



**PATIENT PRESENTING CLINICAL SIGNS**

Marley Myers Patient with previous history of low grade chronic active inflammation - left pancreatic limb in Dec. of 2021, U/S 12/28/2021 SP, presents for weight loss, anorexia, and blood in stool.

**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 were noted. Ureteral papillae were normal.

Labrador Retriever Mix

**SEX** 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 moderate increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.25 cm in length. The right kidney measured 5.9 cm in length.

**AGE** 14yr **Adrenal Glands**

**WEIGHT** 54lb The vena cava in this patient was invaded by a right adrenal tumor. The tumor appears to be moderately vascular and isolated with the majority of the right adrenal gland appearing unremarkable. Direct connection of the mass from the right adrenal gland was present through the phrenic vein. This mass may be resectable even though caval invasion was present depending upon the comfort level of the surgeon. Pheochromocytoma vs adenocarcinoma are primary differentials.

**INTERPRETED BY** Eric Lindquist, DMV DABVP, Cert. IVUSS The left adrenal gland measured 2.2 cm in length by 0.64 cm caudal pole width by 0.63 cm cranial pole width. The right adrenal gland measured 2.5 cm in length by 0.72 cm caudal pole width by 0.58 cm cranial pole width.

**Spleen**

**IMAGING PERFORMED BY** Kelly Vazquez 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.

**HOSPITAL NAME** New Bridge Veterinary **Liver**

**REFERRING VET** Dr. Glennon 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.

**INVOICE** 12941ag 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.

**DATE** 02/13/2023 **Gastrointestinal**



**PATIENT**

Marley Myers

**SPECIES**

Canine

**BREED**

Labrador Retriever  
Mix

**SEX**

MN

**AGE**

14yr

**WEIGHT**

54lb

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.

**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.

**ULTRASONOGRAPHIC FINDINGS**

- Invasive right adrenal mass, suspect pheochromocytoma or possible carcinoma
- Vacuolar hepatopathy with age related changes
- Moderate age related renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The invasive right adrenal mass may be resectable even though caval invasion was present depending upon the comfort level of the surgeon. Pheochromocytoma vs adenocarcinoma are primary differentials. A screening BP is advised to assess for evidence of hypertension. If hypertension is an issue, a urine catecholamine level is recommended to assess for pheochromocytoma.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**  
Kelly Vazquez

**HOSPITAL NAME**

New Bridge  
Veterinary

**REFERRING VET**

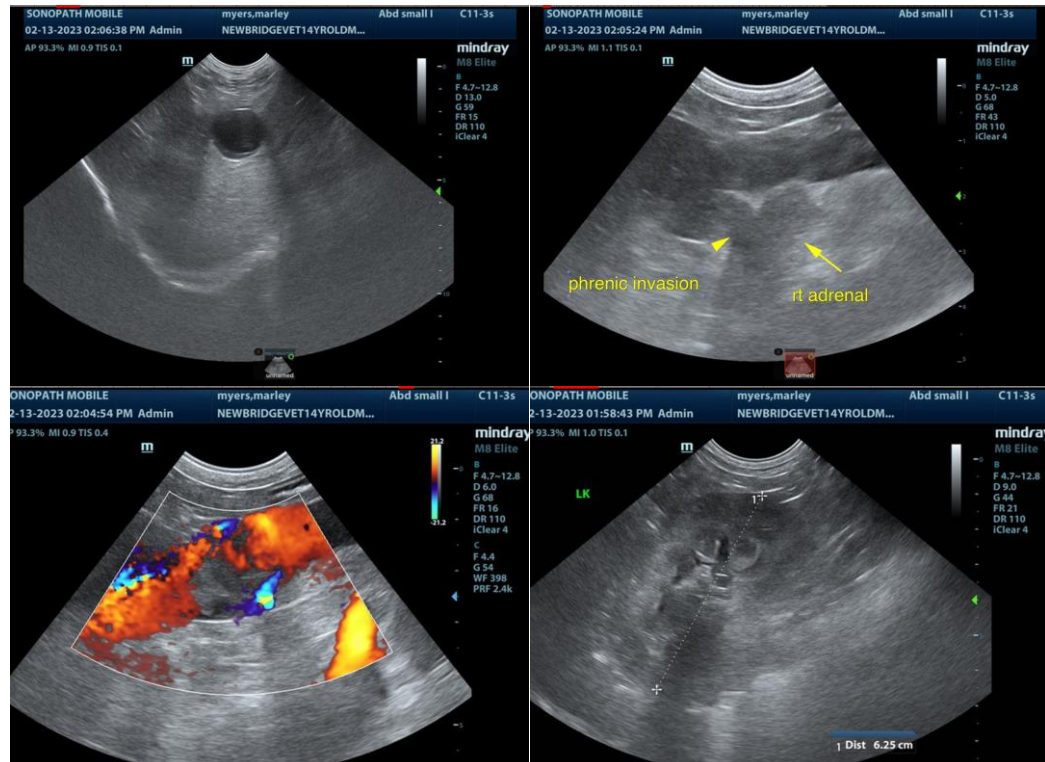
Dr. Glennon

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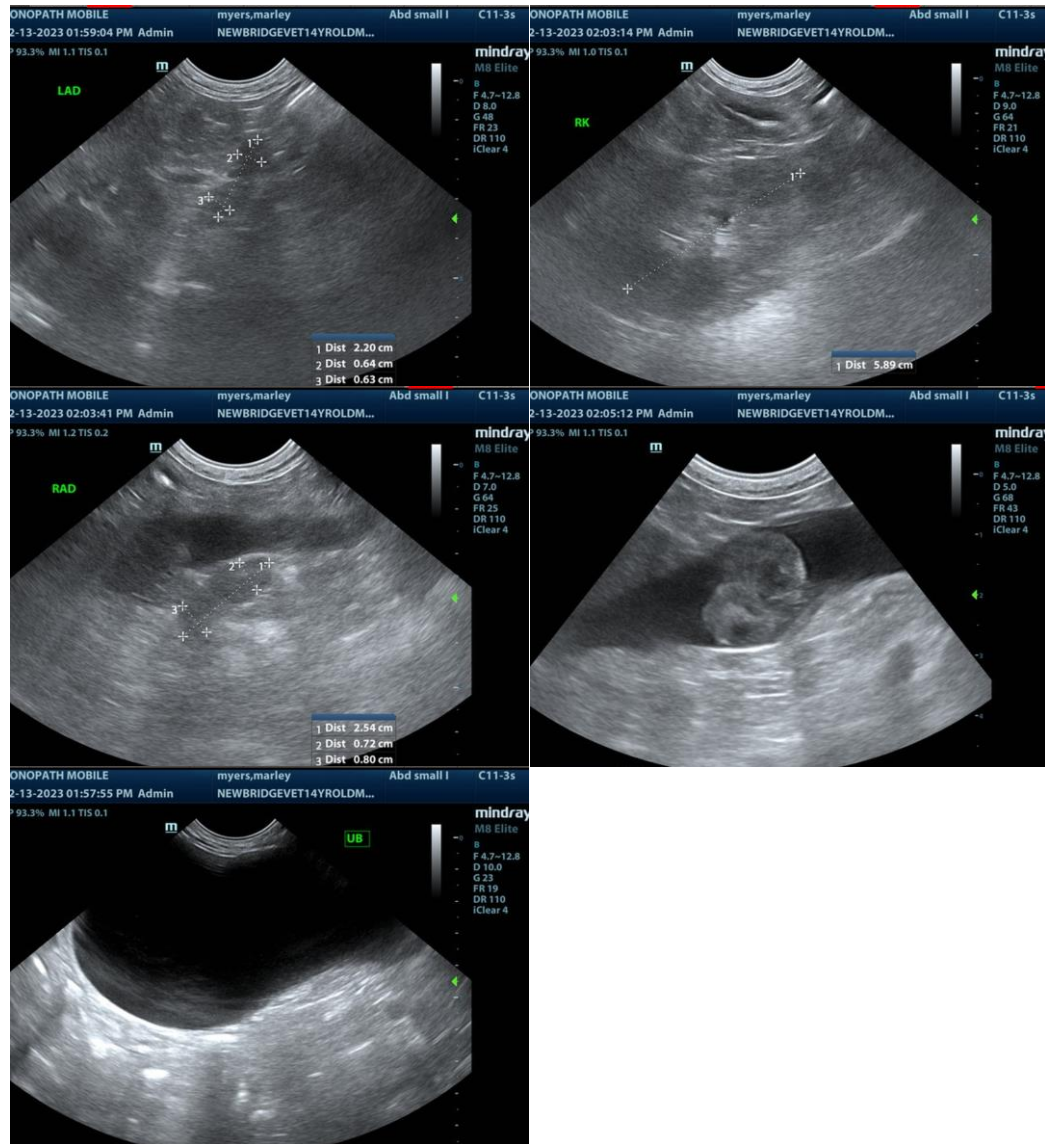
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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