



**PATIENT**

Gia LoMoro

**PRESENTING CLINICAL SIGNS**

Patient presents for GI signs.  
Abnormal PE/Chem/CBC/UA Results: Bloods pending.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Chorkie

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

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. The right kidney measured 2.81 cm. The left kidney measured 2.46 cm with slight pyelectasia and slight mineralization.

**AGE**

14 Years

**Adrenal Glands**

**WEIGHT**

12.4 Pounds

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 1.43 cm x 0.47 cm at the caudal pole and 0.40 cm at the cranial pole.

**INTERPRETED BY**

Eric Lindquist, DMV

The **right adrenal gland** was enlarged at 2.13 cm x 1.23 cm. No evidence of vascular invasion. However, impingement upon the vena cava was noted. The right adrenal was moderately vascular on power doppler assessment.

DABVP, Cert. IVUSS

**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**

Legacy AH

**Liver**

**REFERRING VET**

Dr. Kristin Pontenzone

The **liver** revealed multifocal hypoechoic nodular changes up to 0.67 cm. The nodular changes in the liver did not disrupt architecture significantly. This is most consistent with nodular hyperplasia. However, given the right adrenal presentation, metastatic disease is entirely possible.

**Gastrointestinal**

**INVOICE**

35773

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.

**DATE**

2/18/22



**PATIENT**

**Pancreas**

Gia LoMoro

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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**ULTRASONOGRAPHIC FINDINGS**

- Undefined nodular liver changes – likely hyperplasia, mild potential for underlying neoplasia. No significant disruption of architecture.
- Right adrenal enlargement – Suspect adenoma. However, pheochromocytoma or adenocarcinoma possible.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Serial blood pressures warranted. If hypertension is present, urine catecholamine indicated. If the patient appears Cushingoid, then workup for adrenal dependent Cushing's indicated. Recheck sonogram in two weeks to assess the right adrenal and nodular changes in the liver. Ultrasound guided FNA of the liver nodules could be considered. However, they are fairly deep and may not be overtly accessible. Guarded prognosis depending upon follow up ultrasound. The right adrenal does appear eventually resectable, and direct right adrenalectomy and inspection and biopsy of the liver is also a valid approach.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Kelly Vazquez

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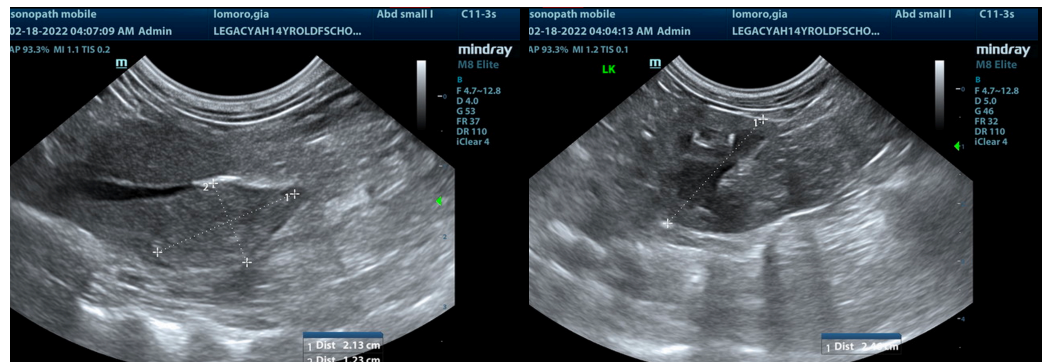
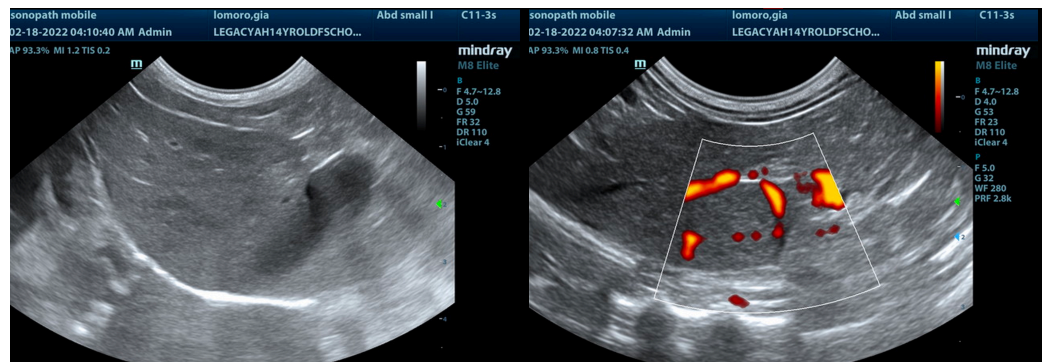
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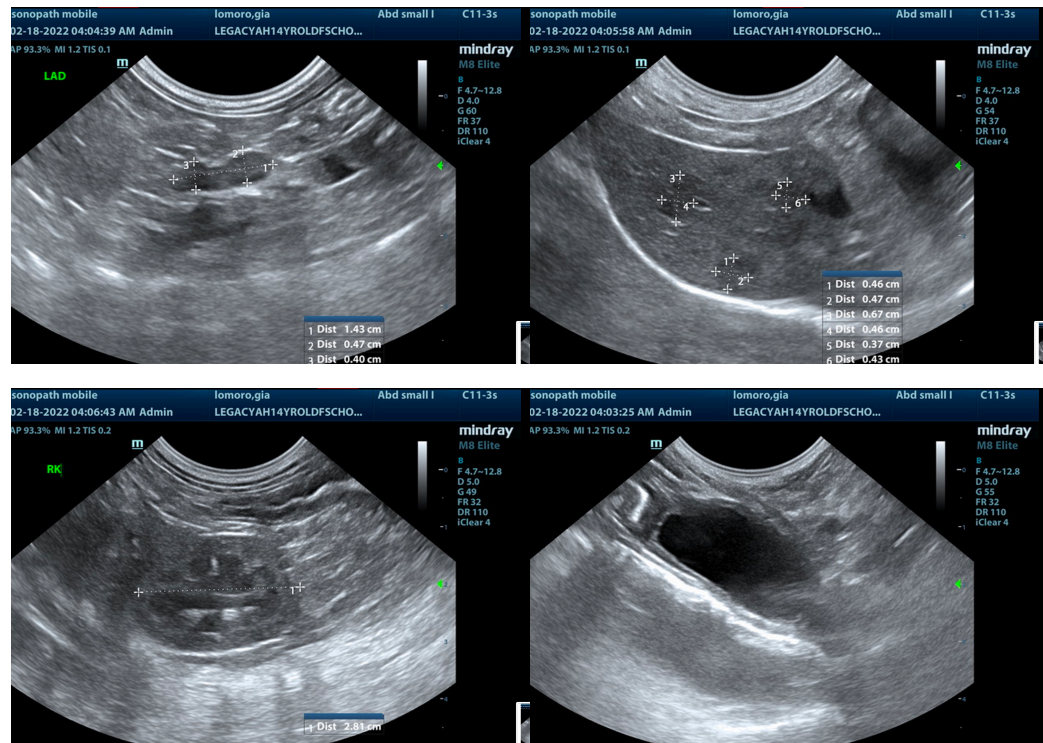
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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