**DATE PRESENTING CLINICAL SIGNS**

10/29/21

History: PU/PD, elevating liver values. Patient was diagnosed with Cushing disease from left adrenal tumor on previous IntraPet scan. Owner opted for medical management.

PATIENT

Current Medications: Vetoryl 10mg SID in the morning, i/d low fat.

Tink Schwartz

Lab Results: Elevating liver values.

Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: 5-18-2020.

Sedation: Not needed.

SPECIES

Stat Report: Not requested.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED****Urinary System**

Lhasa Apso

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.

SEX

Spayed Female

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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. An anechoic cyst was noted at the dorsal caudal cortex of the right kidney. The right kidney measured 4.94 cm. The left kidney measured 4.83 cm. Slight pyelectasia was noted in the left kidney.

AGE

8/29/2011

WEIGHT

23.8 Pounds

Adrenal Glands**INTERPRETED BY**

The **right adrenal gland** was flattened and isoechoic, measuring 1.75 cm x 0.34 cm at the caudal pole and 0.29 cm at the cranial pole.

Eric Lindquist, DMV
DABVP, Cert. IVUSS

The **left adrenal gland** was similar to the prior sonogram with invasion into the phrenic vein. The left adrenal gland measured 2.32 cm x 1.23 cm at the cranial pole and 0.99 cm at the caudal pole.

HOSPITAL NAME**Spleen**

Abbey AH

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 were noted.

REFERRING VET

Dr. Kluttz

Liver**INVOICE**

14094

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. This change is similar to the prior sonogram.

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

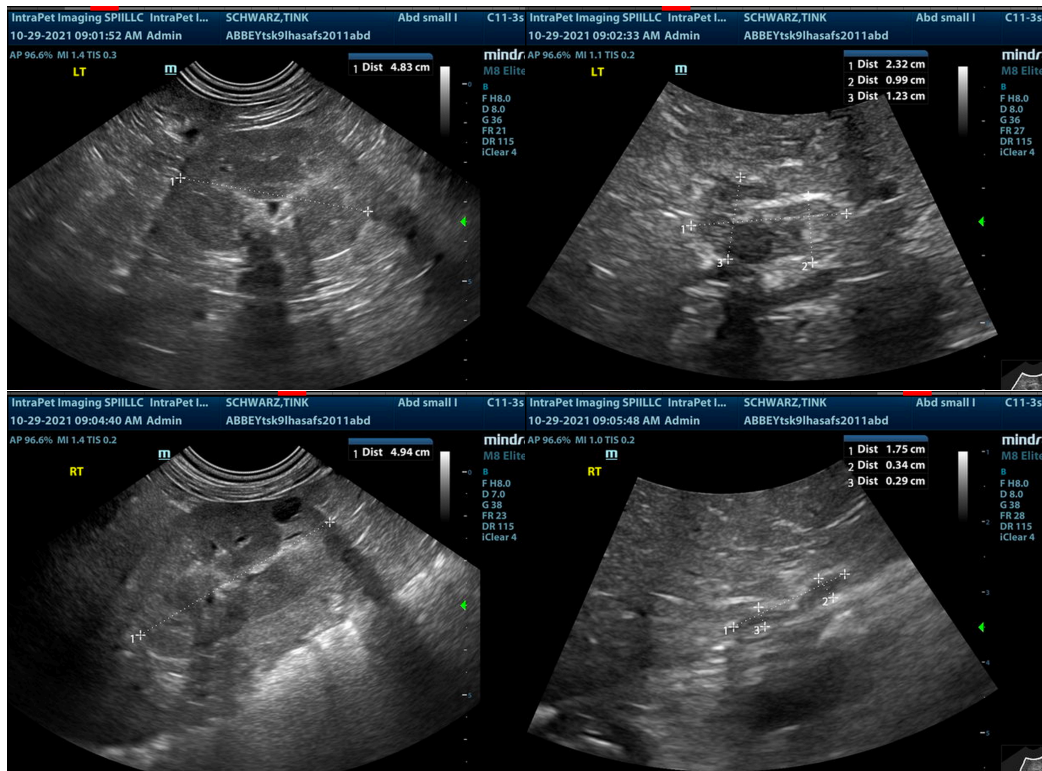
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected. This change is similar to the prior sonogram.

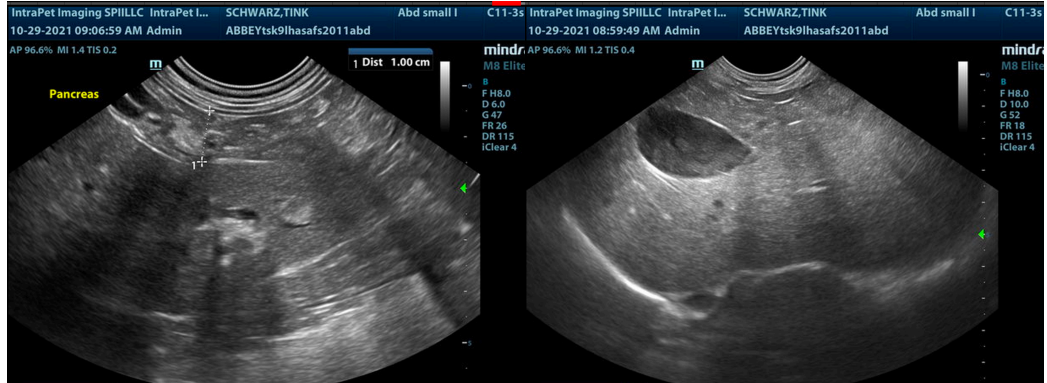
ULTRASONOGRAPHIC FINDINGS

- Invasive yet stable left adrenal gland consistent with carcinoma
- Renal cyst
- Benign hepatopathy
- Geriatric abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient is stable medically, I recommend continuation of the current protocol. However, consideration of left adrenalectomy would still be valid. No evidence of metastatic disease.





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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