

**DATE**

2/28/22

PRESENTING CLINICAL SIGNS

Long hx of cystic calculi- currently controlled on C/D diet. Hx Liver enzyme elevations. Decreased drinking and urination for past 2 days. Urinating very small amounts at a time. Abdominal radiographs 2/24- concern for mass near trigone of bladder. Also concern for hepatic mass.

PATIENT

Natalie Robare

Current Medications: Amoxicillin 250mg BID started on 2/24.

Lab Results: Pending.

Radiographs: Concern for mass near trigone of bladder. Also concern for hepatic mass.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SPECIES

Canine

BREED

Schipperke 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 was noted. Ureteral papillae were normal.

SEX

Spayed Female

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.

AGE

9/27/08

WEIGHT

38 lbs

Adrenal Glands

The right **adrenal gland** was mildly to moderately enlarged with a nodule that measured 2.0 x 1.6 cm. The nodule occupied the cranial pole. This is likely an adenoma. The right adrenal gland measured 2.74 cm and 0.78 cm at the caudal pole. The left adrenal gland was normal in size and contour measuring 2.42 x 0.77 cm at the caudal pole and 0.76 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** revealed an isoechoic parenchymal mass that measured 3.75 cm with hyperechoic lipogranulomatous changes.

HOSPITAL NAME

Bay Country VH

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. Minor gallbladder polyps were noted. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

REFERRING VET

Dr. McLean

INVOICE

96393

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.

Heart

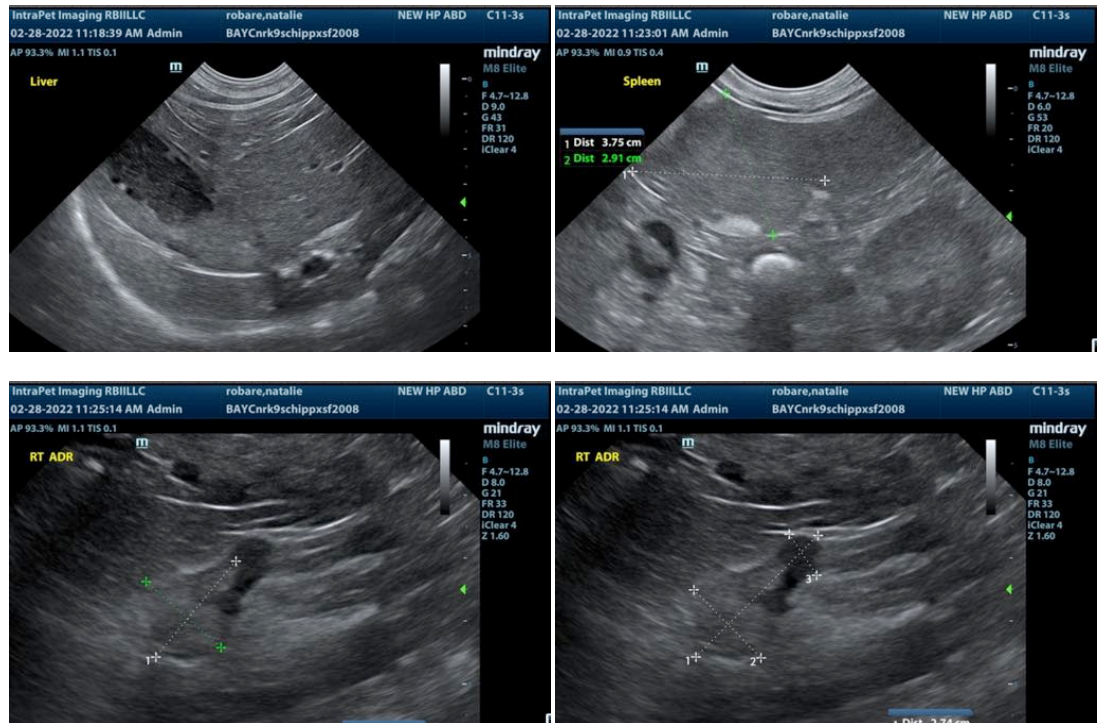
Rapid view of the heart revealed no evidence of pathology. The volume and contractility appeared normal.

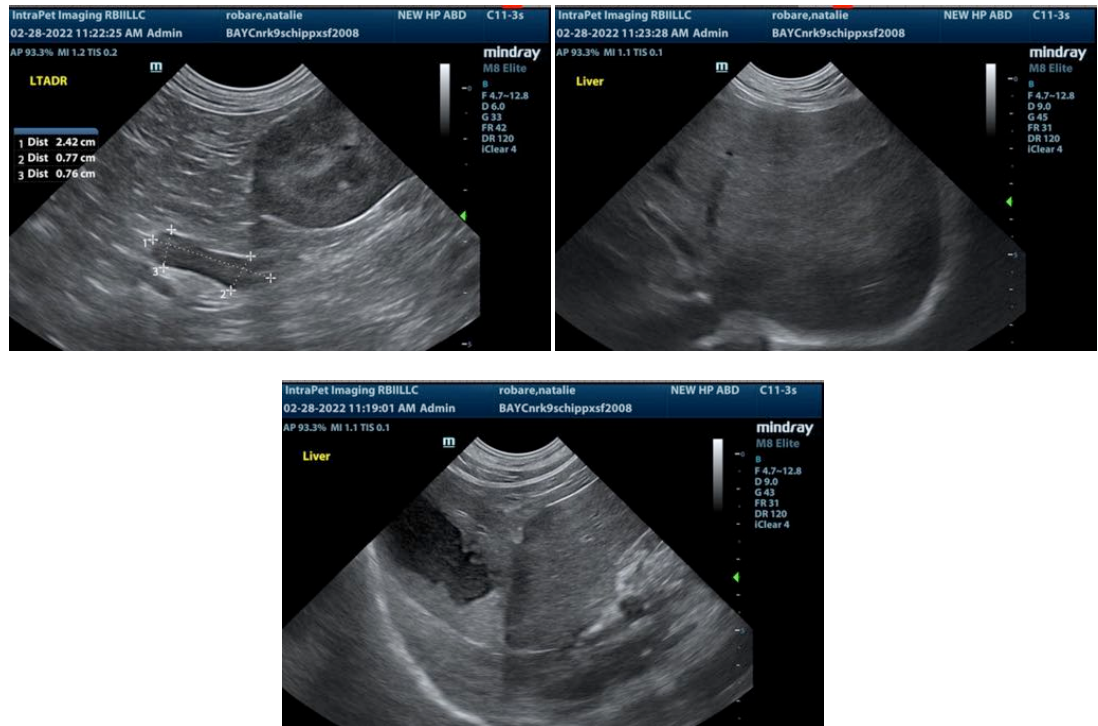
ULTRASONOGRAPHIC FINDINGS

- Parenchymal splenic mass. Subjectively benign, but should be remove as it is pedunculated.
- Subjectively benign hepatopathy with remodeling.
- Gallbladder sludge and polyps.
- Right adrenal nodule, likely adenoma with a potential for emerging pheochromocytoma or adenocarcinoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view chest radiographs are warranted to assess for potential metastatic disease followed by splenectomy +/- right adrenalectomy and liver biopsy. Full adrenal work-up is warranted especially if the urine specific gravity is less than 1.020. Adrenal dependent Cushing's is a possibility based on right adrenal 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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