



**PATIENT**

Molly Fung

**SPECIES**

Canine

**BREED**

West Highland Terrier

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

18.5 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Barnea

**HOSPITAL NAME**

Tenaflly Vet Center

**REFERRING VET**

Dr. Barnea

**INVOICE**

42057

**DATE**

10/13/22

**PRESENTING CLINICAL SIGNS**

10/4---> azotemia sdma 22 usg=1.014 alt mild elevation 172 pli normal lepto negative resting cortisol 2.2 bp=125 r/o chronic kidney dz bw was repeated today for comparison depraved appetite and increased thirst

**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 were noted. Ureteral papillae were normal.

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 his age patient. Medullary structure differed distinctly from that of the cortex. Slight pyelectasia noted in both kidneys. The right kidney measured 3.96 cm with corticomedullary mineralization noted. The left kidney measured 4.48 cm.

**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 0.60 cm.

The **left adrenal gland** was mildly swollen at the caudal pole (8.0 mm) with a mixed echogenic nodule measuring 1.0 cm. The cranial pole measured 6.0 mm.

**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** 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 **gallbladder** was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

**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.



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**Pancreas**

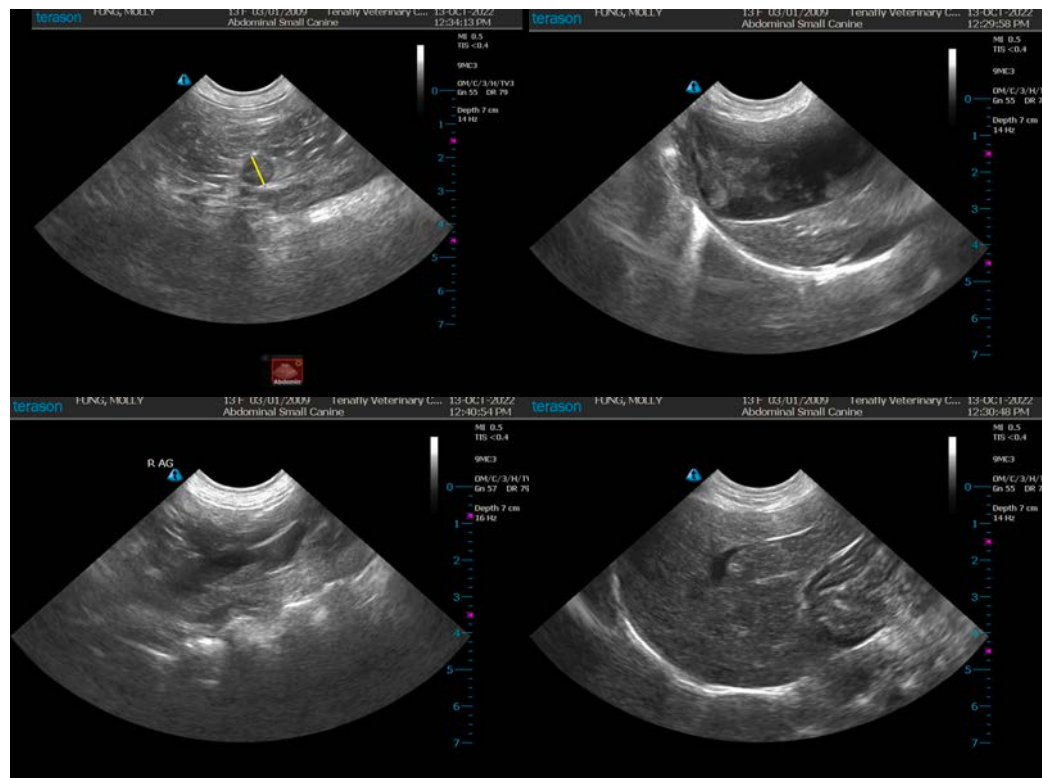
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Swollen left adrenal gland/nodule – likely adenoma.
- Moderate degenerative renal changes with corticomedullary mineralization and slight pyelectasia.
- Hepatic remodeling, likely owing to chronic inflammatory hepatopathy

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

IV fluid support recommended to treat the azotemia. FNA of the liver warranted for further definition of any inflammatory elements. Full urinary workup indicated. If the patient appears Cushingoid, workup for adrenal dependent Cushing's indicated, given the left adrenal nodule





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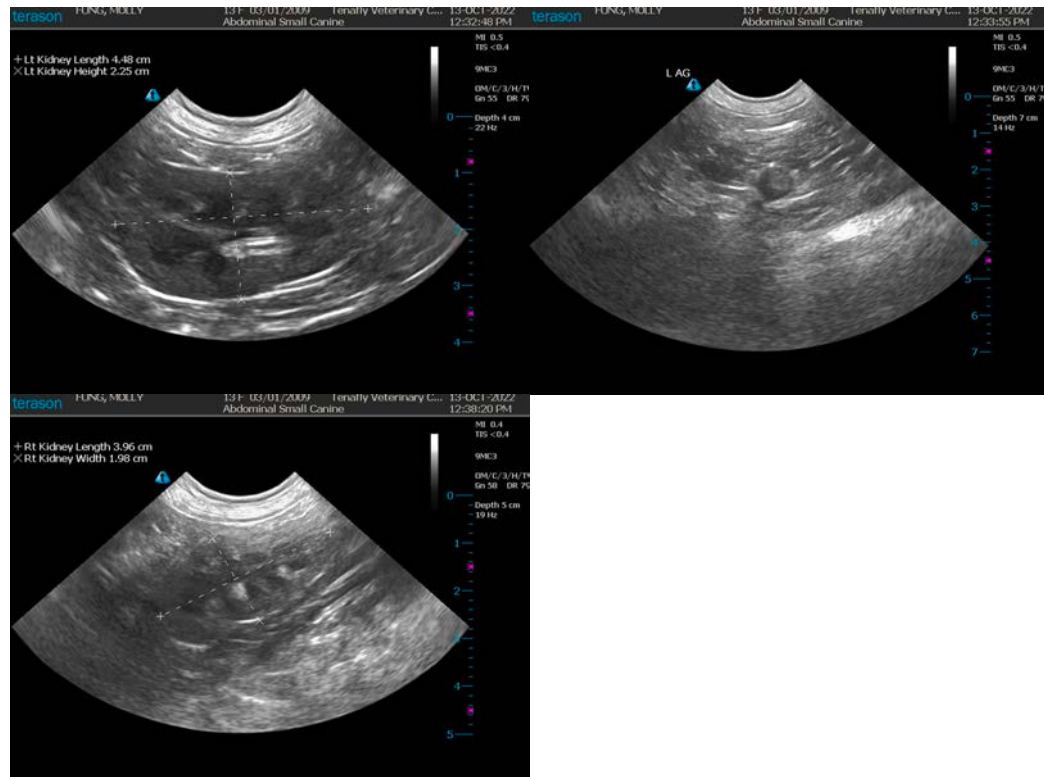
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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