



PATIENT

Kahlen Topper

PRESENTING CLINICAL SIGNS

presents for abd distention

SPECIES

Canine

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 were noted. Ureteral papillae were normal.

BREED

Bulldog X

SEX

Spayed Female

The **left kidney** 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 5.87 cm.

AGE

12 Years

The **right kidney** presented significant disruptive changes with pyelectasia and echogenic remodeling. The right kidney measured 5.9 cm. Cortical mineralization noted. Blood flow to the right kidney was subnormal. The caudal pole revealed a cystic structure that may represent abscess or mass, measuring 2.0 cm.

WEIGHT

74 Pounds

Adrenal Glands

The **right adrenal gland** was enlarged and irregular, creating a mass effect measuring up to 2.3 cm x 3.2 cm in length. Inflammatory pattern noted around the right adrenal gland.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** presented discrete and diffuse hypoechoic micronodular parenchyma. The capsule was generally smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. These changes are consistent with age related benign nodular hyperplasia. However, early hemangiosarcoma, lymphoma or mast cell neoplasia could not be entirely ruled out. Fine needle aspirate or biopsy following coagulation panel would be ideal especially if any weight loss is an issue. Otherwise, follow up ultrasound in 3-4 weeks to track these changes would be a more conservative approach.

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

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.

REFERRING VET

Dr. Maniar

INVOICE

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Gastrointestinal

The **stomach** presented progressively shadowing material in the pyloric outflow, may be ingesta. The small intestine and colon were unremarkable.

DATE

11/8/21



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Pancreas

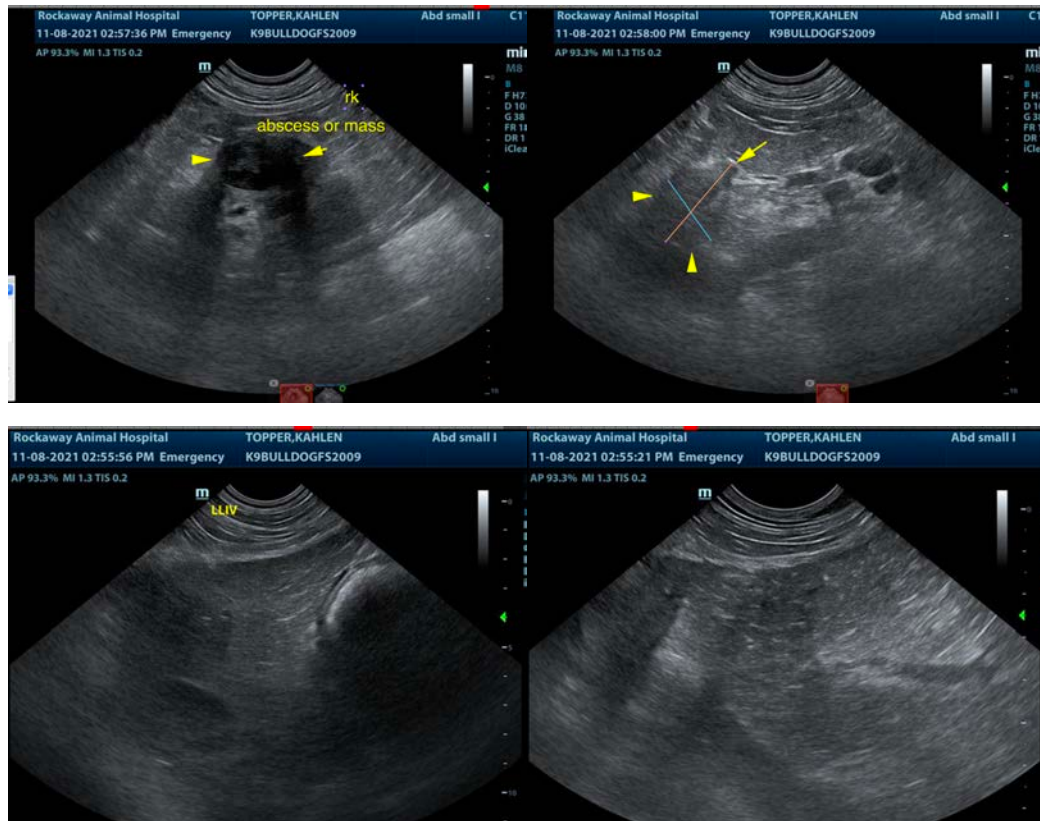
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Enlarged irregular right adrenal - suspect carcinoma, possibility of pheochromocytoma.
- Cystic lesion (possible mass or abscess) at the caudal pole of the right kidney

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious invasion, yet cannot be completely ruled out. Right adrenalectomy and right nephrectomy may be the best option in this patient. However, CT evaluation would be warranted for surgical planning.





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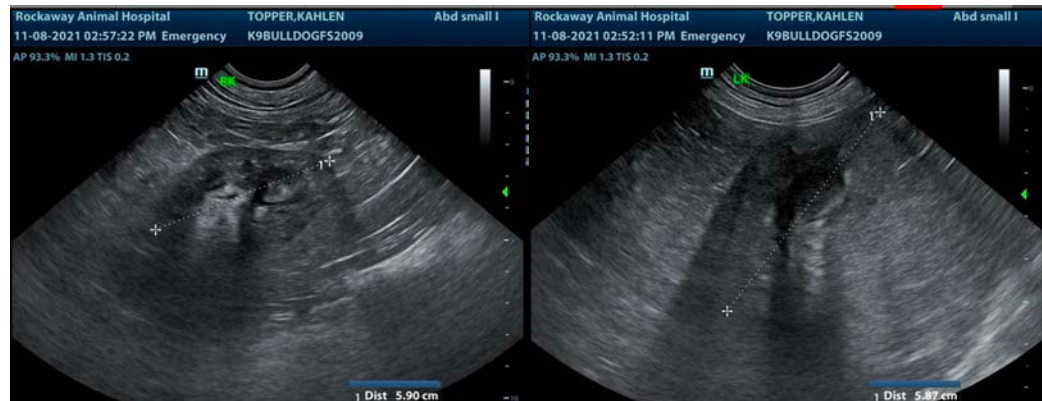
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com