



PATIENT

Agnes Garvin

SPECIES

Canine

BREED

Pug

SEX

Spayed female

AGE

12 years

WEIGHT

31 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Fortin

INVOICE

42844

DATE

2/15/23

PRESENTING CLINICAL SIGNS

History: Chronic vomiting, mild improvement with antacids.
Abnormal PE/Chem/CBC/UA Results: Low Cl, rest WNL.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.79 cm. The right kidney measured 4.51 cm.

Adrenal Glands

The right adrenal gland was enlarged, heterogenous and nodular with swollen contour. The right adrenal gland measured 2.09 x 1.37 cm at the cranial pole and 0.67 cm at the caudal pole. The left adrenal gland was at the upper limits of normal and measured 2.22 x 0.74 cm at the cranial pole and 0.58 cm at the caudal pole.

Spleen

The **spleen** revealed expansive, hypoechoic, mildly undifferentiated 1.73 cm nodule with capsular expansion.

Liver

The **liver** was enlarged with a hepatoma type swelling that measured 6.0 cm in the left medial liver. Mildly increased portal markings were noted elsewhere. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.



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Pancreas

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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.

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ULTRASONOGRAPHIC FINDINGS

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Swollen right adrenal.

Upper limits of normal left adrenal.

Splenic nodule, other splenic heterogenous changes were noted.

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Hepatic remodeling and hepatoma type swelling.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the general spleen and nodular change is indicated. Splenectomy can be justified. Given the chronic vomiting gastric biopsies can be considered at that time as well as hepatic biopsies. Differentials on the spleen include round cell neoplasia, hemangiosarcoma, nodular hyperplasia or abscessation is less likely.

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Differentials for the right adrenal gland hyperplasia/adenoma. Emerging pheochromocytoma or adenocarcinoma are possible. There is a potential for emerging PDH if the urine specific gravity is less than 1.020 and the patient appears Cushingoid then work-up for Cushing's is recommended. Blood pressure measurements are warranted if hypertension is present then urine catecholamine is indicated for the minor potential of pheochromocytoma of the right adrenal gland. Recheck of the splenic, adrenal and hepatic/GI presentation is recommended in 4 weeks.

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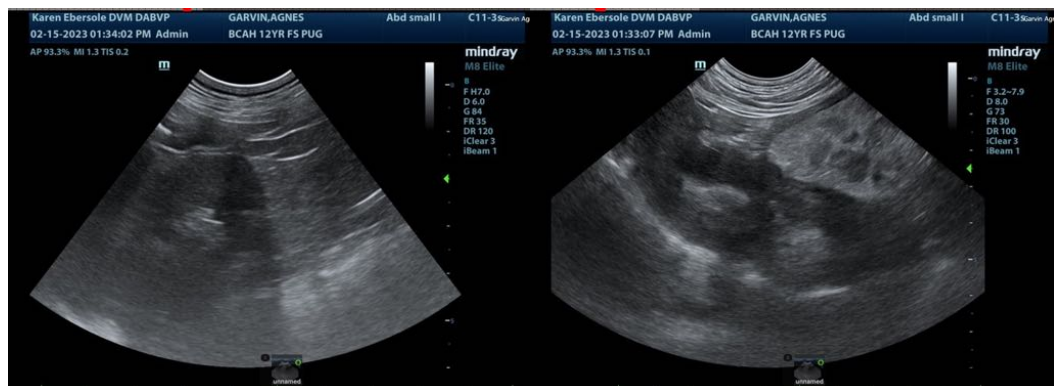
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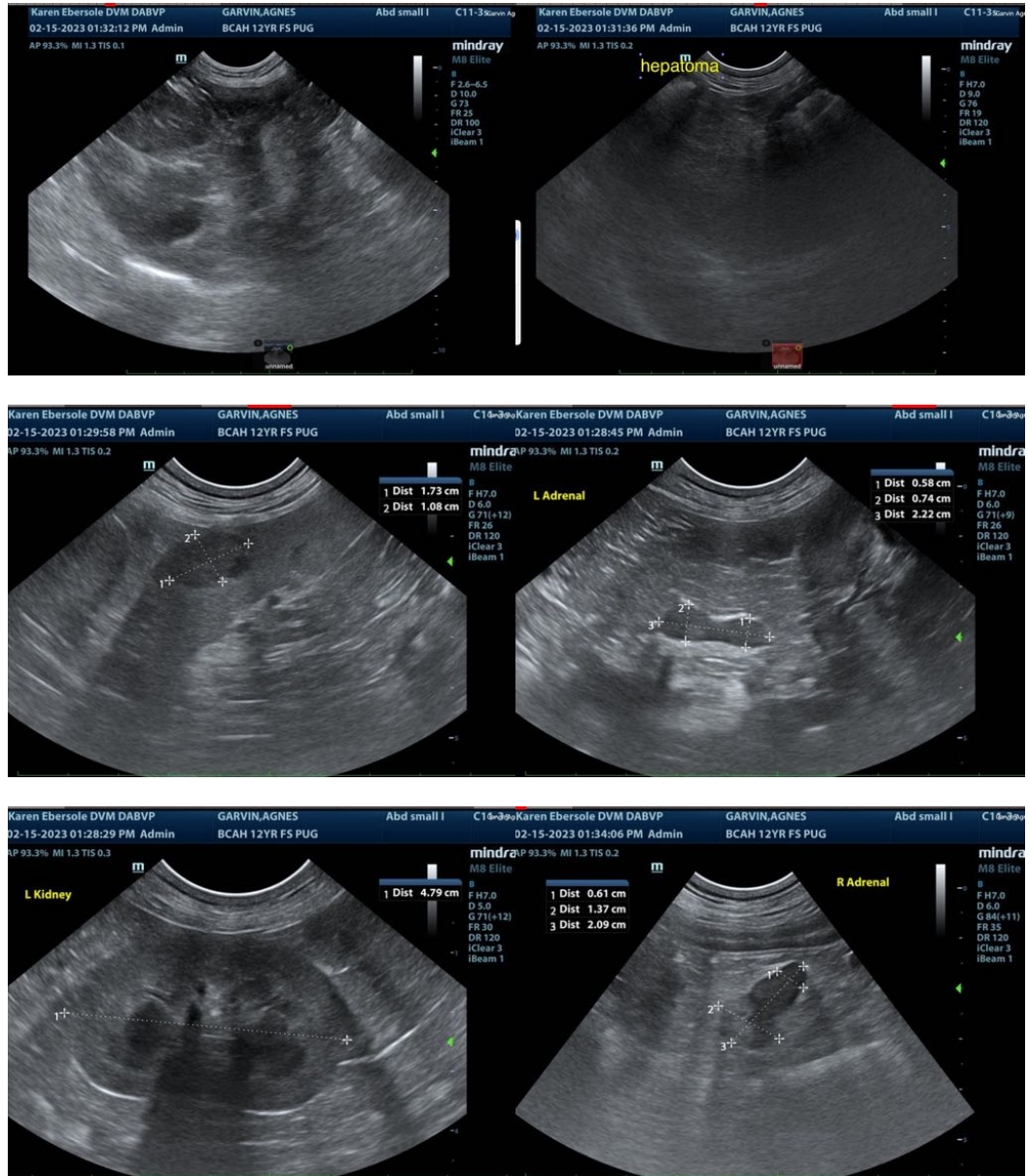
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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