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Clinical Sonography & Telecytology
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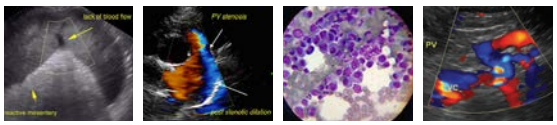

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Lucy Jacobs

SPECIES
Canine

BREED
Labrador

SEX
Intact Female

AGE
8 Years

WEIGHT
82 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
Q Street AH

REFERRING VET
Dr. Bretschneider

INVOICE
42927

DATE
11/23/22

PRESENTING CLINICAL SIGNS

reduced appetite for past 2 weeks, more substantial last 4-5 days

Abnormal PE/Chem/CBC/UA Results: ABNORMAL Laboratory Findings Neutrophil count 20,000. lab work otherwise unremarkable Radiographic Findings none

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a ventral caudal polyp measuring approximately 1.0 cm, deriving from the mucosa. The submucosa and muscularis layers were unremarkable. The cystourethral junction and proximal urethra were unremarkable.

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 left kidney measured 7.3 cm. The right kidney measured 8.2 cm.

Adrenal Glands

The **right adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 2.44 cm x 1.75 cm at the cranial pole and 1.01 cm at the caudal pole.

The **left adrenal gland** was enlarged, irregular, and nodular, measuring 4.3 cm x 1.8 cm at the cranial pole and 0.97 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself cranially. 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.

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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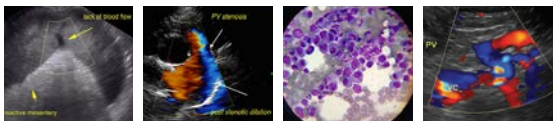

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Gastrointestinal

A 2.1 cm **pyloric** structure was noted in this patient without stasis. This may represent foreign body or oral medications. 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.

Other

The left ovary was cystic and irregular, measuring approximately 3.0 cm. The region of the right ovary was imaged, no evident pathology. The uterus was normal at 8.0 mm in width.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder polyp
- Enlarged, irregular left adrenal gland – hyperplasia, pheochromocytoma, adenocarcinoma all possible.
- Cystic left ovary
- Pyloric structure – possible foreign body or oral medications.
- Age related changes
- Age related hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Serial blood pressures warranted. If hypertension is present, then urine catecholamine indicated. The ventral bladder polyp appears resectable and minor, most consistent with polypoid hyperplasia, minor potential for transitional cell carcinoma.

If ovariohysterectomy is to be performed in this patient as a management approach, especially given the cystic left ovary, then left adrenalectomy and ventral bladder polyp removal should also be considered. The cause of loss of appetite may be related to pathology associated with the left adrenal gland as well as the pyloric structure. Importance of the pyloric structure depends on when the patient last ate and oral medication history. If endoscopy or surgery is to be performed, ultrasound should be performed at NPO status just prior to the intervention to ensure the pyloric structure is still present, given its size, as it could pass into the duodenum or be evacuated.

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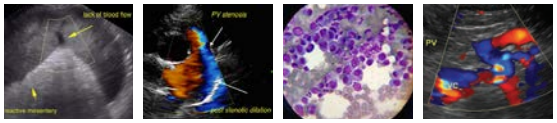

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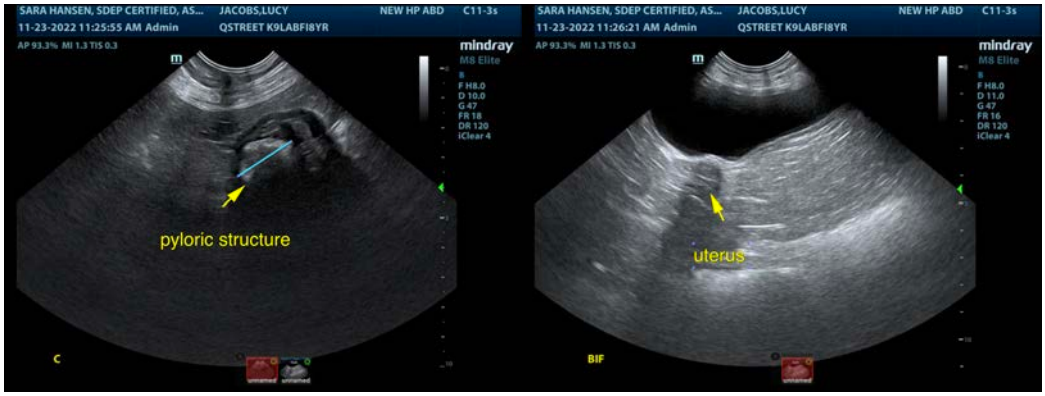

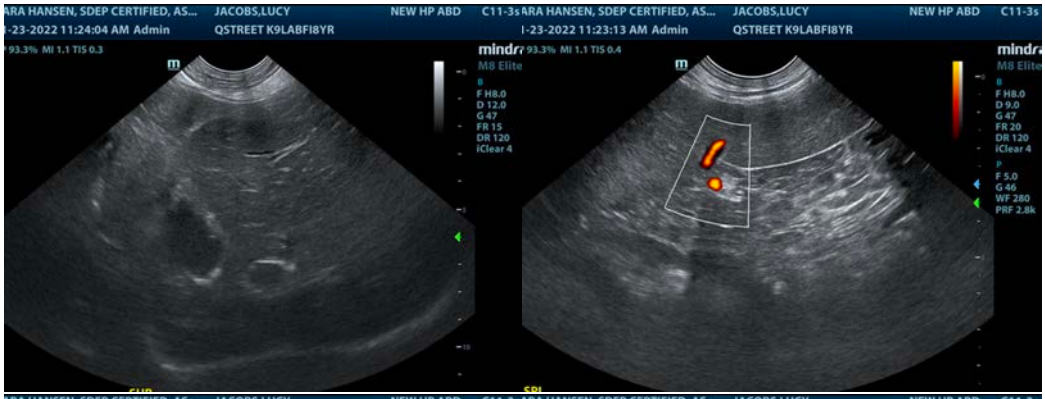

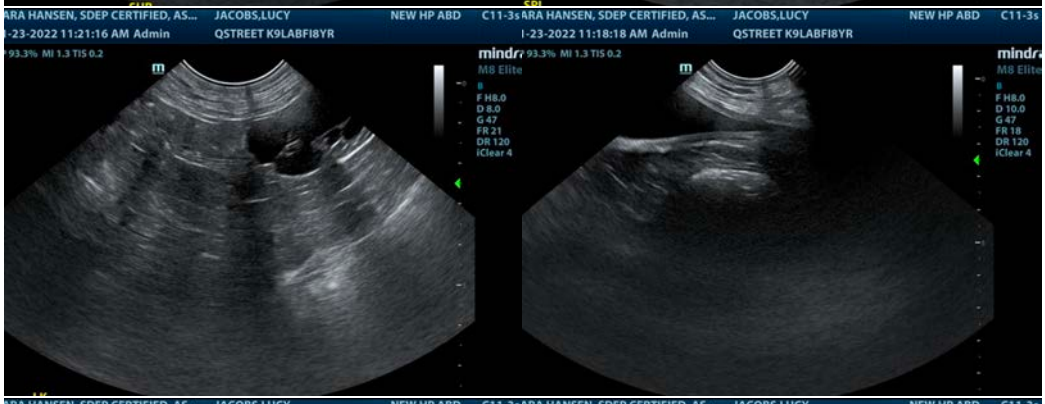

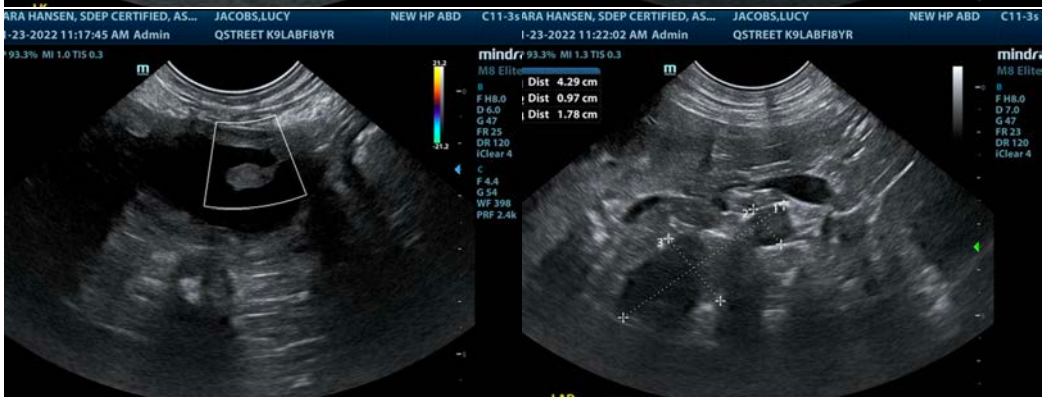

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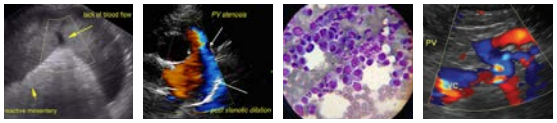

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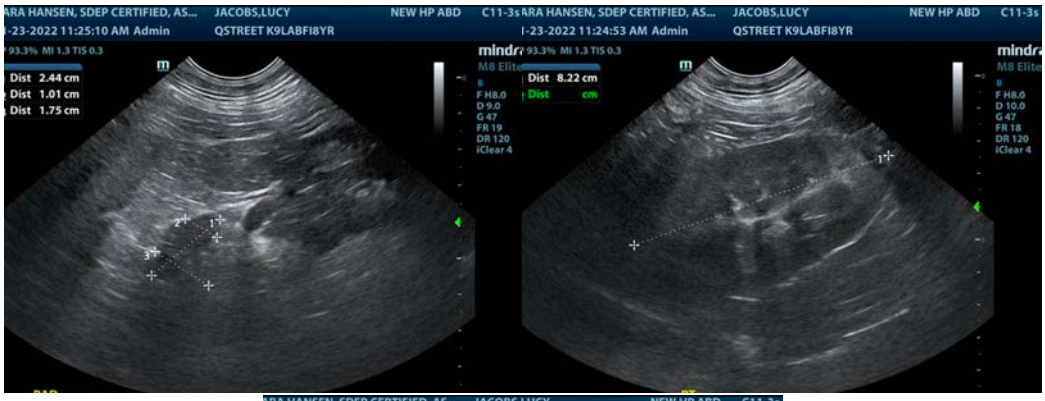

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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