

**PATIENT**

Roscoe Hallyburton

**PRESENTING CLINICAL SIGNS**

History: Decreased appetite Weight loss Current Medications Cerenia, Clavamox Radiographic Findings Decreased serosal detail cranial dorsal abdomen Primary Question/Differential to Be Answered in This Exam Source of ADR Significance of radiographic findings

**SPECIES**

Canine Abnormal PE/Chem/CBC/JA Results: Albumin 2.5 Glob 4.1 Neutrophils 20120 Mono 2066 Resting cortisol pending

**BREED**

Australian Sheherd Mix

**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. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. The residual prostate measured 1.36 cm. Iliac trifurcation was unremarkable.

**SEX**

Neutered Male

**AGE**

8 Years

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 6.85 cm. The left kidney measured 6.85 cm.

**WEIGHT**

61 Lbs.

**Adrenal Glands**

The **right 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 right adrenal gland measured 3.13 cm x 1.15 cm at the cranial pole and 0.71 cm at the caudal pole.

**INTERPRETED BY**

Eric Lindquist, DMV, DABVP, Cert. IVUSS

An extensive **left adrenal** mass was noted in this patient deviating the left kidney. Trace amount of free fluid and enhanced hyperechoic fat noted around the pathology. The left adrenal mass appeared to envelope regional vasculature and tissues.

**HOSPITAL NAME**

Bush AH

**Spleen**

Generalized **splenic** enlargement was present. The spleen revealed a thrombus at the splenic hilus and regional inflammation. Cranial folding of the spleen was noted.

**REFERRING VET**

Dr. Beyerinck

**Liver**

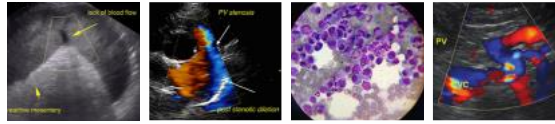
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**INVOICE NUMBER**

14047

**DATE**

2/21/22



**PATIENT** *Gastrointestinal*

Roscoe Hallyburton 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.

**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.

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*Free Abdomen*

Reactive hyperechoic ill-defined mesentery was noted throughout the region of the left adrenal gland and caudal spleen. The pathology is undifferentiated in the regions of the left adrenal and spleen. The hyperechoic fat extended to the region of the left pancreatic limb. Could not differentiate the splenic from adrenal pathology in this patient as the entire region was indifferntiated. Does not appear resectable.

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Neutered Male

**AGE**

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*Other*

A rapid view of the heart revealed no evident pathology.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

61 Lbs.

- Ill-defined mass in the region of the left adrenal gland and spleen, non-resectable. Suspect adrenal neoplasia +/- splenic neoplasia

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

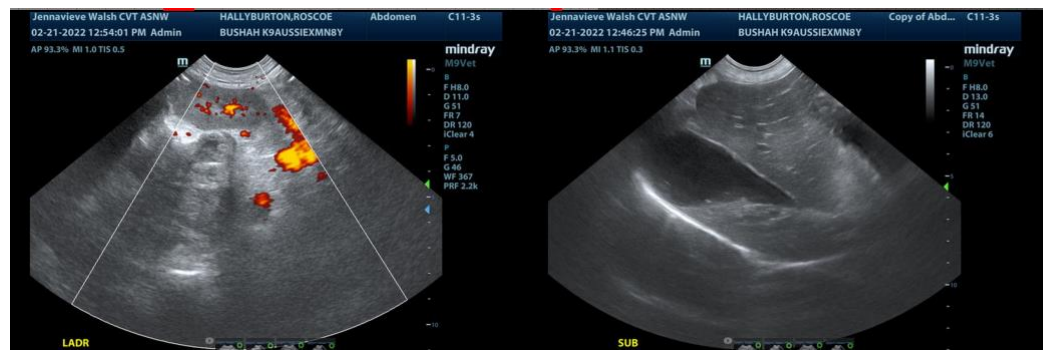
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FNA could be considered with some minor potential for complications. Blood pressures warranted. CT evaluation could be considered for further definition, however, the ill-defined margins of the mass would render this pathology likely non-resectable. Pheochromocytoma versus sarcoma are primary concerns. Prognosis long term is poor.

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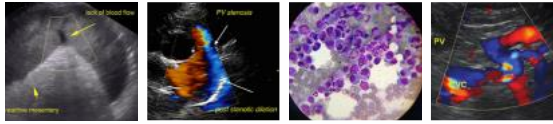
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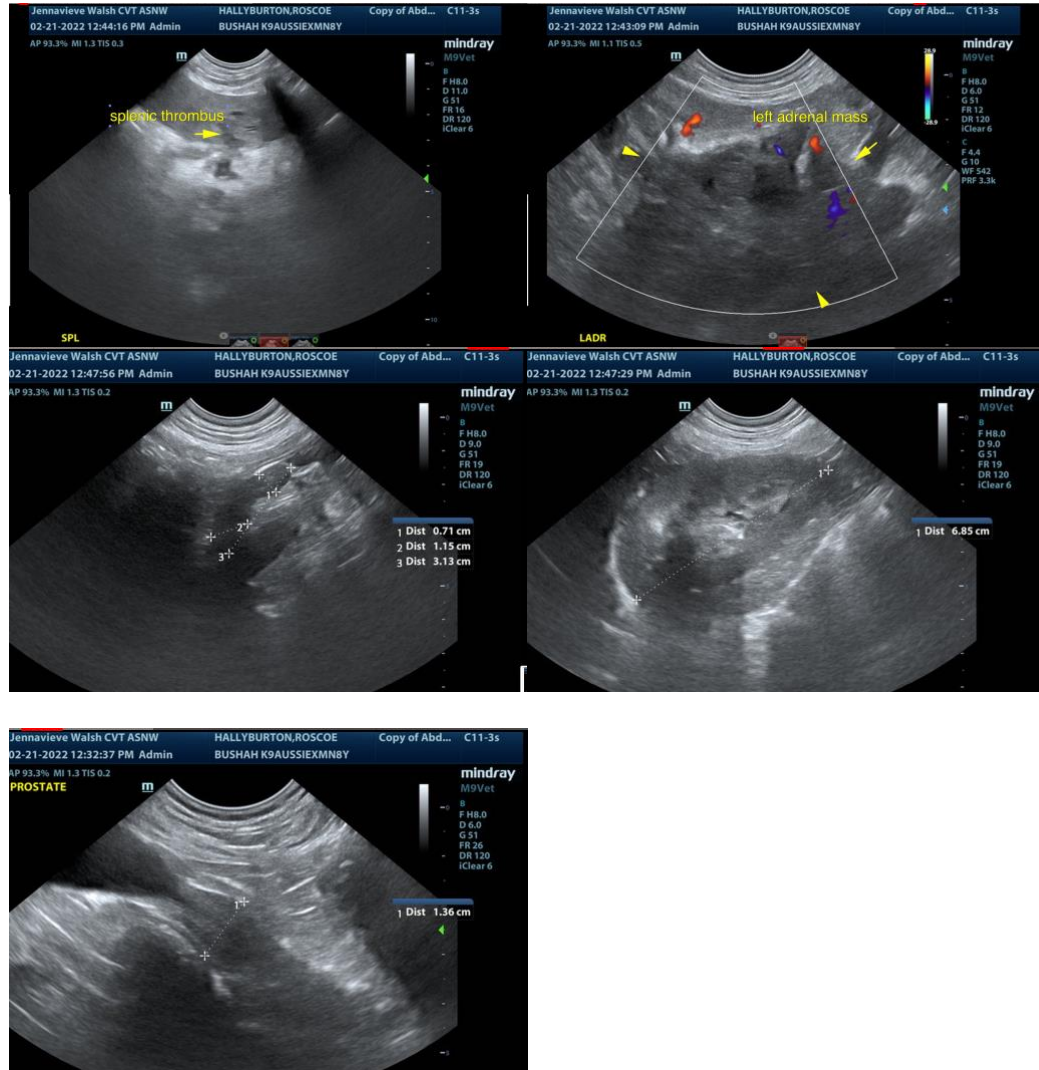
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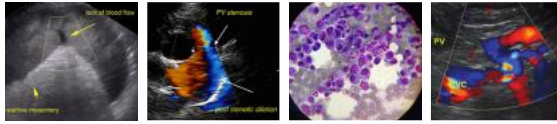
2/21/22



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  
Eric.Lindquist@SonoPath.com



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