



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Drogo Braun
SPECIES
Canine
BREED
Mix
SEX
Male
AGE
9 years
WEIGHT
89 lbs

PRESENTING CLINICAL SIGNS
History: Patient has experienced some mild weight loss. He had a left analsaculectomy one year ago but biopsy revealed that it was a lipoma. Patient has chronic yeast dermatitis
CBC: WNL CHEM: WNL SDMA/T4: WNL

Rads: Increased soft tissue opacity caudal to the stomach, no evidence of mets in the chest.

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Mix 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 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. Each kidney measured 6.0 cm.

Adrenal Glands

The right adrenal gland was mildly heterogenous with nodular changes. There was no significant capsular expansion. The right adrenal gland measured 1.0 cm at the cranial pole and 0.6 cm at the caudal pole. The left adrenal gland was enlarged, irregular measuring 1.5 cm. The left adrenal gland was hypoechoic with swollen contour. The left adrenal had a nodule at the cranial pole. The caudal pole of the left adrenal gland measured 0.5 cm.

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 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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Griffin

HOSPITAL NAME

Northside VH

REFERRING VET

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INVOICE

92921

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PATIENT

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.

SEX

Male

ULTRASONOGRAPHIC FINDINGS

Nodular left adrenal cranial pole and nodular cranial pole of the right adrenal gland. Likely bilateral adenoma.

AGE

9 years

Otherwise, the abdomen was unremarkable.

WEIGHT

89 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient appears Cushingoid and the urine specific gravity is less than 1.020 then work-up for Cushing's disease would be indicated. LDDST is indicated. An argument can be made for either adrenal dependent Cushing's or PDH. However, both of these adrenal nodules may be completely benign. Serial blood pressure measurements are recommended. If hypertension is an issue then urine catecholamine is warranted to assess for pheochromocytoma. This is suggestive for benign hyperplasia, adenoma with a mild potential for adenocarcinoma or pheochromocytoma primarily in the left adrenal gland.

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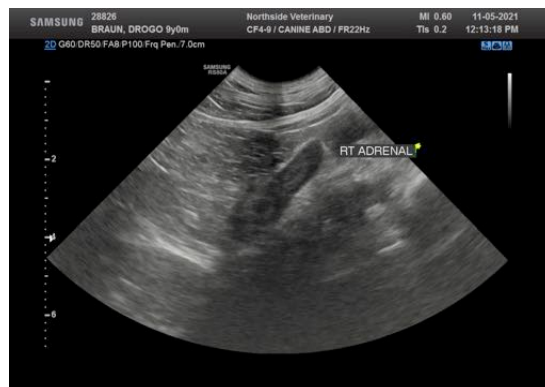
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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