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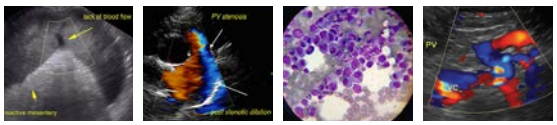

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Menchi Blanken

SPECIES

Canine

BREED

Corgi

SEX

Neutered Male

AGE

14 Years

WEIGHT

30.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Santa Clara AH

REFERRING VET

Dr. Barbara Brasted-Maki

DATE

10/11/21

INVOICE

26196

PRESENTING CLINICAL SIGNS

Recurrent UTI (treated initially with Enrofloxacin, now Amoxicillin), Marked and persistent lymphocytosis Owner's observations: Panting more, acting restless and uncomfortable. Exam is largely unremarkable give patient's advanced age - He has dental disease, arthritis, scuffs his paws. Abnormal PE/Chem/CBC/UA Results: Urinalysis 9-30-21: Urine is isosthenuric with borderline pyuria, marked hematuria, and marked bacteriuria. Urine culture: E. coli, sensitive to all antibiotics tested. CBC/Path review 9-30-21: WBC 44,800, Neuts 14,336, Lymph 28,224. No diagnosis on path review (to be emailed). Senior Screen 8-12-21: CBC: Reticulocyte increased at 136,000. White blood cells 41,400, with 24,840 of those cells being lymphocytes and 4554 being unclassified. Monocytes are also increased at 1242. Chemistries: BUN increased at 38, low creatinine (1.2) and SDMA (28) are normal. Liver enzymes are elevated (ALT 204, ALP 279, GGT 22) Urinalysis: Urine is dilute (SG 1.014), with pyuria (white blood cells 20-30 /HPF), hematuria (red blood cells 15-20 /HPF) and bacteriuria (greater than 40, morphology and clear) T4: 1.3 CBC 6-22-2020: Lymphocytes 22,220 Patient had a splenectomy June 2020: Histopathology showed hematoma

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall was slightly thickened at the apex. The residual prostate was uniform at 0.7 cm. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities.

Adrenal Glands

The **left adrenal gland** was enlarged, heterogeneous and swollen, measuring 2.53 cm x 1.6 cm at the caudal pole and 0.86 cm at the cranial pole. The **right adrenal gland** presented normal size and contour, measuring 2.58 cm x 0.53 cm at the cranial pole and 0.59 cm at the caudal pole.

Spleen

The splenic fossa was unremarkable.

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. The gallbladder wall was slightly echogenic, consistent with mineralization/fibrosis. 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. Variable nodular changes noted.

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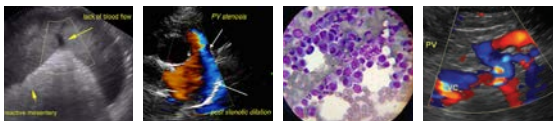

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Gastrointestinal

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.

Other

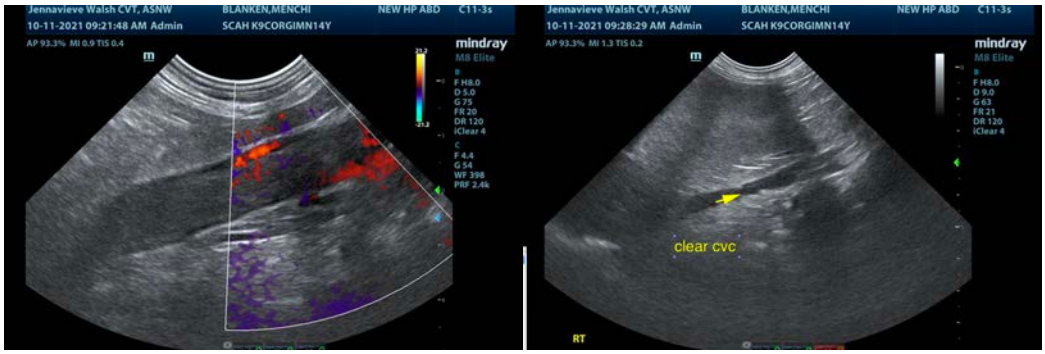
The aorta revealed an extensive thrombus measuring at least 4.0 cm in length and continued cranially to the level of the left renal artery. Connection to the left adrenal gland is possible. However, typically adrenal neoplasia enters into the vena cava. The vena cava appeared volume contracted.

ULTRASONOGRAPHIC FINDINGS

- Irregular, enlarged left adrenal gland – suspect carcinoma or pheochromocytoma, possibility of adenoma.
- Concurrent aortic thrombosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend serial blood pressures in this patient. Functional carcinoma is a possibility. The left adrenal gland appears resectable, unless it is by chance connected to the aortic thrombus. The vena cava appeared free of evident pathology. The right adrenal gland appeared normal. Therapeutic objective would be to attempt to dissolve the aortic thrombus or possibly remove surgically or through intervention procedures. FNA of the liver nodules could be considered, yet would be most consistent with nodular hyperplasia. Working towards left adrenalectomy would be warranted. If the patient appears Cushingoid, workup for adrenal dependent Cushing's would be indicated. If hypertension is present, then urine catecholamine would be indicated to assess for adrenal neoplasia. Guarded prognosis. This patient is at high risk for thromboembolic events given the evident hypercoagulable state. The aortic thrombus occupied approximately 80% of the aortic lumen.



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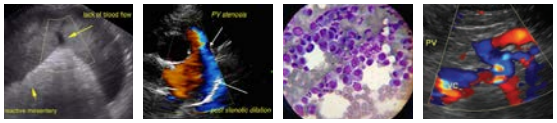

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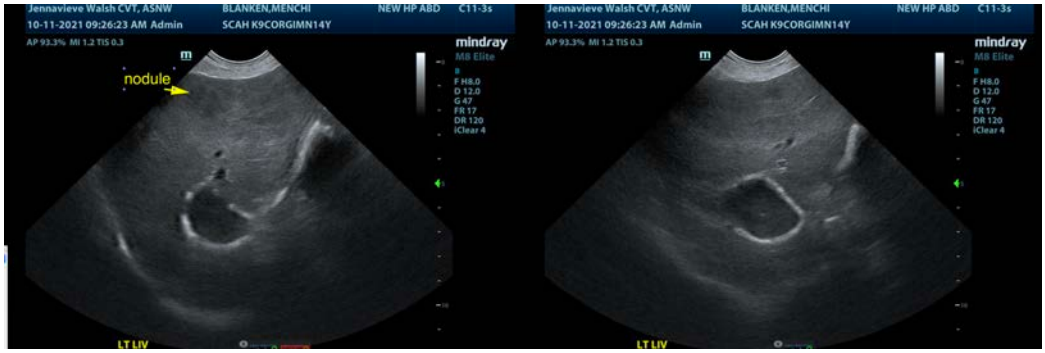

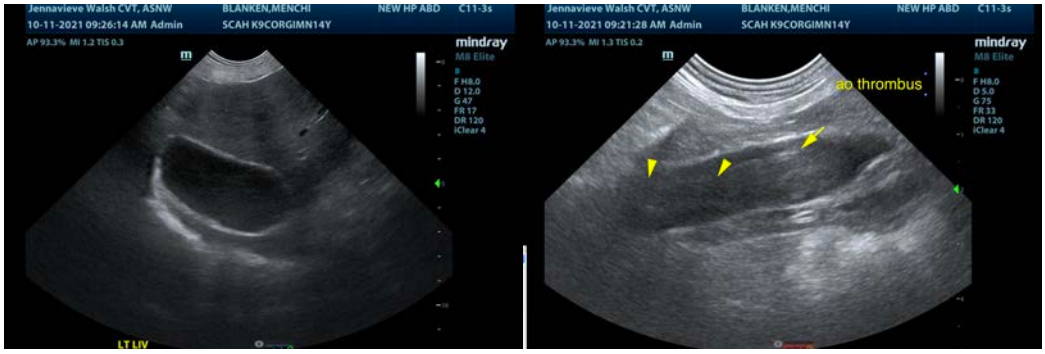

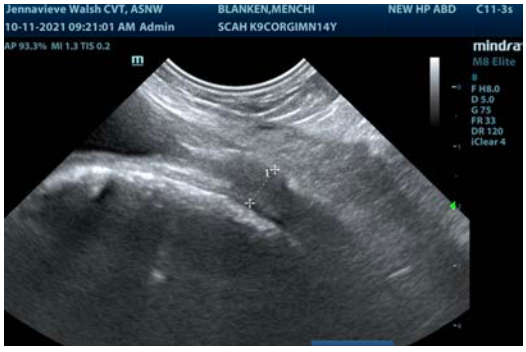

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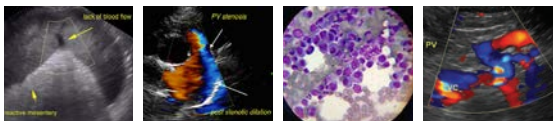

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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