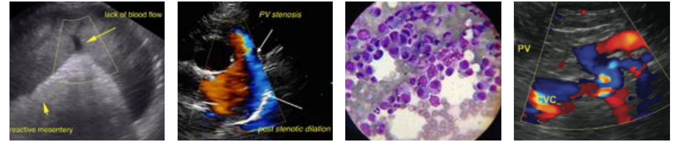
SonoPath
Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Joy FFF

SPECIES
Canine

BREED
Chihuahua Mix

SEX
Spayed female

AGE
14 years

WEIGHT
7.1 lbs

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Russell

HOSPITAL NAME
Frosted Faces Foundation

REFERRING VET
Dr. Russell

INVOICE
43106

DATE
12/14/22

PRESENTING CLINICAL SIGNS

History: Anorexia, nausea, dehydration, lethargy, seizures (ceased on Keppra), 7 day duration , seen ER at start of episode and treated for suspected pyelonephritis +/- pancreatitis, has not improved. PLUS 1. 4/4 grade tartar, with severe periodontal dz R arcades, and mucositis 3. NS OU 4. Dermal masses 5. CKD stage 2 pre episode 6. T4 low r/o hypothyroid vs euthyroid sick
Abnormal PE/Chem/CBC/UA Results: Labs today, noting has been on high rate IVFT, enrofloxacin, cerenia, pantoprazole, ondansetron, metoclopramide, buprenex, keppra etc for last 3 days here: - HCT 35.8% - Neutrophilia 23.68K - Monocytosis 4.71K - BUN 88 - Creat 3.5 - Phos 10.3 - ALP 608 - GGT 28 - TBIL 1.0 - LIPA 2213 - USG 1.007, quiet sediment

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. A minor amount of sand, debris and small, non-shadowing calculi were noted. 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. Pyelectasia and multi-focal, cortical calculi were noted and non-obstructive at the time of the sonogram. However, this patient is likely passing calculi periodically. Occasional cortical cysts were noted. The left kidney measured 4.4 cm. The right kidney measured 3.98 cm.

Adrenal Glands

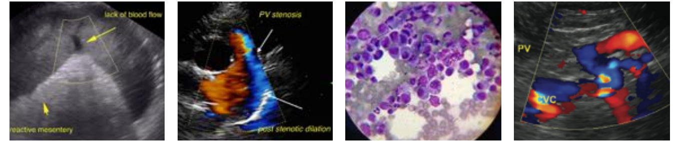
Both **adrenal glands** revealed nodules and masses. The right adrenal gland nodule was expansive and measured 1.7 cm. The left adrenal gland comprised a mass that measured 3.14 x 2.06 cm and was deriving from the cranial poles. Capsular expansion was noted without evident capsular escape or vascular invasion.

Spleen

A separate **splenic** nodule/mass was noted and measured 1.84 cm at the mid cranial body.

Liver

The **liver** is slightly irregular in contour with increased portal markings and non-disruptive nodular changes. This is consistent with hepatic remodeling and nodular hyperplasia. . The gallbladder wall was slightly echogenic with debris.



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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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

Left adrenal mass.

Right adrenal nodule.

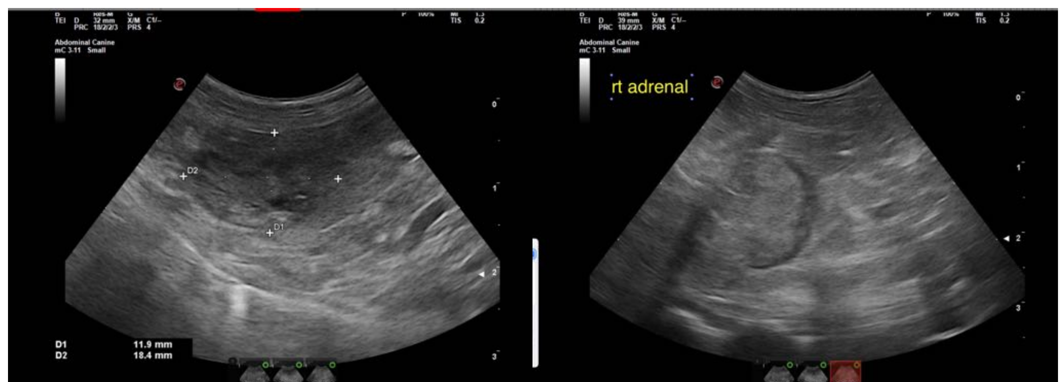
Pancreatic remodeling and nodular hyperplasia pattern.

Hepatic remodeling.

Splenic mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Adenomas, adenocarcinoma and pheochromocytomas are all potential as well as myelolipoma. Full adrenal panel is warranted. If the sonographer is comfortable with the procedure then FNA of the left adrenal gland and splenic lesion would be indicated or justification to splenectomy. Left adrenalectomy can be considered. The right adrenal gland is most consistent with pronounced adenoma, I am more concerned with the left adrenal gland. Full urinary work-up is warranted +/- dissolution diet and/or cystotomy if surgical intervention is to be performed. Full adrenal panel, full urinalysis work-up and blood pressure measurements are indicated. If hypertension is an issue then urine catecholamine is indicated to assess for pheochromocytoma.



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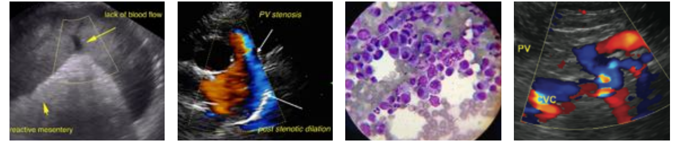

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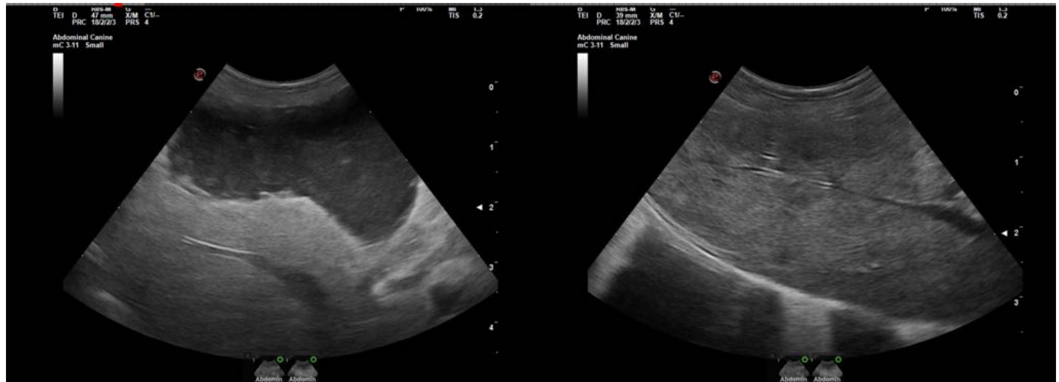

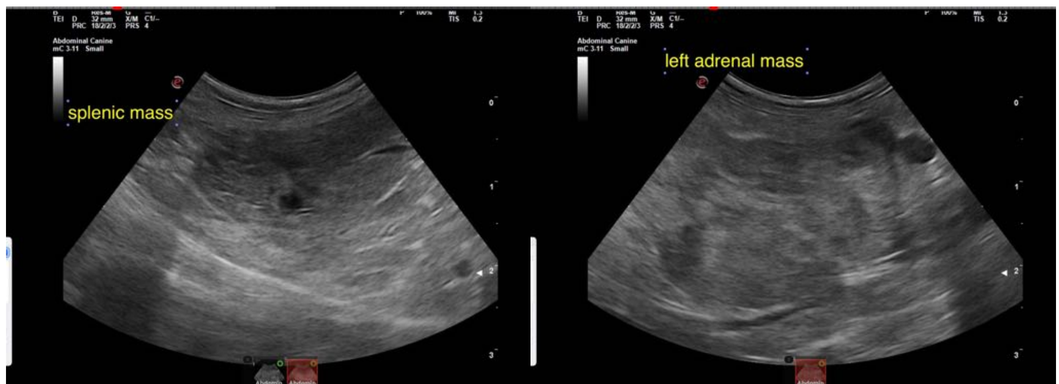

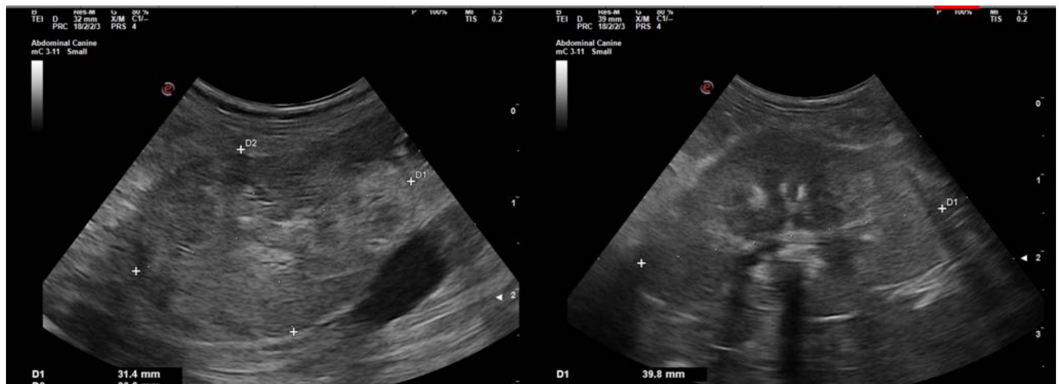

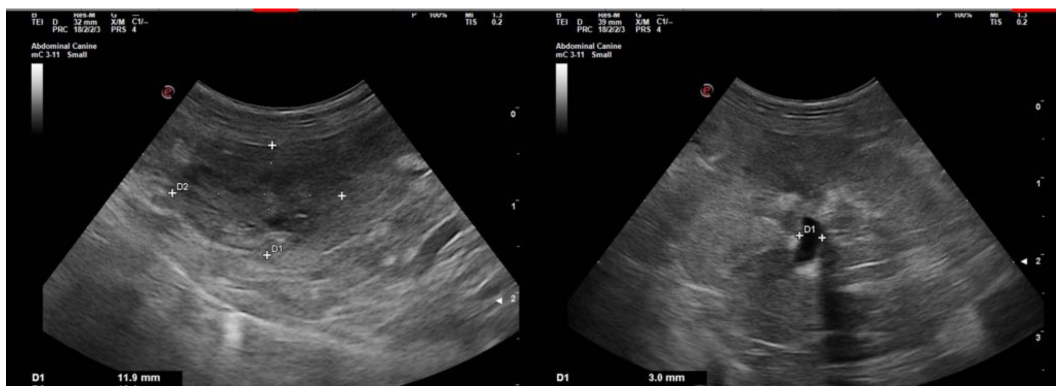

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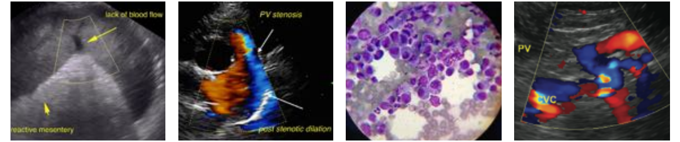

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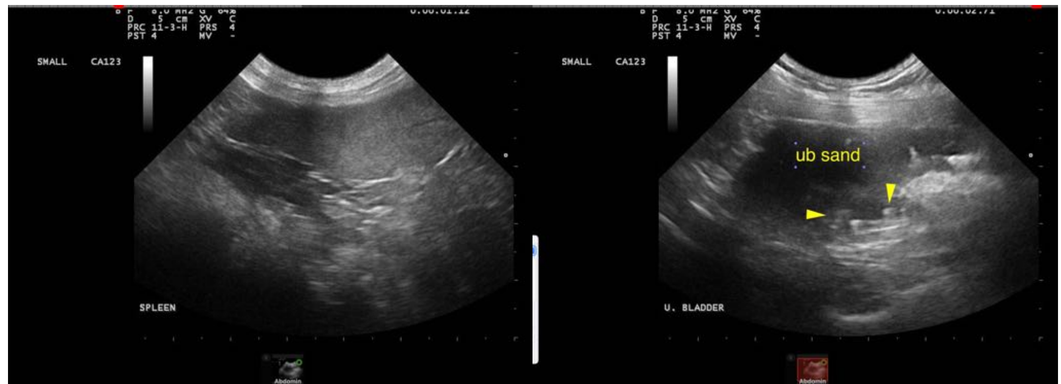

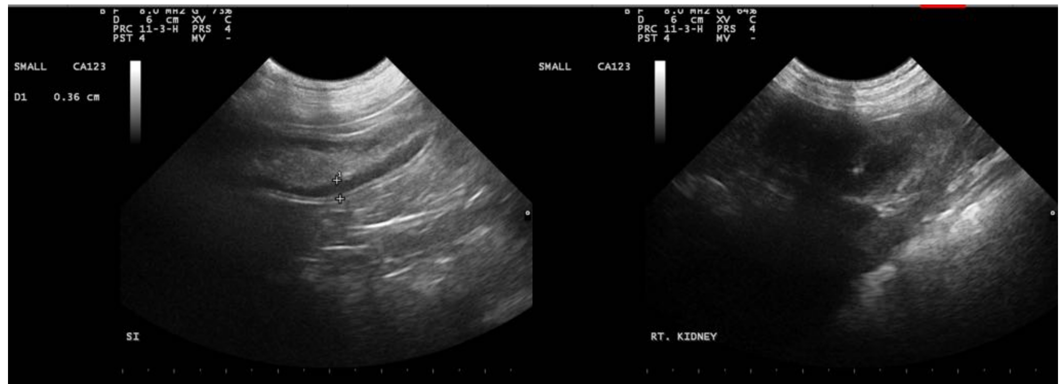

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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