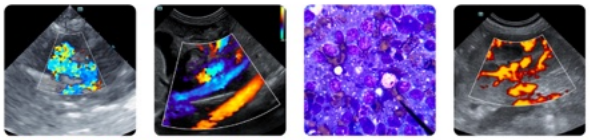

PATIENT

Molly Mae Phillips

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed female

AGE

9 years

WEIGHT

77 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Ashley Whitesell

HOSPITAL NAME

Dickson AC

REFERRING VET

Dr. Barkley-Postell

INVOICE

69447

DATE

12/9/25

PRESENTING CLINICAL SIGNS

History: On and off GI symptoms, Vomiting previously, decreased appetite, Metoclopramide and entyce

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 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight, hyperechoic, idiopathic medullary rim sign was noted. The left kidney measured 7.8 cm.

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 0.73 cm at the cranial pole and 0.63 cm at the caudal pole. The right adrenal gland was not visualized.

Spleen

The **spleen** revealed subtle, hypoechoic, non-disruptive nodular change was noted.

Liver

The **liver** revealed multi-focal, hypoechoic, disruptive nodular changes as well as hyperechogenic nodules. The largest nodule measured up to 1.4 cm. The gallbladder was echogenic with sand and fibrosed wall.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of

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hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable. The mesenteric lymph node was reactive and measured up to 2.0 x 0.5 cm.

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.

Free Abdomen

A 3.6 x 3.18 cm, mixed hypoechoic mass was noted just cranial to the cranial pole of the left adrenal gland. This may involve the left adrenal gland. Separation of the mass from the left adrenal gland is not evident.

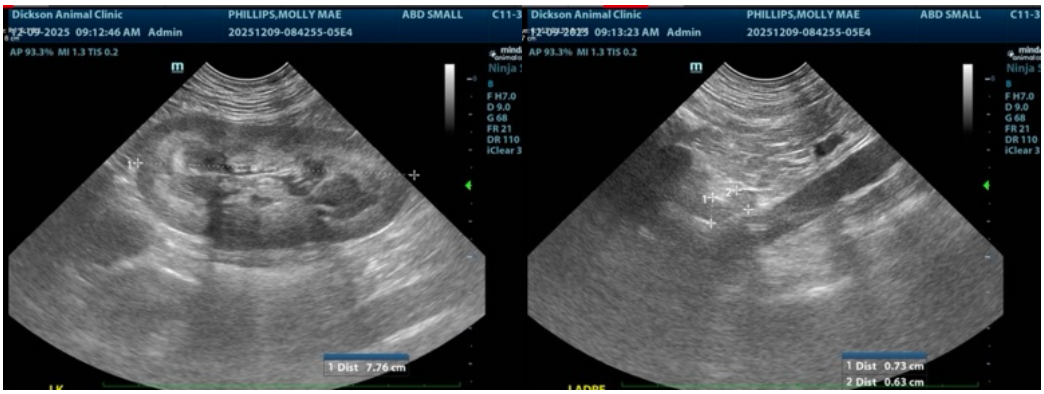
ULTRASONOGRAPHIC FINDINGS

Mass associated with the left adrenal gland. Appears potentially resectable.

Undefined hepatic nodular changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass associated with the left adrenal gland is likely carcinoma or pheochromocytoma. An adjacent lymph node is possible, yet less likely. I recommend coagulation panel, serial blood pressure measurements and 25-gauge FNA of the mass in the region of the left adrenal gland and 22-gauge FNA of the liver nodules for staging purposes. A different approach would be removal of the mass, liver biopsy and GI biopsies given the chronic GI signs.



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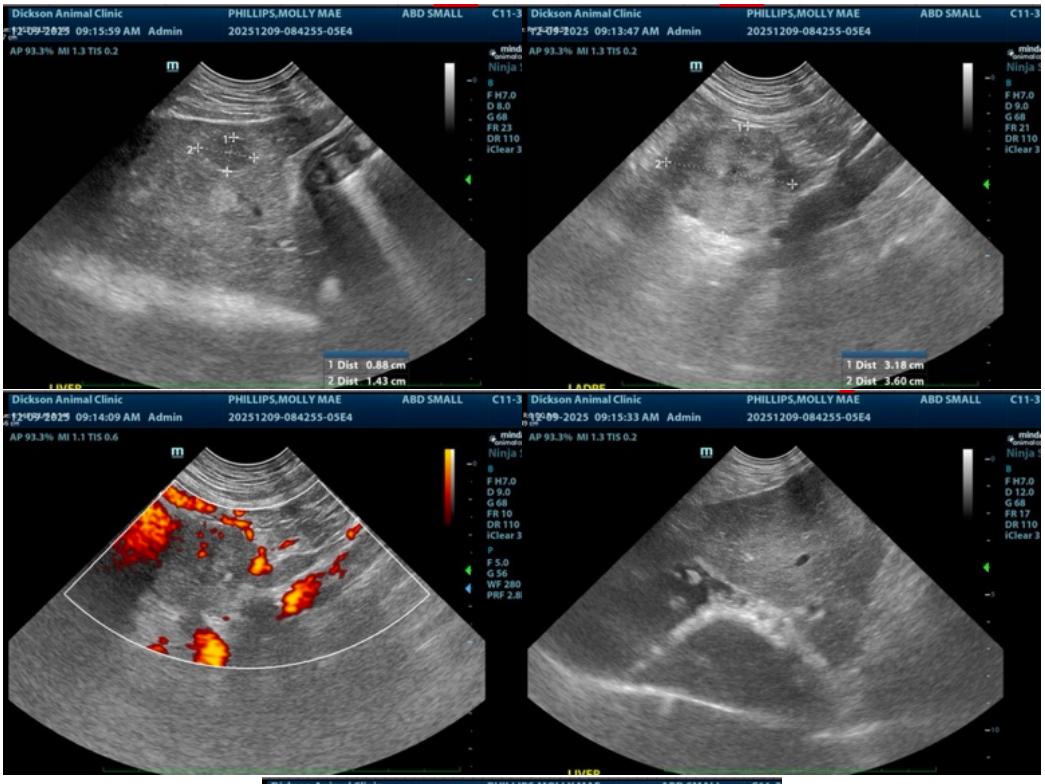

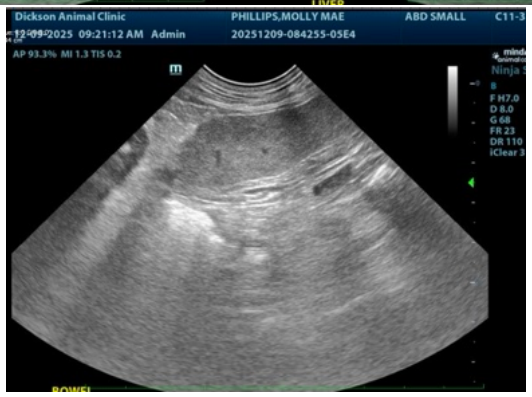

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com