



**PATIENT**

Domino McBride

**SPECIES**

Canine

**BREED**

Bichon Frise X

**SEX**

Neutered Male

**AGE**

13.5 Years

**WEIGHT**

16 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Sorbo

**HOSPITAL NAME**

Back Bay Vet Clinic

**REFERRING VET**

Dr. Sorbo

**INVOICE**

33571

**DATE**

12/19/21

**PRESENTING CLINICAL SIGNS**

Two weeks ago presented to urgent care for acute vomiting. Dx with possible leptospirosis due to elevated LFTs and azotemia. PCR later showed NEGATIVE for leptospirosis. Heart murmur and IVDD in history. Evaluate: persistent LFT elevation and azotemia. Been on doxycycline for suspected leptospirosis for nearly two weeks.

Abnormal PE/Chem/CBC/UA Results: See attached labs.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** revealed a sand accumulation. A minimal amount of urine was present at the time of the sonogram. Minor micropolyloid changes noted. The pelvic urethra was unremarkable.

The prostate was slightly heterogeneous and measured 1.5 cm.

The **kidneys** presented moderate non-specific degenerative changes. The left kidney measured 4.0 cm with cortical remodeling noted. Pyelectasia and corticomedullary mineralization noted in both kidneys. The right kidney measured 4.2 cm. Blood flow to the kidneys was subjectively subnormal on color flow assessment. Cortical infarcts noted in the right kidney.

**Adrenal Glands**

The **left 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 left adrenal gland measured 0.5 cm.

The **right adrenal gland** revealed an invasive mass deviating the right kidney caudally. The mass was visualized obliquely and appears to be invading the vena cava. Regional inflammation noted around the mass. The mass was expansive and undifferentiated. The degree of invasion of the vena cava was not clear.

**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 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. Occasional hyperechoic nodule noted, non-disruptive. 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**

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. 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.

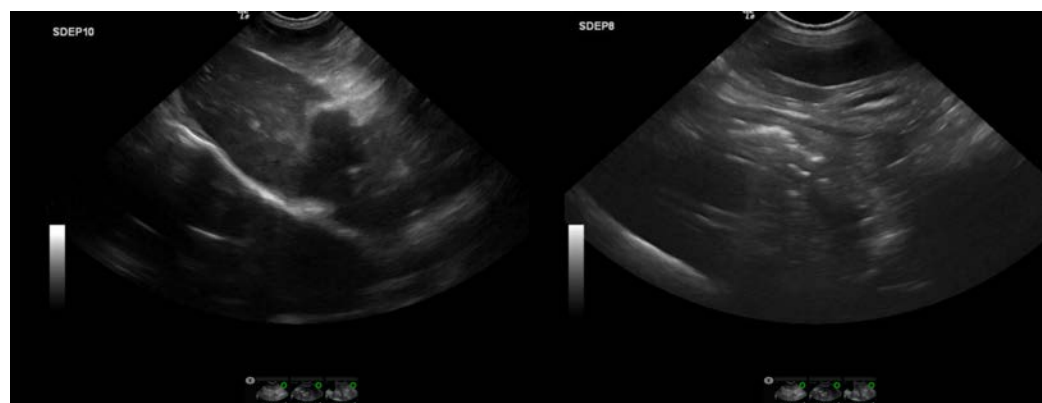
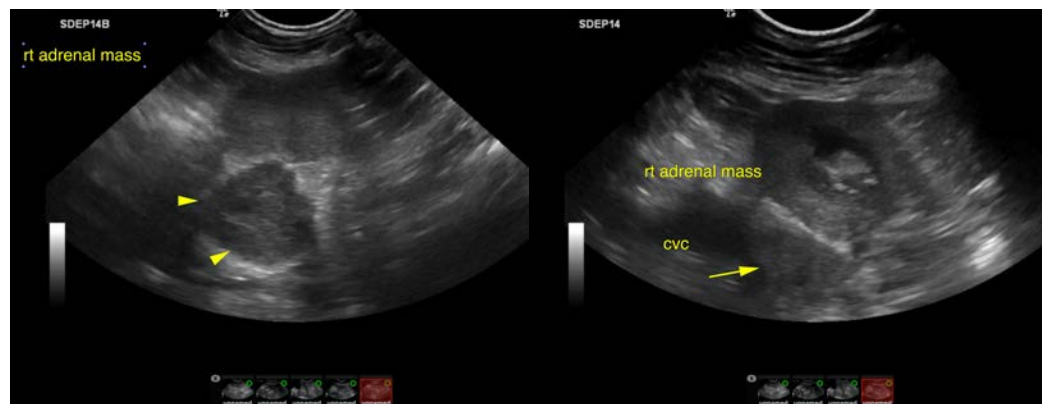
**ULTRASONOGRAPHIC FINDINGS**

- Right adrenal mass – pheochromocytoma versus adenocarcinoma
- Moderate degenerative renal changes with calculi and pyelectasia
- Bladder sand and polypoid cystitis

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Pre-renal disease owing to the right adrenal mass and chronic renal changes likely playing a role in the clinical presentation.

The right adrenal mass may be resectable depending upon CT results. Recommend CT evaluation with serial blood pressure and urine catecholamines.





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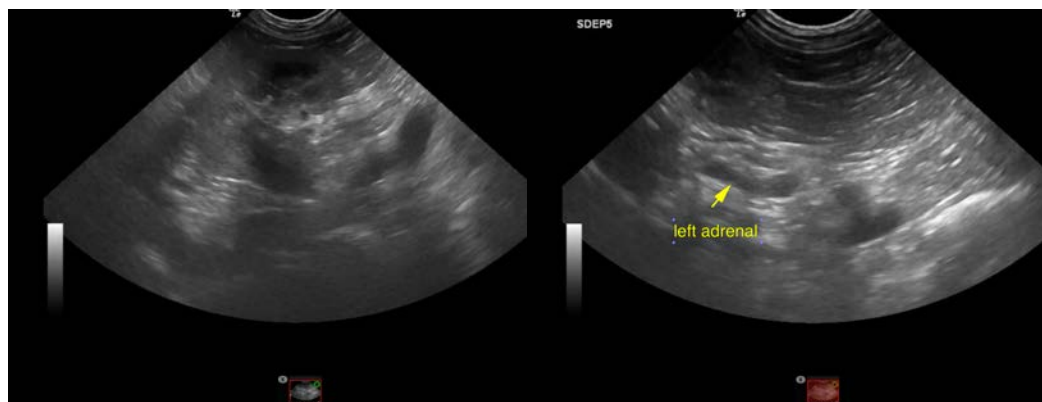
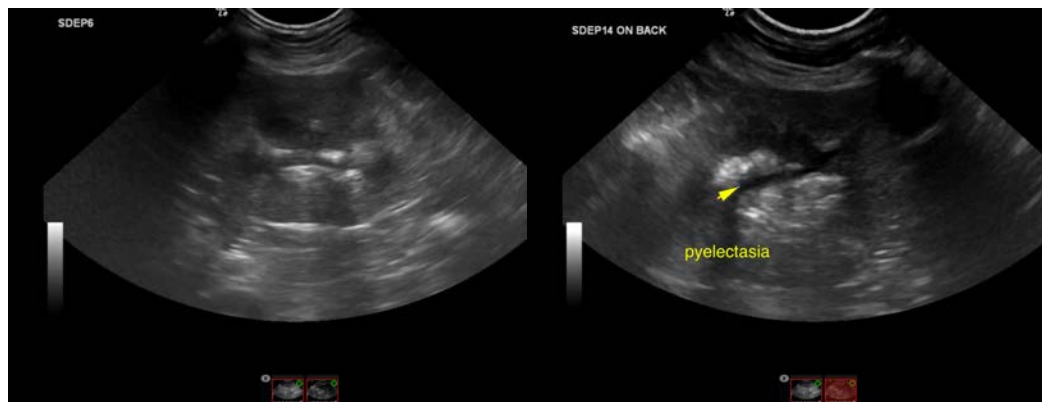
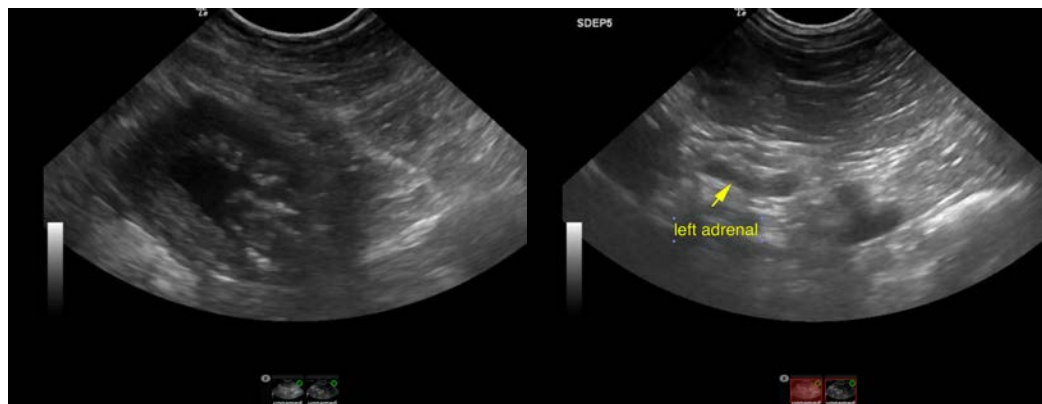
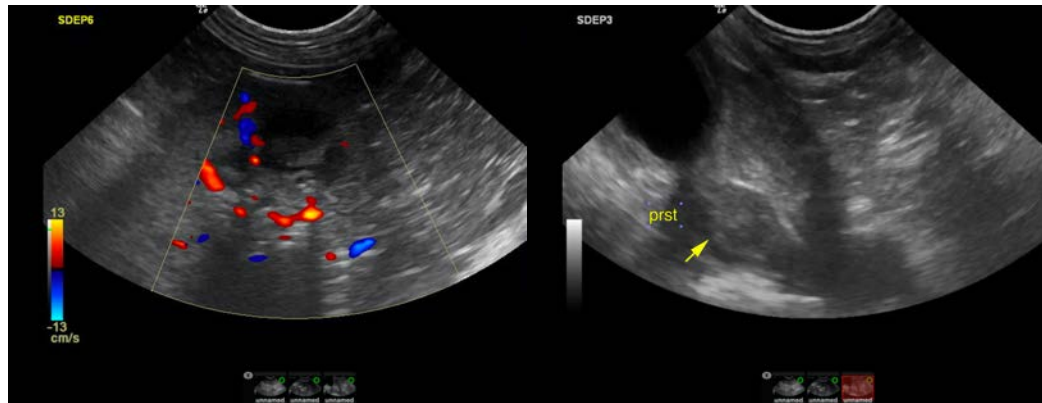
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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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**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)

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