

**DATE PRESENTING CLINICAL SIGNS**

10/15/21 History: Vomiting, 13 lb weight loss in 2 1/2 months, lethargic, history of laryngeal paralysis.

PATIENT

Current Medications: IV LRS continuous rate infusion 130 mls/hour, Cefazolin - 900 mg BID, Maropitant - 40 mg SQ QD.

Dash Alascio

Lab Results: cPLI – abnormal. CBC - stress leukogram. Chemistry - ALT 139, Alk Phos 243.

Date of Previous IntraPet Ultrasound: No previous

SPECIES

Sedation: not needed

Stat Report: not requested

Canine

BREED

Labrador

SEX

Neutered Male

AGE

2007

WEIGHT

86 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Schaupp

INVOICE

13801

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 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 left kidney measured 7.76 cm. The right kidney measured 7.65 cm.

Adrenal Glands

The **left adrenal gland** was enlarged and irregular with a 2.7 cm x 1.65 cm mass within the generalized enlargement of the left adrenal. The left adrenal gland measured 5.0 cm x 2.56 cm at the cranial pole and 1.79 cm at the caudal pole.

The **right adrenal gland** was enlarged, measuring 3.83 cm x 2.13 cm at the cranial pole and 1.87 cm at the caudal pole.

Spleen

The **spleen** revealed mixed hypoechoic moderately complex 3.16 cm mass at the cranial pole. The remainder of the spleen was slightly heterogeneous with no other evident pathology

Liver.

The **liver** revealed coalescing hypoechoic micronodular changes. The gallbladder and common bile duct were unremarkable.

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 **pancreas** was enlarged, irregular and nodular with hypoechoic undifferentiated tissue.

Other

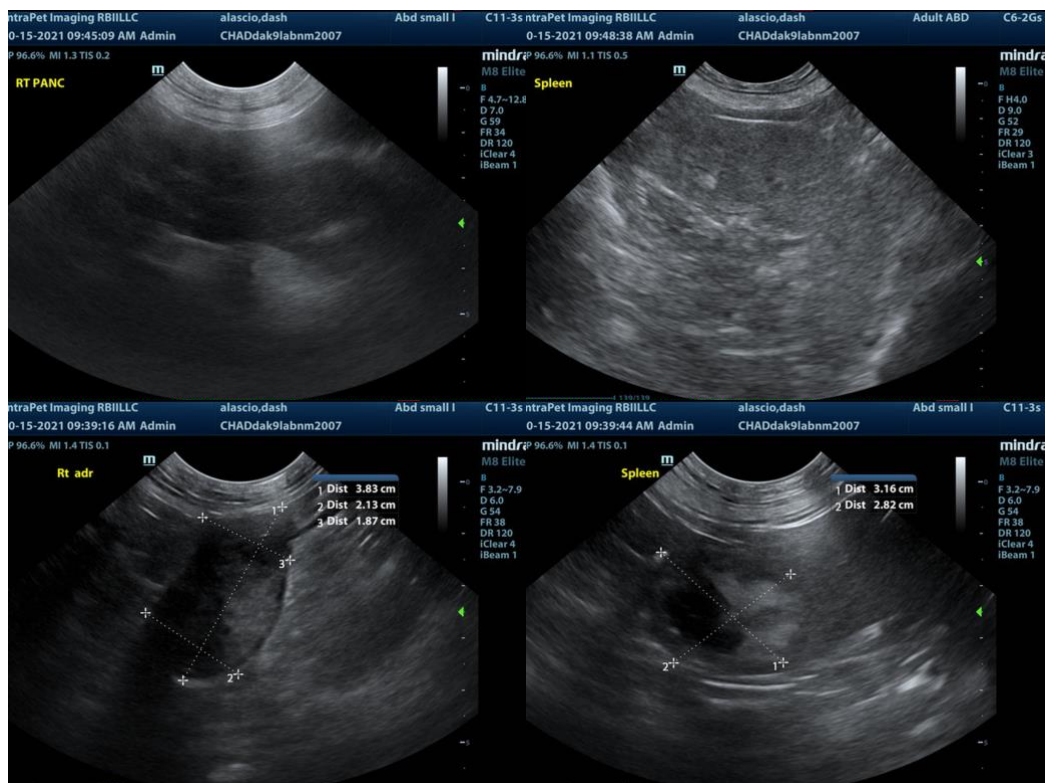
The left **thorax** revealed a 11.0 cm x 11.0 cm hypoechoic mass and separate 8.0 cm undifferentiated mass.

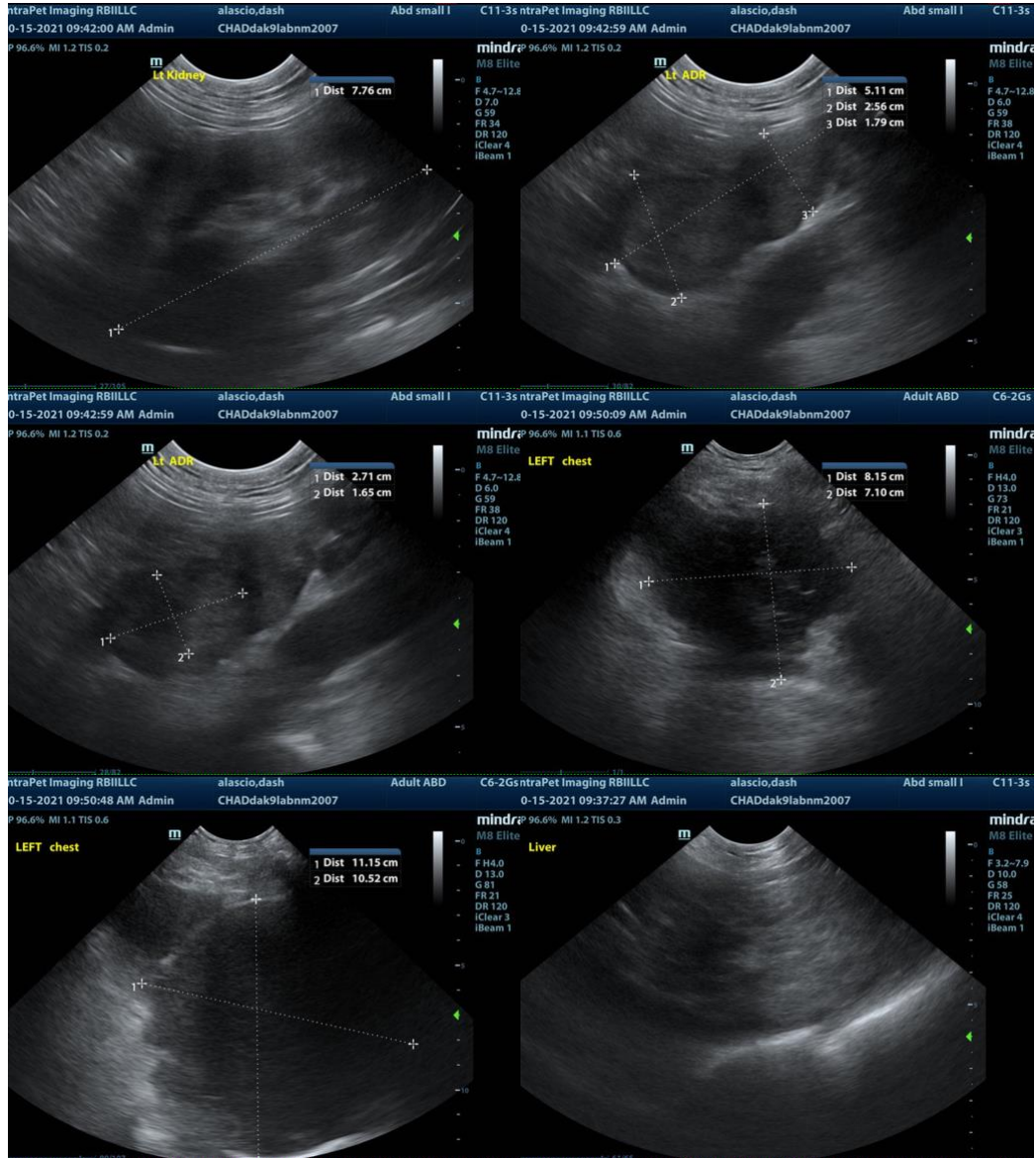
ULTRASONOGRAPHIC FINDINGS

- Left adrenal mass, bilateral adrenal enlargement with nodular changes
- Coalescing nodular liver
- Multifocal thoracic masses, likely lymph node based
- Concurrent splenic mass, may be metastatic from the adrenal glands or associated with the thoracic pathology or separate pathology all together
- Age-related renal changes
- Pancreas, enlarged, irregular and nodular

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bilateral adrenal neoplasia versus severe hyperplasia owing to PDH possible. Ultrasound guided FNA of the thoracic masses, splenic mass and both adrenals would be ideal. Argument could be made for neoplastic event in multiple areas in this patient which may be all related or completely separate. Blood pressure measurements warranted. Differentials on the adrenals include pheochromocytoma, adenoma, adenocarcinoma or hyperplasia.





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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