



**PATIENT**

Marty Neinast

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

Neutered male

**AGE**

14 years

**WEIGHT**

24.3 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Whitesell

**HOSPITAL NAME**

Dickson AC

**REFERRING VET**

Dr. Whitesell

**INVOICE**

40224

**DATE**

10/21/22

**PRESENTING CLINICAL SIGNS**

History: Decreased appetite for past 1.5 months. History of having a hairball per owner that made sick. Is currently under treatment for Cushing's, on veteryl. Last stim test done 9/27/2022 results in normal range. (pre 2microgram/dL, post 5.15 microgram/dL)  
Abnormal PE/Chem/CBC/UA Results: All bloodwork on 9/28 was WNL.

**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 was noted. Ureteral papillae were normal.

The prostate was slightly enlarged and mildly heterogenous measuring 1.5 cm. This is considered normal if the patient was neutered later in life.

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. The left kidney measured 4.0 cm.

**Adrenal Glands**

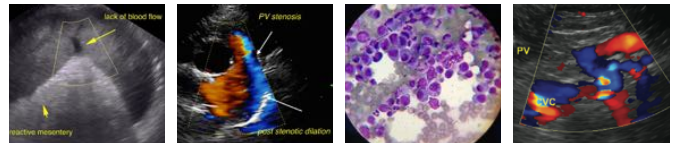
The left **adrenal gland** was normal and measured 0.8 cm. The right adrenal gland was enlarged with regional inflammation and bright surrounding fat. The right adrenal gland measured 3.2 x 1.86 cm. There was no overt vascular invasion noted.

**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 was 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 presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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**Gastrointestinal**

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The **stomach** revealed a fluid filled lumen. The gastric wall was unremarkable. The small intestine and colon were unremarkable.

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**Pancreas**

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The **pancreas** revealed a minor amount of hyperechoic remodeling, yet there was no evidence of active inflammation.

**SEX**

Neutered male

Enlarged right adrenal gland with peripheral inflammation. Adenitis versus pheochromocytoma. Parenchymal thrombosis is possible given the patient's history.

**AGE**

14 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

24.3 lbs

I am concerned for adenocarcinoma of the right adrenal gland with peripheral inflammation. This is likely the cause of the clinical signs. Right adrenalectomy should be considered in this patient. Blood pressure measurements are indicated. The remainder of the abdomen appears stable. There was no evidence of metastatic disease. There was no obvious evidence of caval invasion, yet this cannot be completely ruled out. CT evaluation for surgical planning would be ideal.

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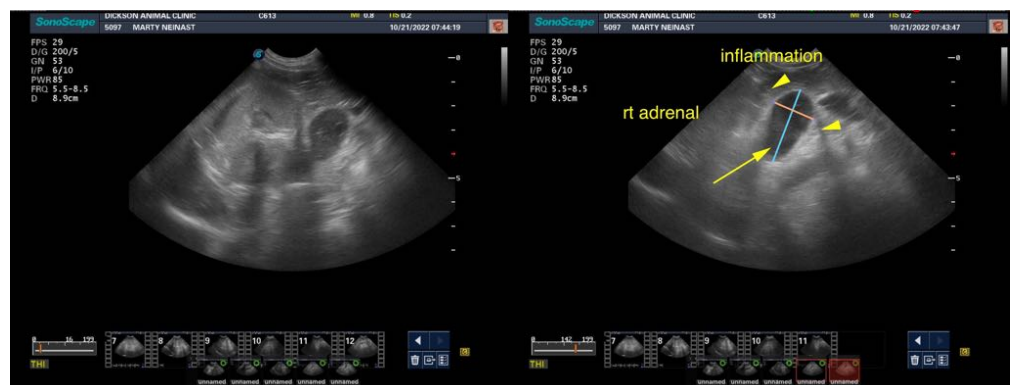
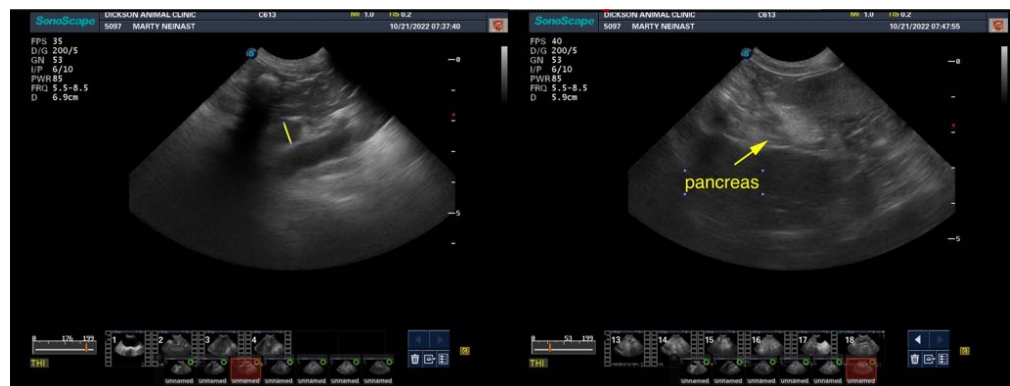
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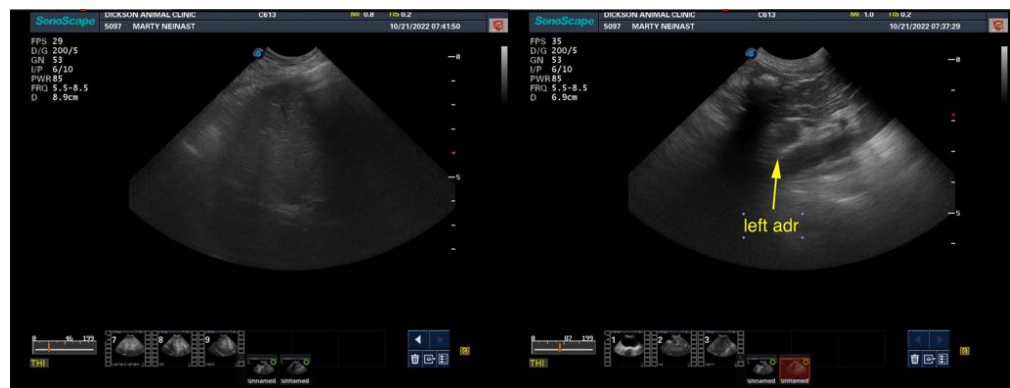
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com