



**PATIENT PRESENTING CLINICAL SIGNS**

Lizzy Vayas Several week hx PU/PD, abdomen appears distended, panting more. No current meds.  
Abnormal PE/Chem/CBC/UA Results: Pending

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine

**Urinary System**

**BREED** 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.

Mix

**SEX**

Spayed Female

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. The left kidney measured 5.42 cm. The right kidney measured 4.9 cm.

**AGE**

13 years

**WEIGHT Adrenal Glands**

28.6 lbs

The right adrenal gland was enlarged, nodular and irregular. There is a hyperechoic nodule at the mid body that measured 1.2 x 0.94 cm. The right adrenal gland was fully interrogated with relationship with the vena cava. There was no evidence of vascular invasion or capsular escape. The left adrenal gland revealed a similar nodule and hyperechoic. The left adrenal gland nodule at the cranial pole measured 0.61 x 0.53 cm. The left adrenal gland was mildly enlarged and measured 2.09 x 0.79 cm at the caudal pole and 0.69 cm at the cranial pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY Spleen**

Shari Reffi, CVT

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.

**HOSPITAL NAME**

Millburn

**REFERRING VET Liver**

Dr. Turowsky

The left medial **liver** revealed an isoechoic hepatoma type swelling that measured 4.3 x 3.6 cm. The remainder of the liver revealed coarse architecture and mild, heterogenous parenchymal changes with increased portal markings. The gallbladder and common bile duct were unremarkable.

**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. There was retention of ingesta in



**PATIENT**

Izzy Vayas

the stomach. 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.

**SPECIES**

Canine

**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.

**BREED**

Mix

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Spayed Female

Bilateral adrenal nodules, likely adenomas. Concurrent PDH is possible.

Benign hepatopathy with nodular hyperplasia pattern.

**AGE**

13 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If the urine specific gravity is less than 1.020 then workup for Cushing's is indicated. Recheck of the adrenal gland nodules in 6-8 weeks for any progression.

**WEIGHT**

28.6 lbs

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**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

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**REFERRING VET**

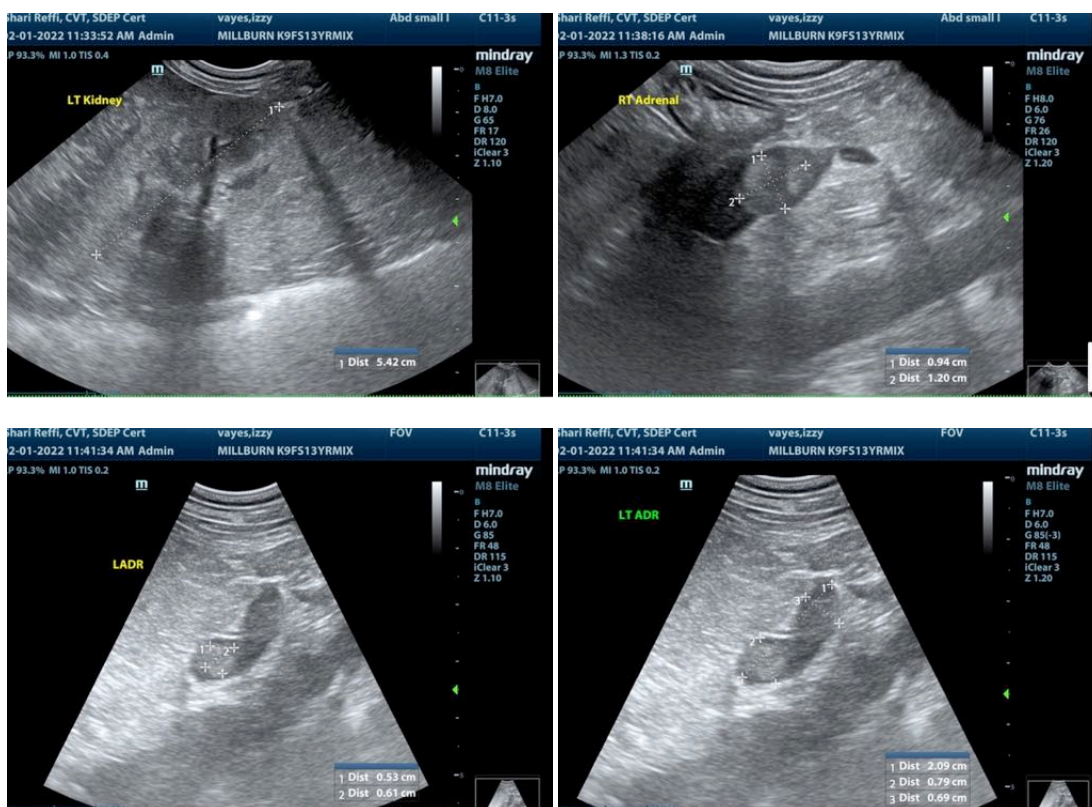
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**PATIENT**

Izzy Vayas

**SPECIES**

Canine

**BREED**

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Spayed Female

**AGE**

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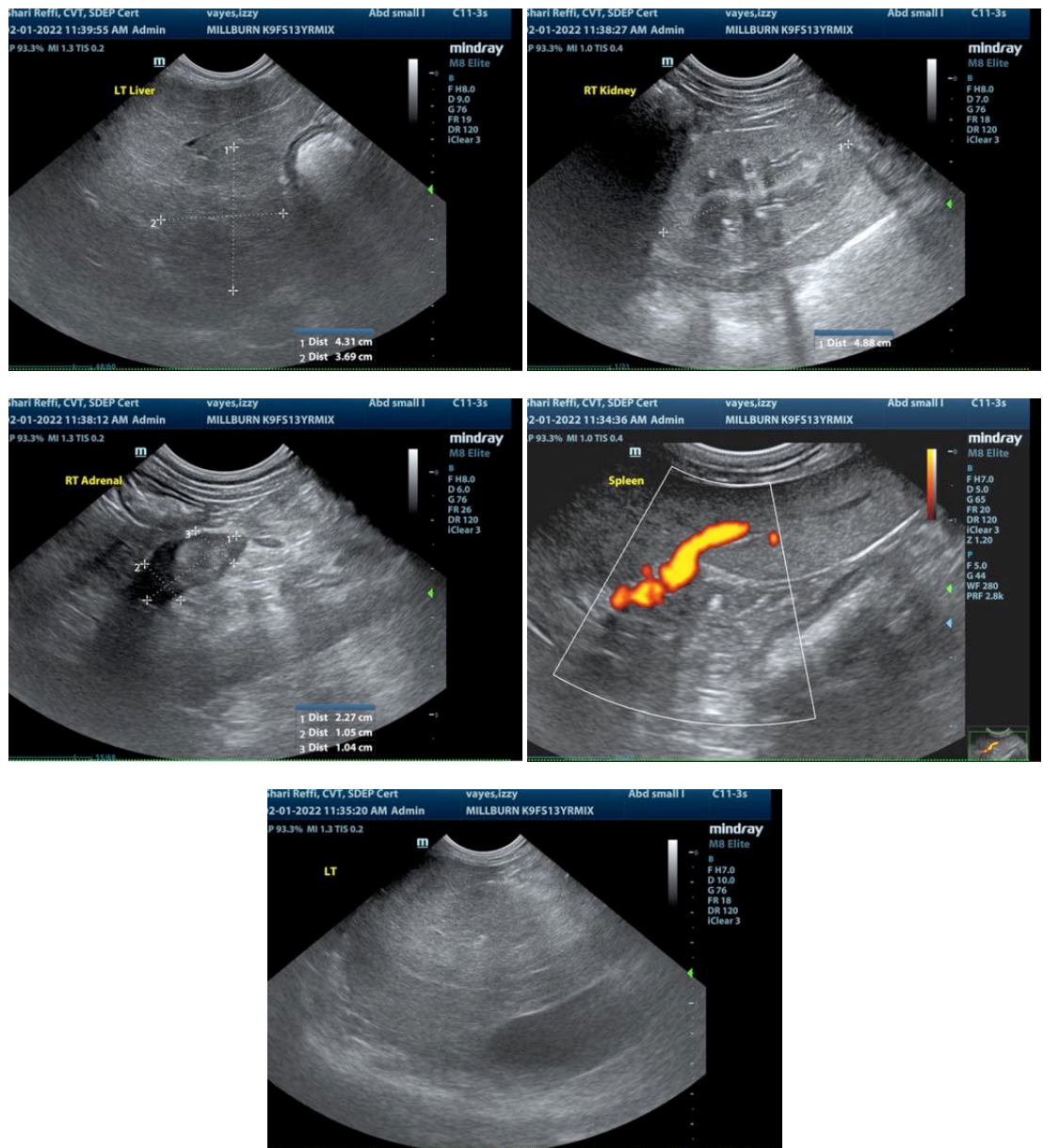
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com**  
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