



PATIENT

Fiona Kramer

SPECIES

Canine

BREED

Border Collie Mix

SEX

Spayed female

AGE

12 years

WEIGHT

56.1 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

Animal Care Center of
Flanders

REFERRING VET

Dr. Hallihan

INVOICE

43003

DATE

2/27/23

PRESENTING CLINICAL SIGNS

History: cortisol levels did not drop below 50%, or lower than 1.4 - 8 hours post dex admin - consistent with Cushing's. Adrenal vs. pituitary dependent

Cort. samples - 4.2 and 3.6, AST - 74, ALT - 251, Alk Phos - 1790, calcium - 11.6, chol. - 547, HCT - 61 (all levels high) U/A SG - 1.015

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 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 left kidney measured 6.14 cm. The right kidney measured 6.5 cm.

Adrenal Glands

The left **adrenal gland** was enlarged and mineralized measuring 4.6 x 2.2 cm at the caudal pole. Capsular expansion was noted without capsular escape. One view revealed a 0.5 cm inclusion into the vena cava; however, the angle was difficult to interpret. The right adrenal gland was visualized obliquely and appeared to be normal measuring 1.85 cm at the cranial pole and 1.1 cm at the caudal pole.

Spleen

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 was noted.

Liver

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. Occasional nodular change was noted and non-disruptive. The largest nodule is hyperechoic in the left lateral liver and measures 2.6 cm. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.



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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. The mesenteric lymph nodes were reactive and measured 1.0 x 0.4 cm.

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.

Free Abdomen

A large amount of abdominal fat was noted in this patient.

ULTRASONOGRAPHIC FINDINGS

Enlarged, left adrenal gland, possible mass and caval invasion; however, further imaging is necessary.

Obliquely visualized, subjectively normal right adrenal gland to upper limits of normal, possible caval invasion, very early phase.

Left liver nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation of the adrenal glands is warranted for potential surgical planning, particularly that of the left adrenal gland to distinguish mass versus PDH. FNA of the left liver nodule is also warranted to assess for any comorbidity.

ABOUT SONOPATH CT SERVICES:

SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at <https://sonopath.com/resources/sonopath-teleconsultation-services-and-sdep-certification/sonopath-ct-services>



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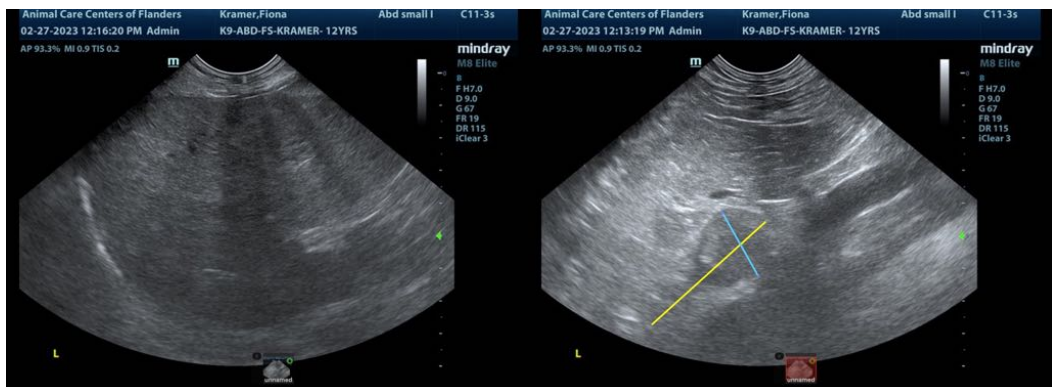
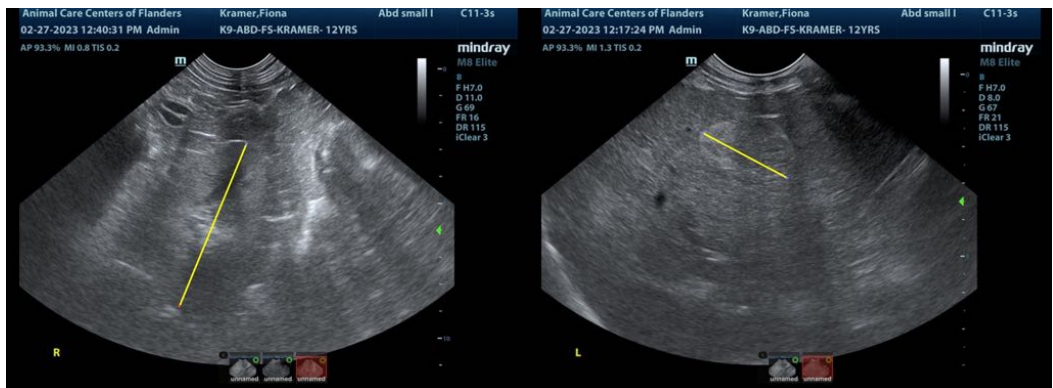
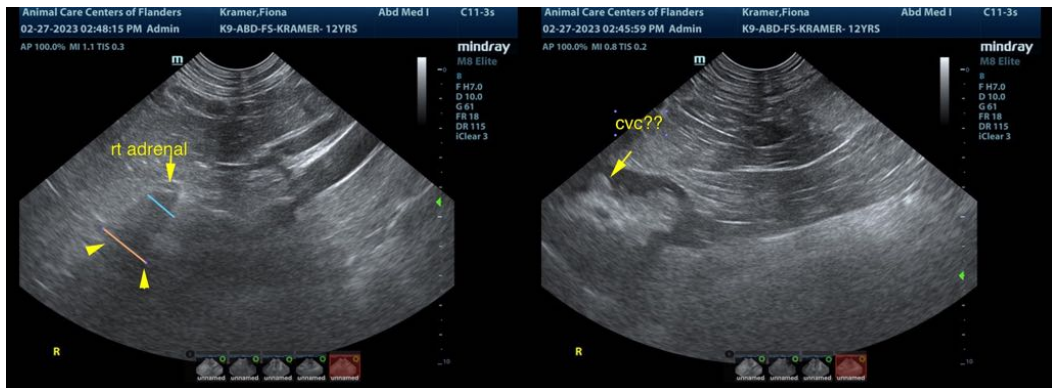
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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