

**DATE PRESENTING CLINICAL SIGNS**

2/13/23

History: Wellness visit, P/L MM, crt <2 cbc (low hgb, hct rbc elevated wbc, neutrophils and elevated reticulocytes), started pet on enro 22.7 mg tab 2 tab PO sid; considering starting pet on prednisone, currently on denamarin and apoquel, Had previous U/S done with intrapet, splenectomy performed 03/21 (hematoma)

PATIENT

Suzie Emge

Current Medications: enrofloxacin 22.7mg 2 tablets sid
 Date of Previous IntraPet Ultrasound: 5/18/22. See attached.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.
 Imaging Performed By: Stephanie Wagra RDCS, RVT.

SPECIES

Canine

BREED

Mixed Breed

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 were noted. Ureteral papillae were normal.

SEX

Spayed Female

AGE

1/2/12

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Mineralization was present in the kidneys. The right kidney measured 4.64 cm. The left kidney measured 4.74 cm.

WEIGHT

15.58 Pounds

Adrenal Glands

The **right adrenal gland** was heterogenous and enlarged, measuring 1.85 cm x 1.24 cm, increased in size compared to the prior sonogram by approximately 20%. A mild inflammatory pattern was noted around the right adrenal gland, suggestive for an expansive process.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS

The **left adrenal gland** was persistently swollen and slightly increased in size compared to the prior sonogram, measuring 1.2 cm x 0.83 cm at the caudal pole and 0.69 cm at the cranial pole.

HOSPITAL NAME

Claws N Paws AH

Spleen

The region of the **splenic fossa** was unremarkable.

REFERRING VET

Dr. Singh

Liver

The **liver** revealed a uniform vacuolar hepatopathy pattern, similar to the prior sonogram. No evidence of disruptive disease. The caudal aspect of the caudate process in this patient revealed an anechoic cyst, measuring 2.5 cm x 2.33 cm. The gallbladder and common bile duct were unremarkable.

INVOICE

21104

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.

Pancreas

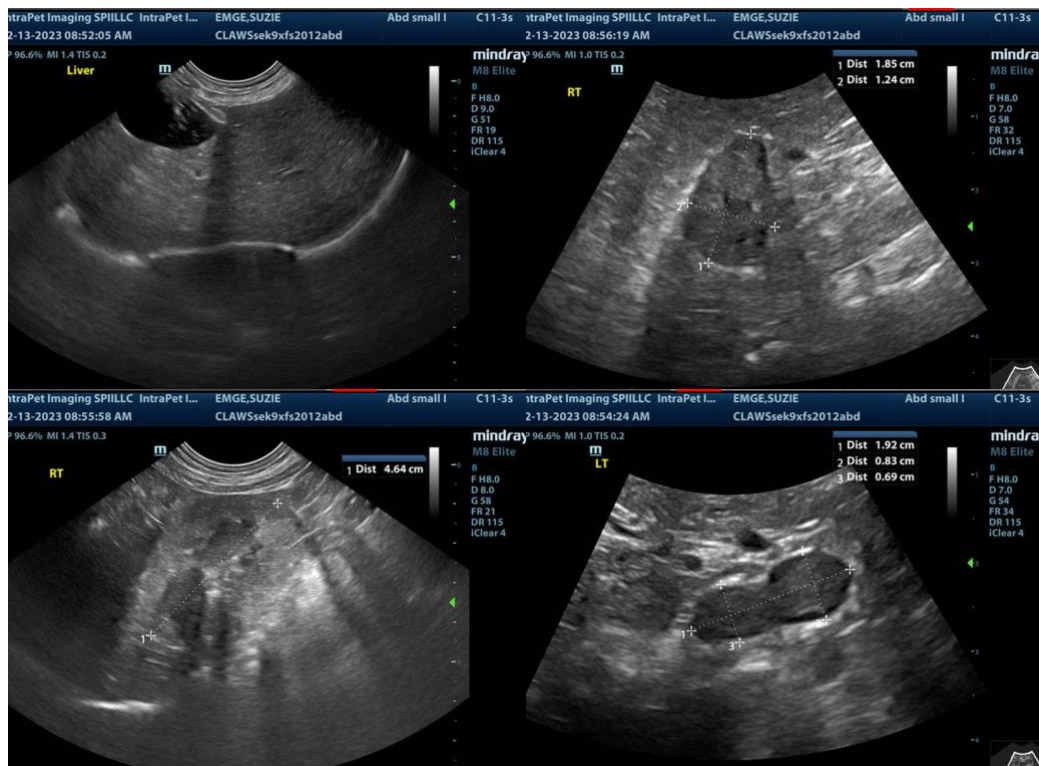
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

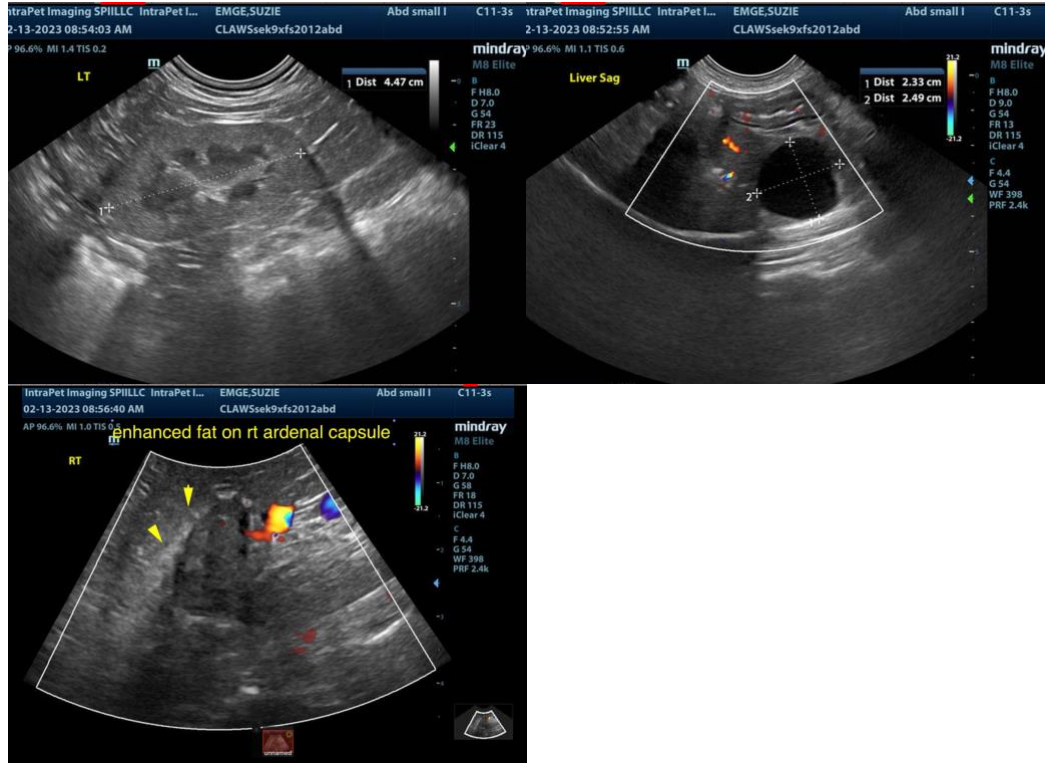
ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy with caudate cyst
- Progressively enlarged adrenal glands
- Minor age-related renal changes with mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If PU/PD is present, and urine specific gravity is <1.025 , then work up for PDH is indicated. Blood pressure measurements are warranted. The right adrenal is particularly of concern. Hyperplasia, adenitis, emerging pheochromocytoma or adenocarcinoma are all possible. Urine catecholamine is indicated if hypertension is present. Recheck of the right adrenal gland is recommended in 6-8 weeks, depending upon further clinical findings.





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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