



PATIENT

Bella Hutzell

SPECIES

Canine

BREED

Dachshund

SEX

Spayed female

AGE

10 years

WEIGHT

17.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Melissa DaSilva

HOSPITAL NAME

Pocono Peak VC

REFERRING VET

Dr. Coyle

INVOICE

42324

DATE

11/3/22

PRESENTING CLINICAL SIGNS

History: Patient presented for reluctance to use stairs, eating/drinking/urinating/defecating within normal limits. No CP deficits or pain on palpation of spine. BCS 6/9

Abnormal PE/Chem/CBC/UA Results: Decreased LYM 0.72, MONO 0.13, EOS 0.01, MPV 8.4, PDW 7.6; Elevated BASO 0.25 (suspected nRBC), PLT 615, PCT 0.52, ALT 220, ALKP >2000, GGT 31

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. Slight pyelectasia was noted in both kidneys. The left kidney measured 5.66 cm. The right kidney measured 6.05 cm.

Adrenal Glands

The right **adrenal gland** was enlarged, rounded and heterogenous with slight, irregular contour at the level of the phrenic vein and vena cava. There is concern for adrenal carcinoma with a minor potential for pheochromocytoma. The right adrenal measured 2.5 x 2.0 cm. The left adrenal gland was uniform and measured 0.45 cm.

Spleen

The **spleen** revealed a hyperechoic, lipogranulomatous change measuring 1.13 x 0.41 cm. The spleen was folded upon itself cranially.

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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Gastrointestinal

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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.

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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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Free Abdomen

The iliac trifurcation was unremarkable.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

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Mild to moderate degenerative renal changes with pyelectasia.

Right adrenal enlargement with irregular contour. Concern for adrenal carcinoma with a minor potential for pheochromocytoma.

Otherwise, geriatric abdomen.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Blood pressure measurements are recommended. I recommend abdominal and chest CT to assess for metastatic disease and resectability of the right adrenal gland.

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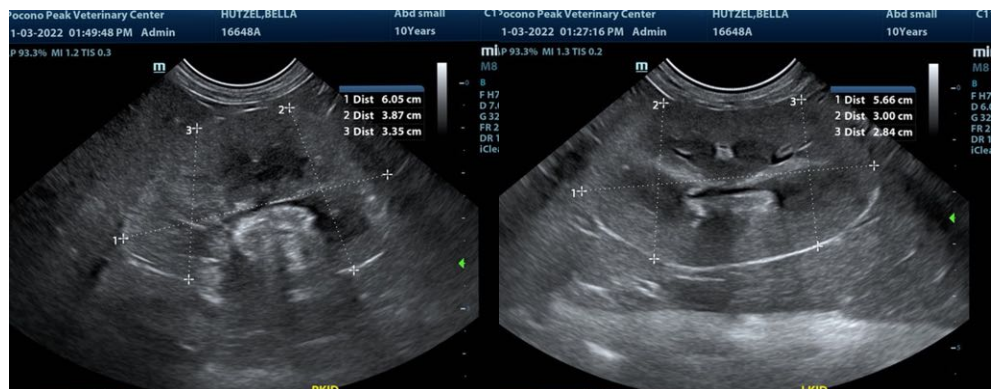
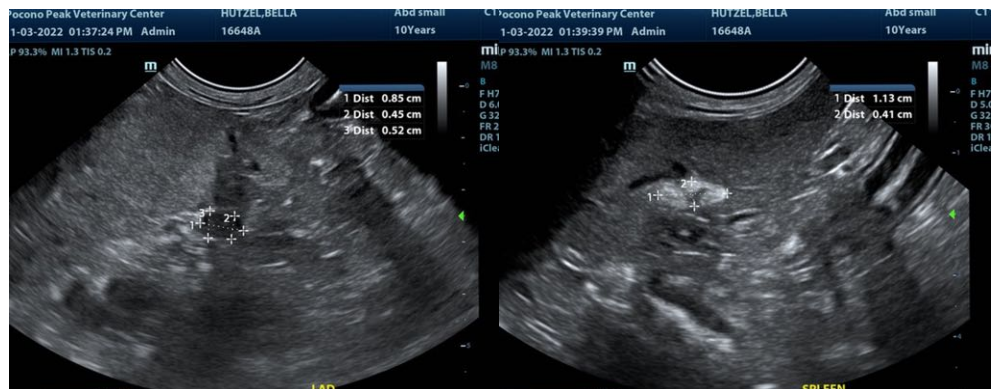
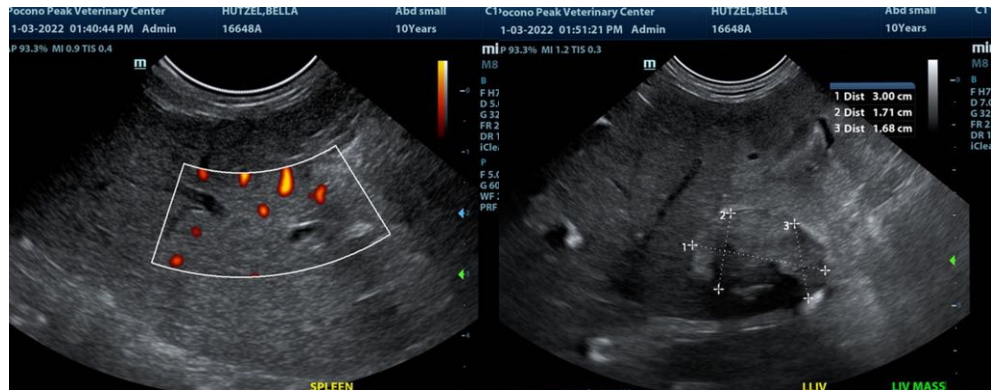
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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