

**DATE**

12/9/21

PRESENTING CLINICAL SIGNS

History: coughing at home, rads w/ report - high suspicion of metastatic pulmonary nodule. Doing well at home otherwise. Hx of SAS dx via 8/23/21 echo which at the time saw a very small lesion at aortic root also. Is this related to possible mets nodule in lung?

PATIENT

Riley Munko

Radiographs: Report attached separately.
Date of Previous IntraPet Ultrasound: 8-23-21 (echo).
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 was noted. Ureteral papillae were normal.

BREED

Golden Retriever

SEX

Neutered male

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left phrenic appeared to be slightly occupied. The left kidney measured 7.7 cm. The right kidney measured 7.5 cm.

AGE

2/26/10

Adrenal Glands**WEIGHT**

94 lbs

The left adrenal gland was mildly enlarged and measured 1.02 cm at the cranial pole and 0.97 cm at the caudal pole and 3.39 cm in length with an isoechoic 1.4 x 0.98 cm nodule at the mid adrenal body. The left adrenal gland is particularly vascular. The right adrenal gland was normal in size and contour measuring 3.51 x 0.75 cm at the caudal pole and 0.76 cm at the cranial pole.

INTERPRETED BYEric 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 was noted.

IMAGING PERFORMED BY

Rachel Brillhart RDMS

Liver

The **liver** was coarse in architecture with heterogenous, hypoechoic nodular changes with increased portal markings. The gallbladder and common bile duct were unremarkable.

HOSPITAL NAME

Stay Pet Vet

REFERRING VET

Dr. Klimovitz

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.

INVOICE

94454

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.

Thorax

The aortic root nodule noted on the prior sonogram is now 3.0 x 2.6 cm. This is most consistent with aortic body tumor/chemodectoma.

ULTRASONOGRAPHIC FINDINGS

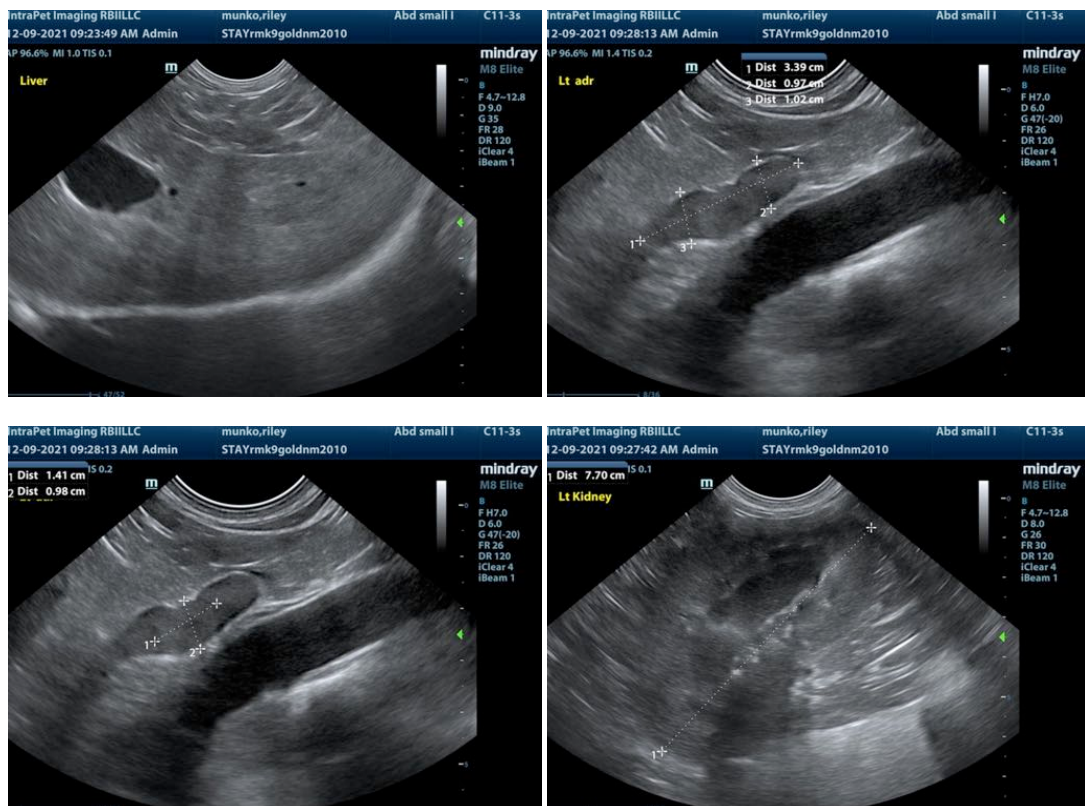
Nodular and enlarged left adrenal gland.

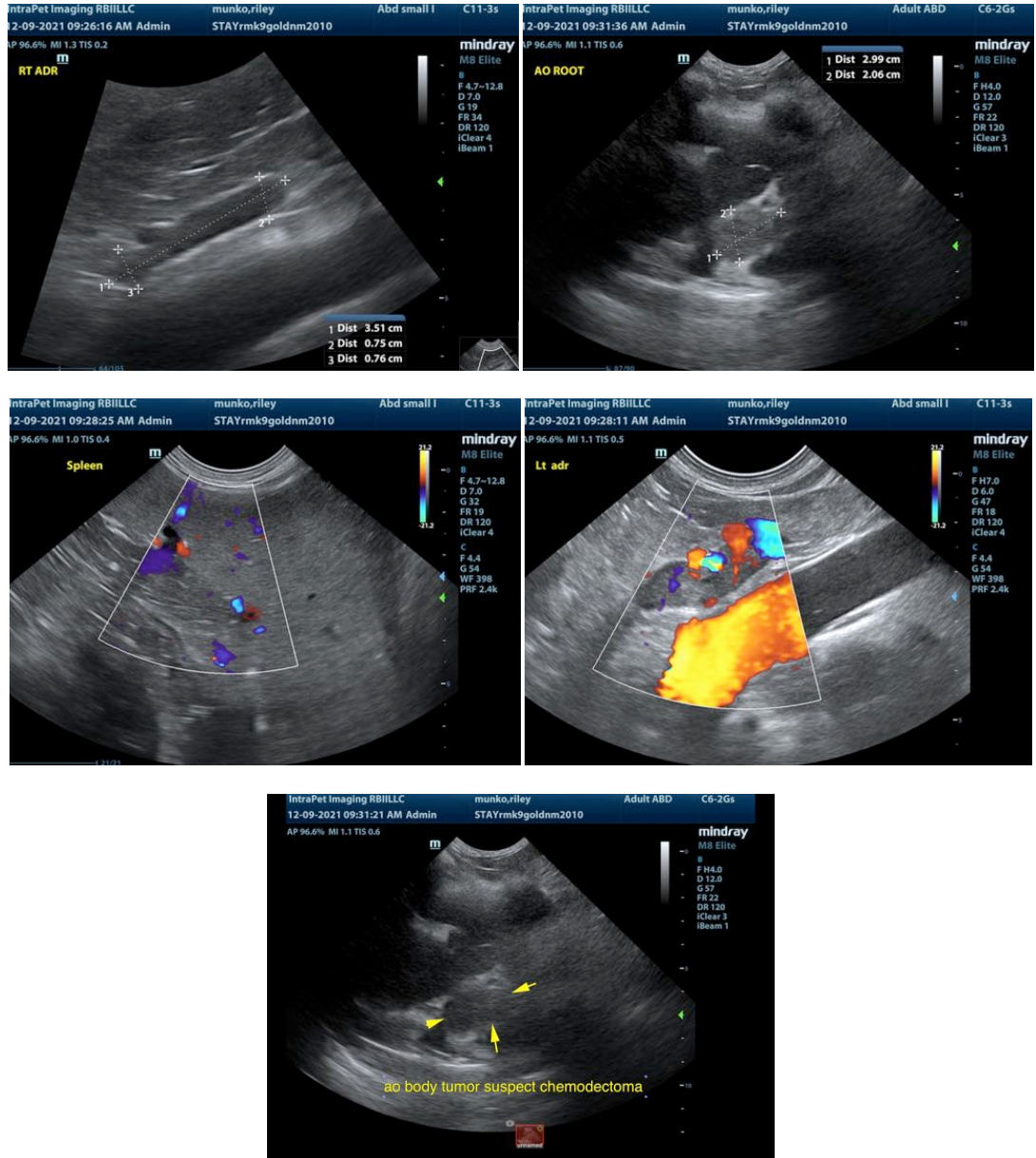
Hepatic remodeling.

Aortic root tissue thickening. Suspect chemodectoma/aortic body tumor.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Differentials for the left adrenal gland include pheochromocytoma, adenocarcinoma, hyperplasia. Serial blood pressure measurements are warranted. If systemic hypertension is an issue urine catecholamine is warranted. Acoustic window to the lung nodule noted on radiographs was not available. CT evaluation would be necessary for further definition of the chest.





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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