



PATIENT

Chiana Geer

SPECIES

Canine

BREED

Rottweiler

SEX

Spayed female

AGE

12 years

WEIGHT

82.9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Jagger

HOSPITAL NAME

VCA Parkway AH

REFERRING VET

Dr. Jagger

INVOICE

42162

DATE

10/26/22

PRESENTING CLINICAL SIGNS

History: Weight loss, intermittent vomiting, not eating, has looked pale at times and then improves. Recently had tumor removed from toe but it came back benign. Panting constantly. Arrhythmia with PVC's and pulse deficits. Cardiac size WNL on chest radiographs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra 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. The left kidney measured 7.32 cm with retroperitoneal fluid accumulation. The right kidney was unremarkable and measured 6.0 cm. However, some regional inflammation and fluid was noted around the right kidney owing to the adrenal pathology.

Adrenal Glands

A mixed, hypoechoic, undifferentiated mass was noted in the caudal abdomen and extended at least 10+ cm. The mass deviated the left kidney dorsally with retroperitoneal fluid accumulation. The position of the mass derives from the region of left adrenal gland. Free fluid was noted in the mid caudal abdomen and the vena cava was invaded and expanded 2.0 cm. The left adrenal mass was imaged from the right abdominal approach and demonstrated caval invasion. The region of the right adrenal gland was unremarkable. However, the vena cava was invaded to the level of the right adrenal gland.

Spleen

The **spleen** revealed mixed, hypoechoic, irregular, 1.7 cm target nodule in the mid cranial body. Other nodular changes were noted on the spleen. This is strongly suggestive for metastatic disease.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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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.

Free Abdomen

Iliac trifurcation was unremarkable.

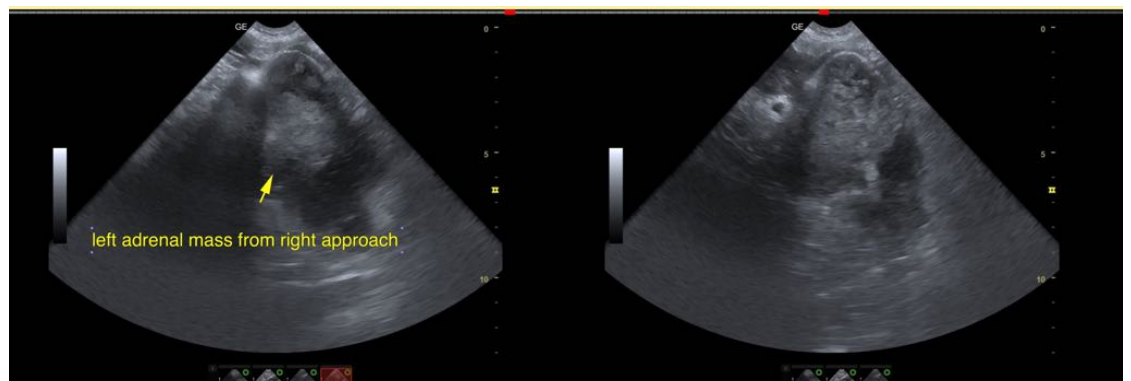
ULTRASONOGRAPHIC FINDINGS

Extensive left adrenal mass with caval invasion extending into the retroperitoneal space and caudal abdomen.

Secondary free fluid, likely hemorrhage and inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pheochromocytoma is suspected with a metastatic pattern to the spleen. FNA of the spleen and mass could be considered with potential complications of adrenal surge. The prognosis is poor. Carcinoma is possible, yet less likely. Urine catecholamine can be considered to confirm suspicion of pheochromocytoma.





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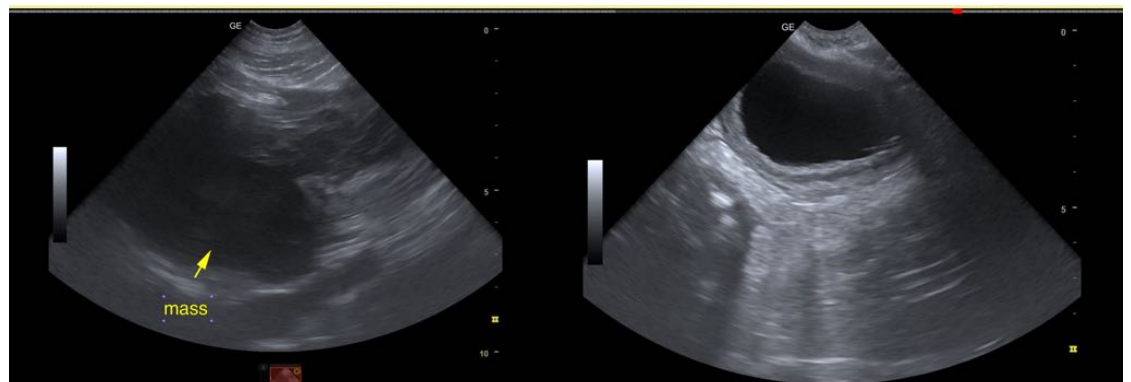
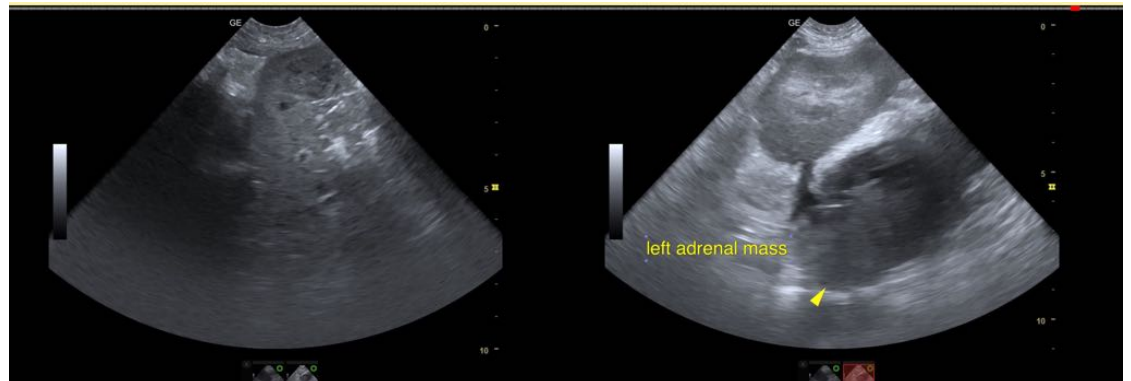
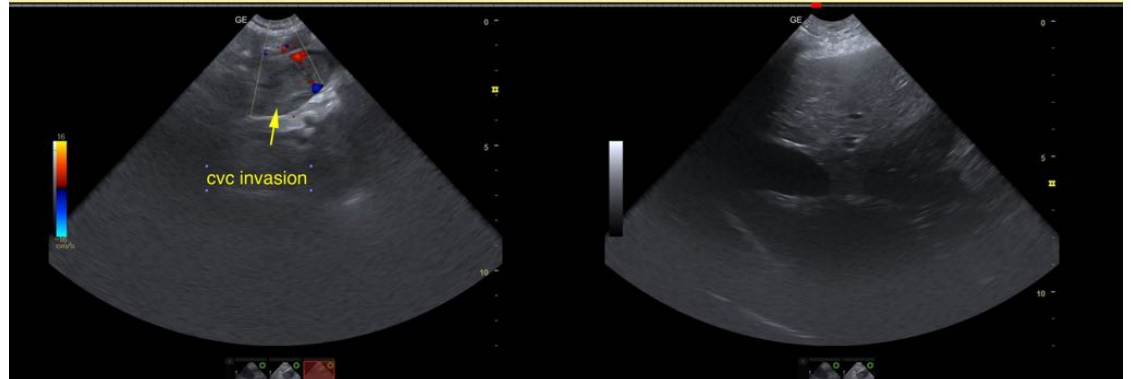
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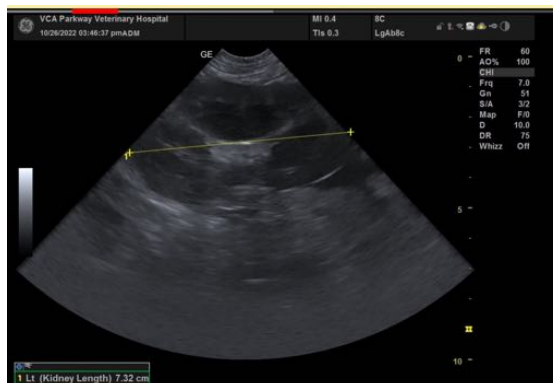
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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