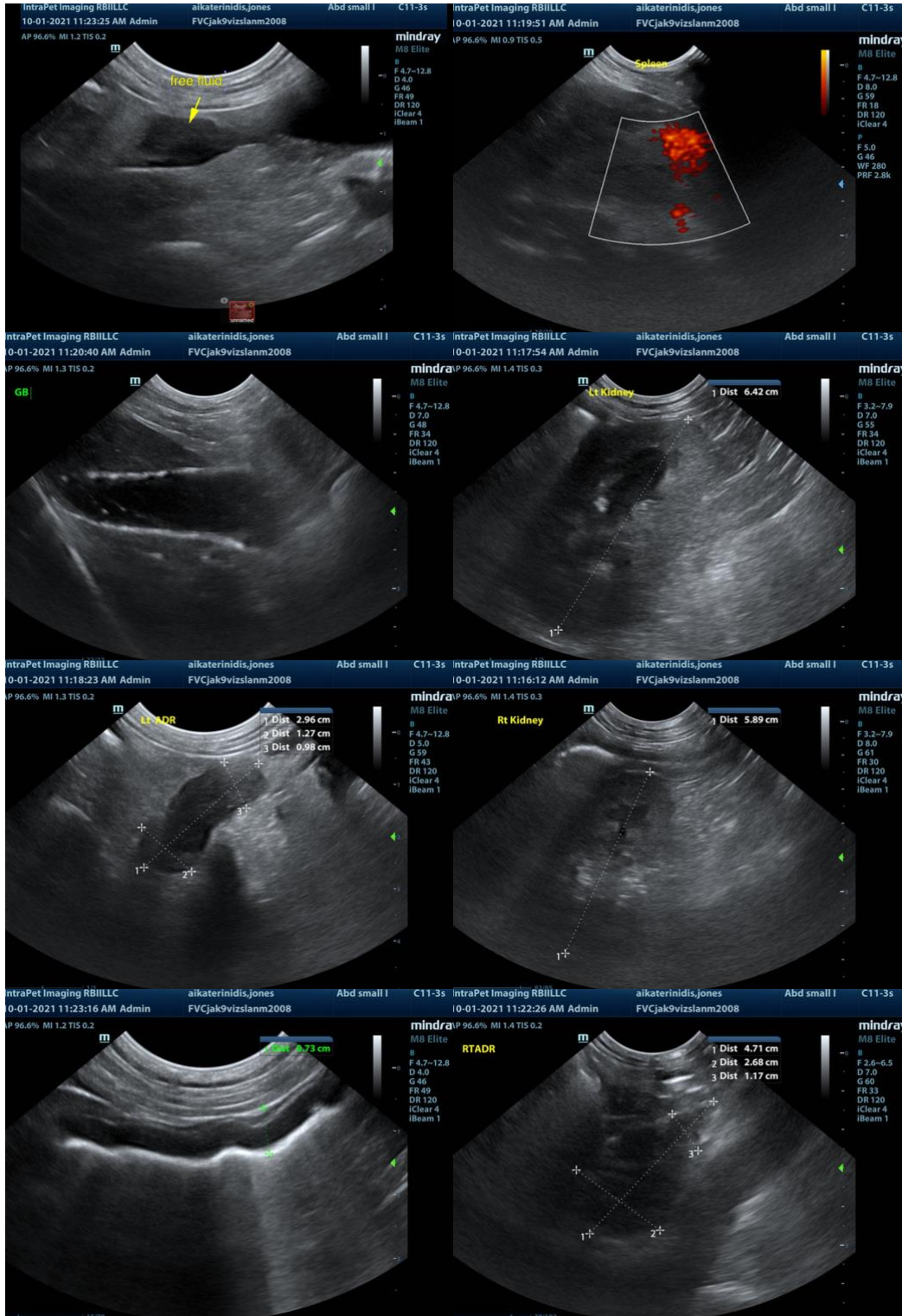
- The adrenals are bilaterally enlarged may represent PDH or possible pheochromocytoma or adenocarcinoma
- Chronic hepatic changes
- Undefined nodular splenic changes
- Porecelain gallbladder
- Age-related pancreatic and renal changes
- Normal lower urinary tract
- Slight free fluid in the caudal abdomen
- Upper GI Gas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not already performed, work up for PDH recommended. Blood pressure measurements warranted. The GI gas obscured complete visualization of the relationship of the vena cava to the adrenal glands. CT evaluation of abdomen, primarily of the adrenal glands would be ideal. The cause of the free fluid is unclear and is only minor, should be monitored carefully. Urine catecholamine would be ideal to assess for pheochromocytoma.

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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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