



PATIENT

AJ Arntzen

PRESENTING CLINICAL SIGNS

History: ate a bag of candy and cotton candy presented for vomiting and decreased appetite

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a small calculus, measuring 4.0 mm, nonobstructive. The bladder wall and urethra were unremarkable. The residual prostate measured 5.0 mm.

BREED

Mix

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. Mineralization was noted in the kidneys. The right kidney measured 5.0 cm.

SEX

Neutered Male

AGE

10

Adrenal Glands

The **right adrenal gland** was slightly enlarged. The right adrenal gland measured 2.05 cm x 1.5 cm at the cranial pole and 1.0 cm at the caudal pole.

WEIGHT

19.5

The **left adrenal gland** was slightly enlarged at the cranial pole, measuring 2.51 cm x 1.41 cm at the caudal pole and 0.66 cm at the cranial pole. Swollen contour was noted with loss of structural detail within the cranial pole. Pericapsular inflammatory pattern was noted. I'm concerned for emerging neoplasia in this patient.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Jenn

Liver

HOSPITAL NAME

Rockaway AH

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some moderate 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

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.

DATE

12/26/22



PATIENT

Pancreas

AJ Arntzen

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

Mix

- Bilateral adrenal hypertrophy with irregular peripherally inflamed left adrenal gland
- Urinary bladder calculus
- Age-related renal changes with mineralization
- Age-related hepatic changes
- Structurally unremarkable abdomen otherwise

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

10

Blood pressure measurements are warranted. If urine catecholamine is elevated, then I'd be concerned for a pheochromocytoma of the left adrenal gland. If the patient appears cushingoid, then I'd be concerned for a possible functional carcinoma of the left adrenal gland. Regardless, an argument could be made for cystotomy and left adrenalectomy in this patient, aside from the immediate GI signs.

WEIGHT

19.5

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

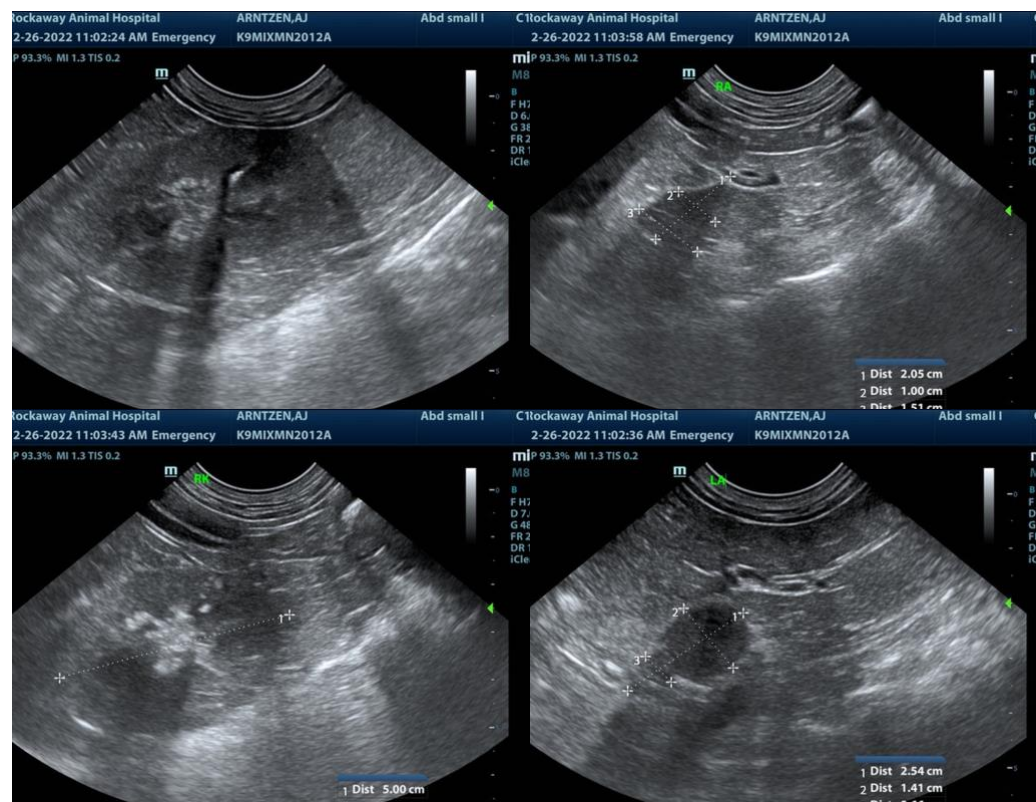
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PATIENT

AJ Arntzen

SPECIES

Canine

BREED

Mix

SEX

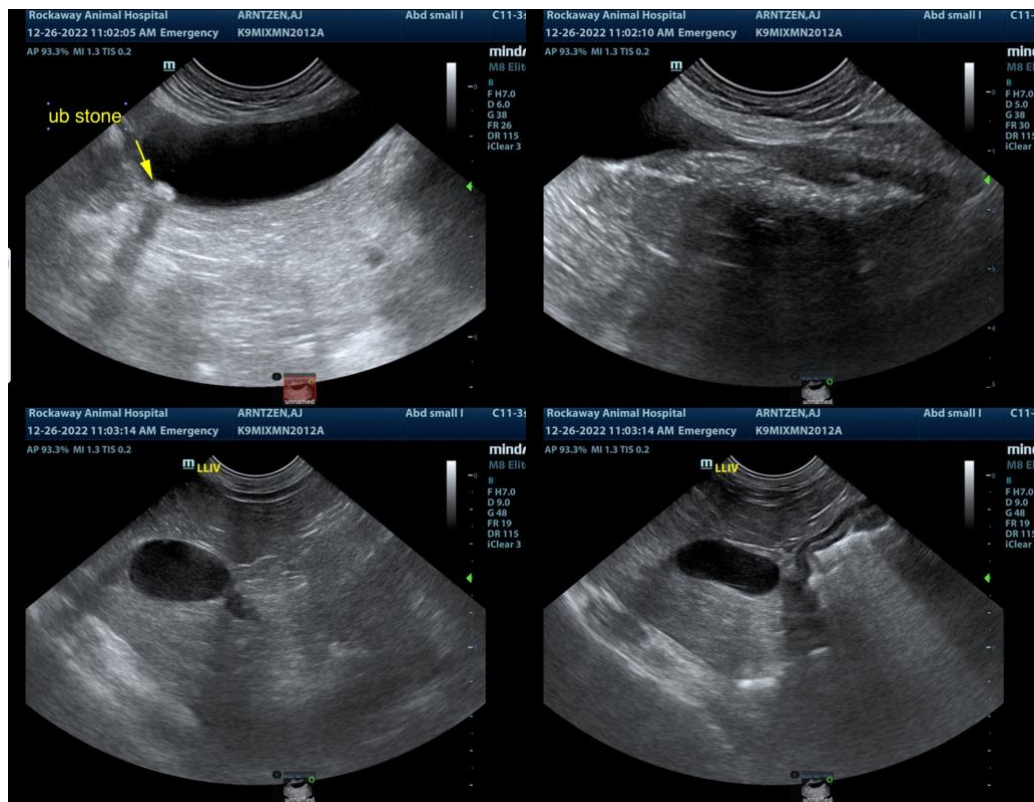
Neutered Male

AGE

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WEIGHT

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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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