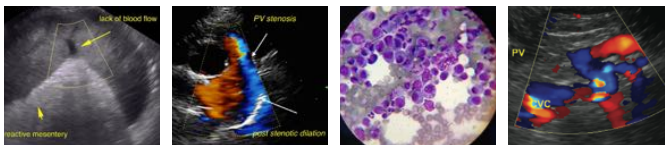
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™




SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**
Cookie Mariani

**SPECIES**
Canine

**BREED**
Pomeranian

**SEX**
Spayed female

**AGE**
8 years

**WEIGHT**
16 lbs

**INTERPRETED BY**
Eric Lindquist, DMV DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**
Jenn

**HOSPITAL NAME**
Rockaway AH

**REFERRING VET**
Dr. Maniar

**INVOICE**
42198

**DATE**
10/28/22

## PRESENTING CLINICAL SIGNS

History: recheck dog had u/s on 9/3 showed L adrenal adenomatous typr nodule and monor age related changes now returned with dark tarry stools

## 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 **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 and no evidence of pelvic dilation was present. The right kidney measured 4.34 cm.

### *Adrenal Glands*

The left **adrenal gland** revealed an expansive nodule at the caudal pole measuring 0.73 cm and 0.41 cm at the caudal pole and 2.01 cm in length. The left adrenal gland appears stable. This is likely adenoma. Minor heterogenous changes were noted in the right adrenal gland, yet technically normal in size. The right adrenal gland measured 1.47 x 0.54 cm at the caudal pole and 0.89 cm at the cranial pole.

### *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** was mildly swollen in contour with increased portal markings without evidence of masses. The gallbladder was slightly thickened with a minor amount of debris. The common bile duct was uneventful. Minor evidence of hepatic lymphadenopathy was noted with this presentation most consistent with chronic active hepatitis, which may be of current or past active state dependent on the enzymatic elevations which may vary depending on the moment of blood sampling. Ultrasound guided biopsy could be considered to further define these changes and rule out underlying copper storage disease and define cell type and structural changes with the liver and rule out underlying neoplasia which is not overtly suspected.

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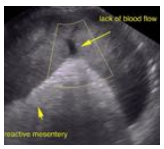
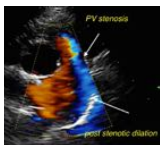
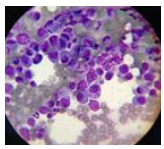
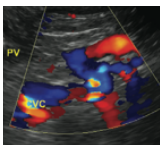

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### *Gastrointestinal*

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was 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.

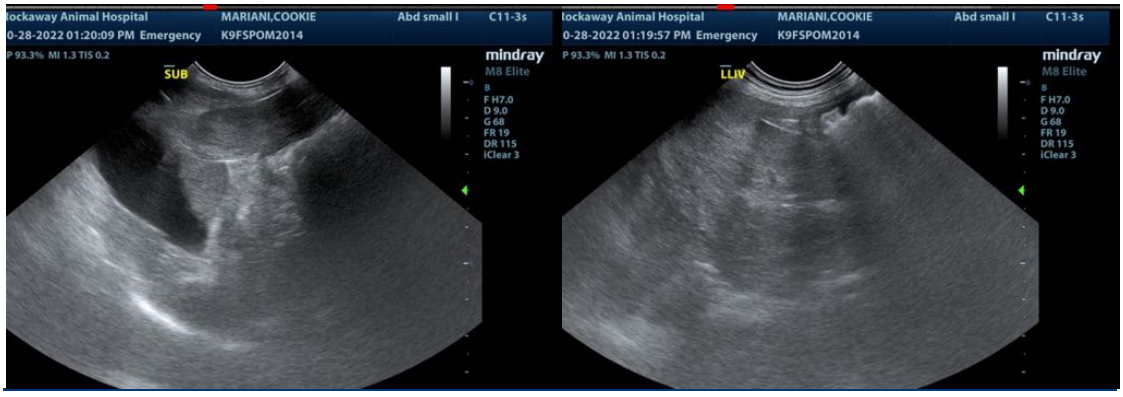
## ULTRASONOGRAPHIC FINDINGS

Left adrenal adenoma, not likely clinical.

Aggressive, chronic hepatic changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Blood pressure measurements are recommended. Bile acid profile is indicated. Supportive care for GI upset should prove effective. If liver enzymes are elevated then FNA is indicated. Dietary indiscretion, food intolerance, structurally significant inflammatory bowel or occult parasitism and occult Addison's are all potentials.



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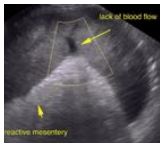
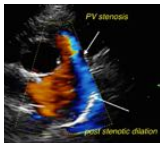
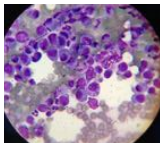
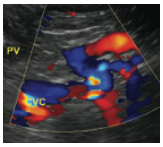

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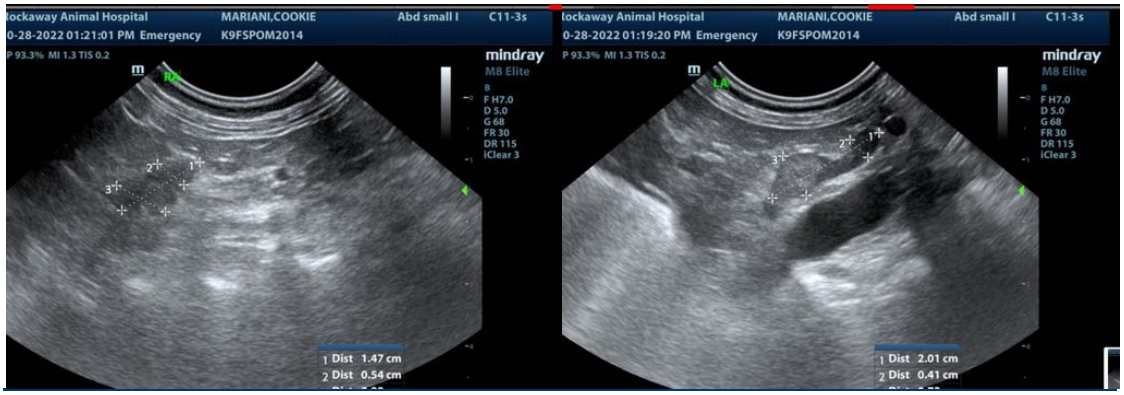


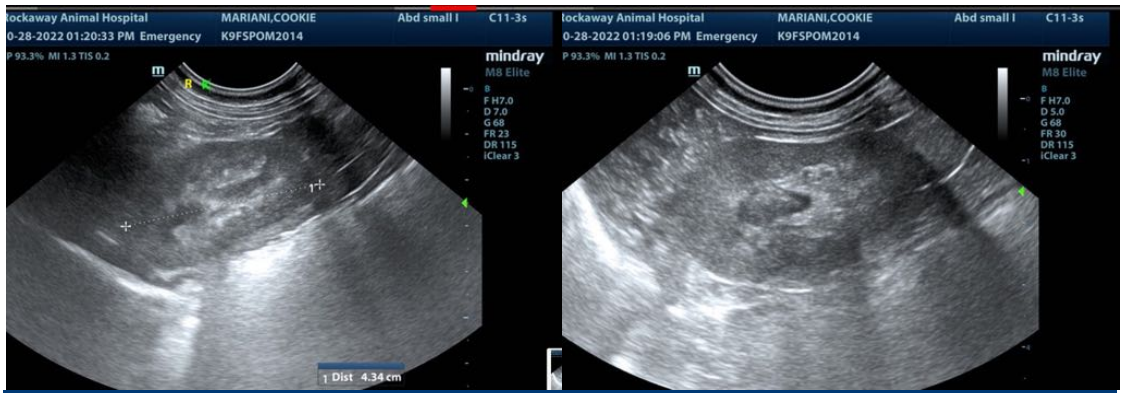


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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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