



**PATIENT**

Candi Trexler

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Spayed female

**AGE**

8 years

**WEIGHT**

22.5 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Jessica Green

**HOSPITAL NAME**

Stanglein VC

**REFERRING VET**

Dr. Stanglein

**INVOICE**

42848

**DATE**

12/5/22

**PRESENTING CLINICAL SIGNS**

History: Recheck 2 months post previous ultrasound.. History of vomiting water after drinking and elevated liver enzymes... P had two injections of convenia, started on prednisone, ursodiol, and Denamarin(o has trouble giving)

Abnormal PE/Chem/CBC/UA Results: Recheck bloodwork pending.... BW from 10/5/22 ALT 427. AST 97, ALP 668, GGT 18

**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 was noted. Ureteral papillae were normal.

The **kidneys** revealed similar age-related changes compared to the prior sonogram. The right kidney measured 4.95 cm.

**Adrenal Glands**

The right **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 right adrenal gland measured 1.88 x 0.52 cm at the caudal pole and 1.0 cm at the cranial pole. The left adrenal gland was mildly enlarged and slightly irregular with an out-pocketing ventrally towards the vena cava. This is a new development. The left adrenal gland measured 2.0 x 1.0 cm in the midbody and 1.2 cm at the area of the out-pocketing. I am concerned for early carcinoma in the patient or pheochromocytoma.

**Spleen**

The **spleen** revealed a hyperechoic, lipogranulomatous nodule that is stable and measures 0.68 cm. A hypoechoic splenic nodule measured 0.94 cm. This has reduced in size and is possible Prednisone responsive given the patient's history.

**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.



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**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**

Spayed female

**ULTRASONOGRAPHIC FINDINGS**

Progressively, irregular left adrenal gland with possible phrenic invasion.

**AGE**

8 years

Splenic nodule, reduced in size, likely Prednisone responsive.

**WEIGHT**

22.5 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Blood pressure measurements are indicated. If the patient appears Cushingoid then work-up for adrenal dependent Cushing's is indicated. If hypertension is an issue urine catecholamine is indicated.

**INTERPRETED BY**

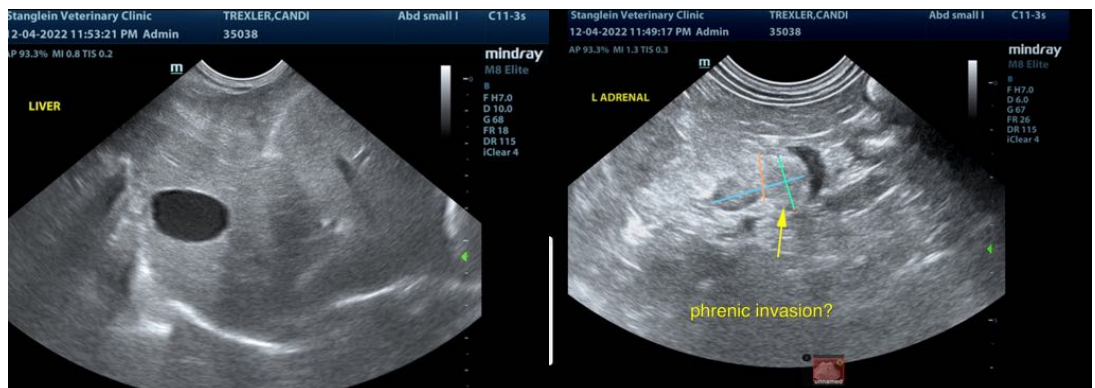
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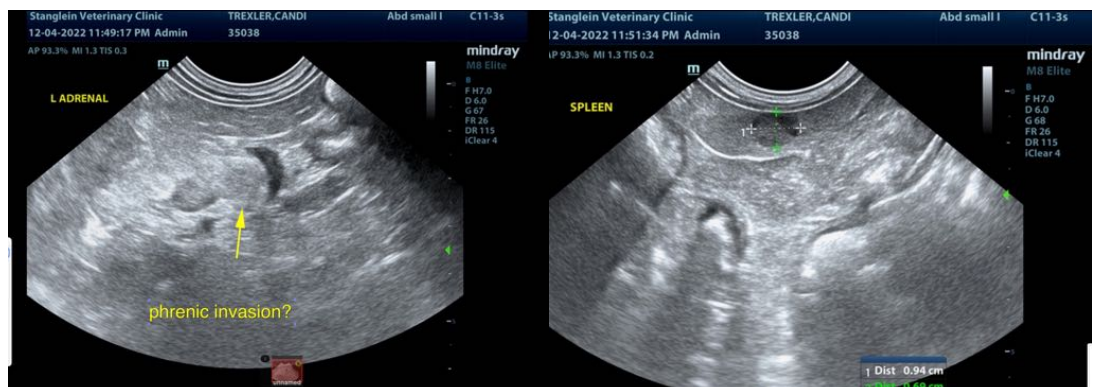
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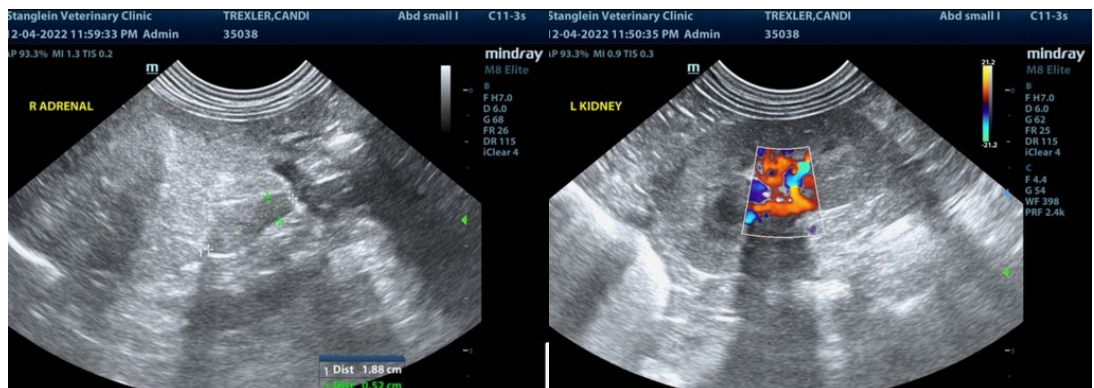
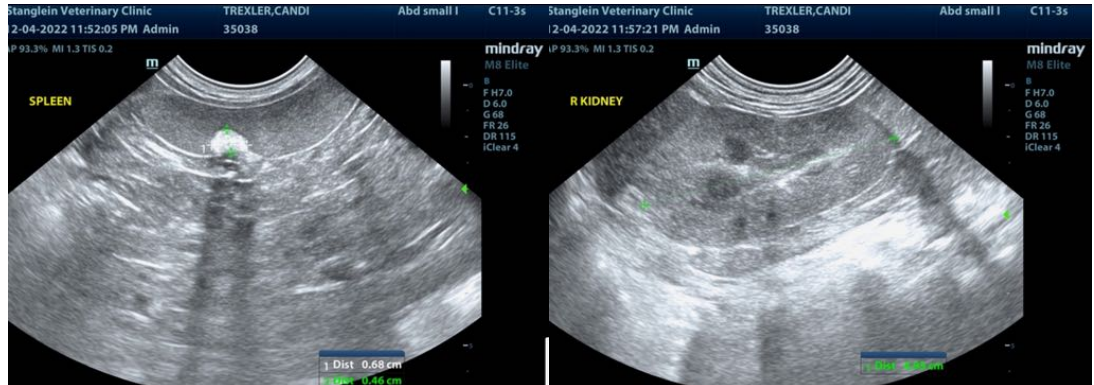
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com