



PATIENT

Bella Stamp

SPECIES

Canine

BREED

Portuguese Water Dog

SEX

Spayed Female

AGE

11 Years

WEIGHT

23.4 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dave Stasiuk, RDMS,
RDCS

HOSPITAL NAME

Chris Belan VS

REFERRING VET

Alpine 24/7 Dr. Sasa
Karagic

INVOICE

14006

DATE

10/22/21

PRESENTING CLINICAL SIGNS

History: Lump found on tail. Sample taken with pathology suggesting possible malignancy. Rule out metastases in abdomen.

Abnormal PE/Chem/CBC/UA Results:

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 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. An anechoic cyst (0.97 cm) was noted in the right kidney. The right kidney measured 6.74 cm. The left kidney measured 5.58 cm.

Adrenal Glands

The **left adrenal gland** was heterogeneous, measuring 0.64 cm at the caudal pole and 0.5 cm at the cranial pole.

The **right adrenal gland** was enlarged, heterogeneous and nodular. A 1.62 cm x 1.16 cm nodule was noted at the cranial pole. The caudal pole was unremarkable. Most consistent with adenoma.

Spleen

The **spleen** was largely smooth with mild subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted. Caudal folding of the spleen was noted.

Liver

The **liver** revealed multifocal hyperechoic nodules with isoechoic to heterogeneous changes.

Gastrointestinal

Some retention of ingesta or soft foreign matter (such as grass or similar) may be present in the **stomach**. The small intestine and colon were unremarkable.

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.



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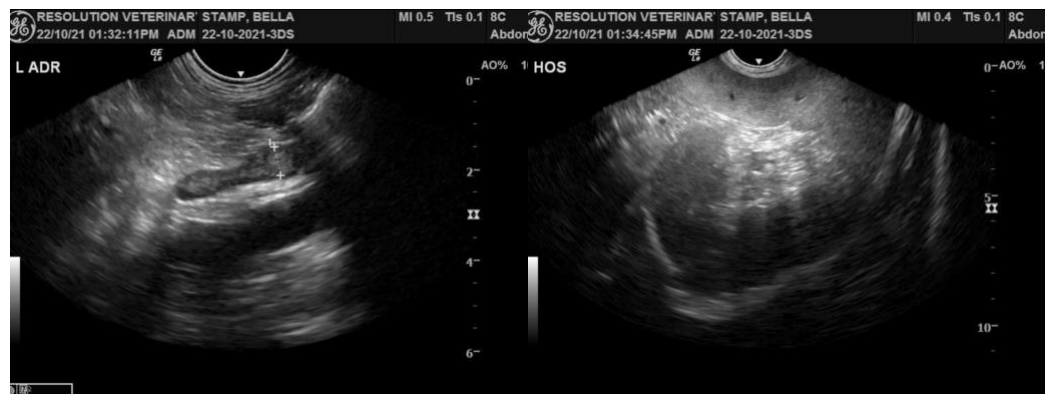
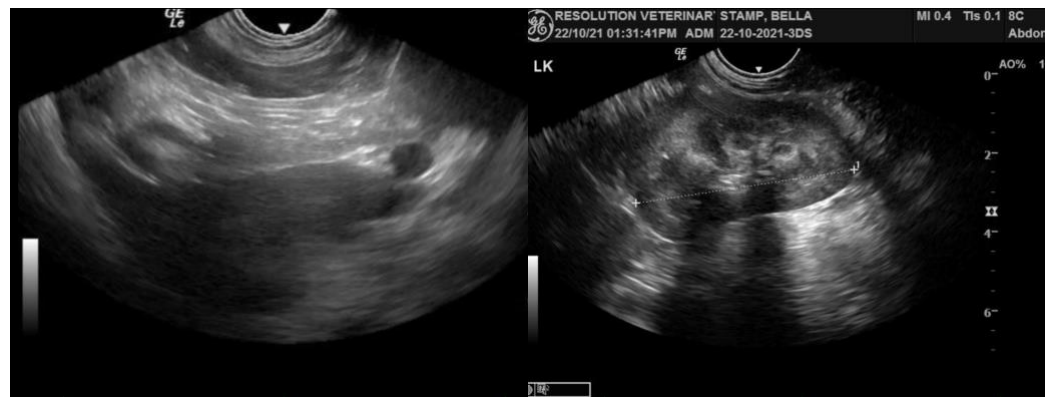
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ULTRASONOGRAPHIC FINDINGS

- Hyperechoic nodules noted throughout the liver, subjectively benign
- Minor heterogeneous spleen
- Right adrenal nodule, adenoma likely. Carcinoma, pheochromocytoma possible
- Benign renal cyst

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver nodules strongly recommended given the patient history, however, subjectively they appear benign. Likely nodular hyperplasia of the liver/lipogranulomas, mild potential for metastatic disease depending upon the primary tumor cytology. If the patient appears Cushingoid, then work up for right adrenal dependent Cushings warranted. Serial blood pressures warranted. If hypertension is present, then urine catecholamine warranted to rule out pheochromocytoma, however, structurally the right adrenal is most consistent with adenoma.





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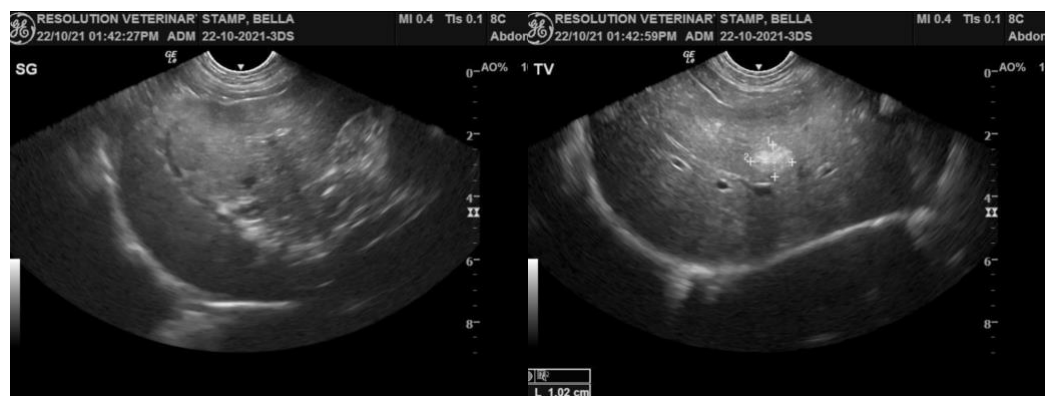
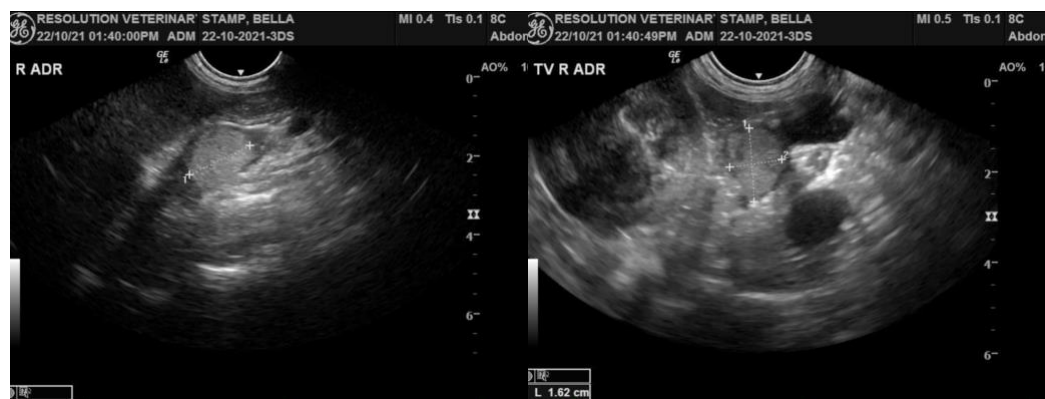
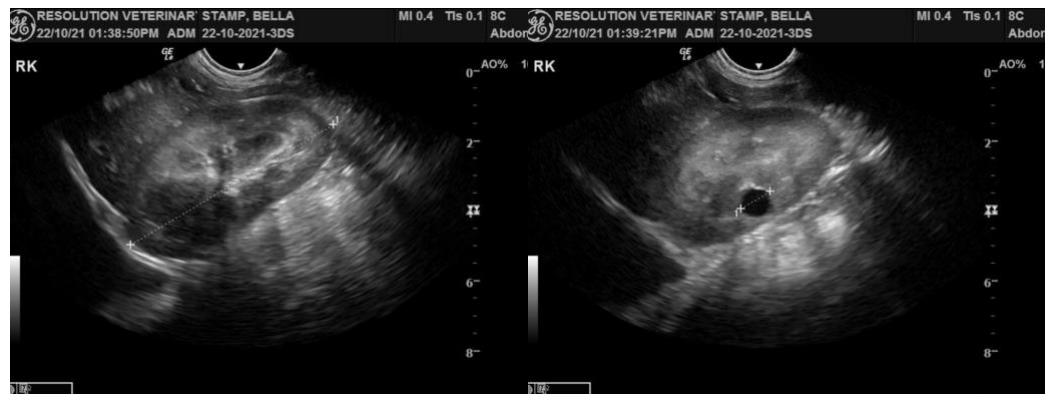
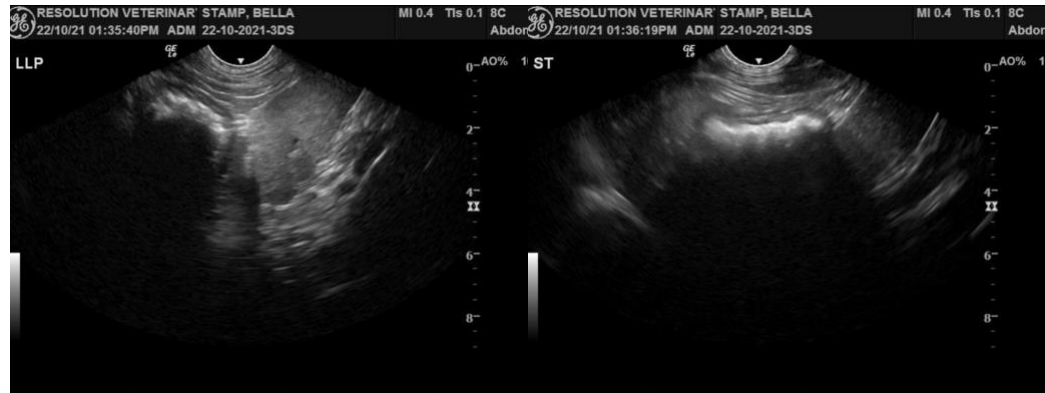
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com