

**DATE PRESENTING CLINICAL SIGNS**

2/3/23 History: PU/PD, pendulous abdomen- possible Cushing's.

**PATIENT**

Gizmo Barnes

Current Medications: None listed.

Lab Results: Hypercalcemia, elevated liver enzymes, low T4.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

**SPECIES**

Canine

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**BREED**

Golden Retriever

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The **urinary bladder** revealed an apical ventral polypoid thickening, measuring 1.08 cm x 2.3 cm.

**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 minor 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 right kidney measured 7.33 cm. The left kidney measured 7.08 cm.

**AGE**

8/13/11

**WEIGHT**

73.8 Pounds

**Adrenal Glands**

The **right adrenal gland** was enlarged, irregular, mineralized and peripherally inflamed, measuring 3.73 cm x 1.96 cm at the caudal pole and 1.93 cm at the cranial pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

The **left adrenal gland** revealed a hyperechoic nodule at the caudal pole, measuring 1.35 cm x 0.83 cm.

The left adrenal gland measured 3.64 cm x 1.01 cm at the caudal pole and 0.83 cm at the cranial 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 were noted.

**HOSPITAL NAME**

Hickory VH

**REFERRING VET**

Dr. Snyder

**Liver**

A left sided **liver** mass was present, measuring 5.8 cm x 4.74 cm, created by heterogenous coalescing nodules. A separate right liver mass was noted, measuring 4.48 cm. The gallbladder and common bile duct were unremarkable.

**INVOICE**

20981

**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**

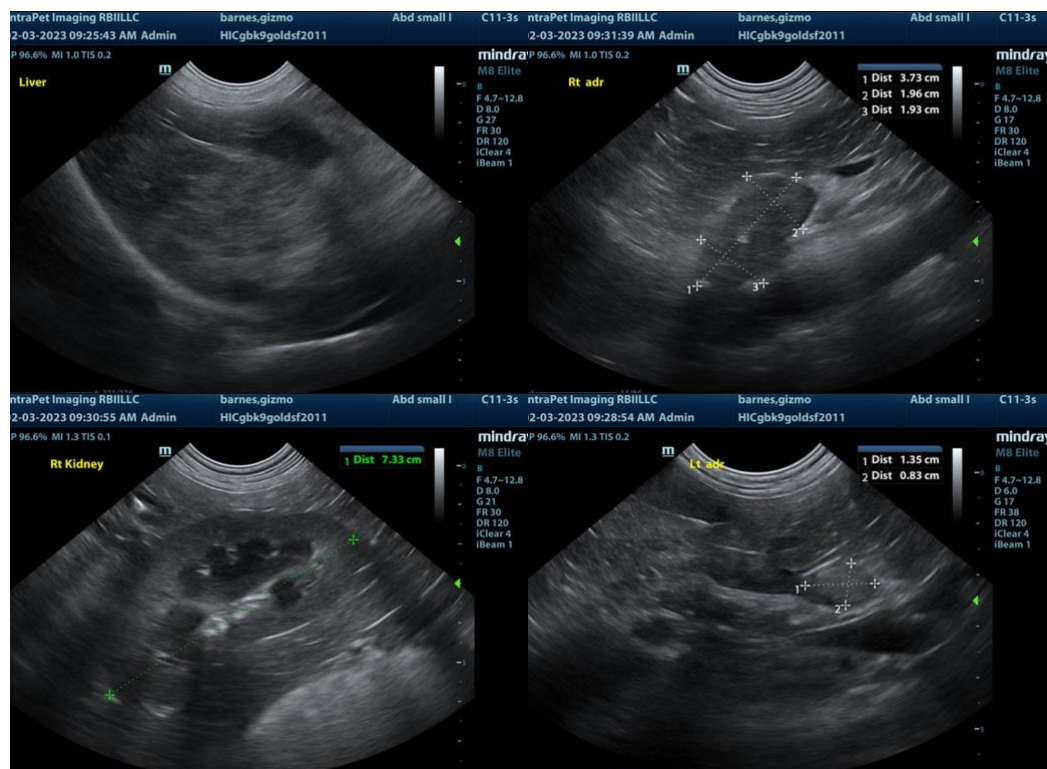
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

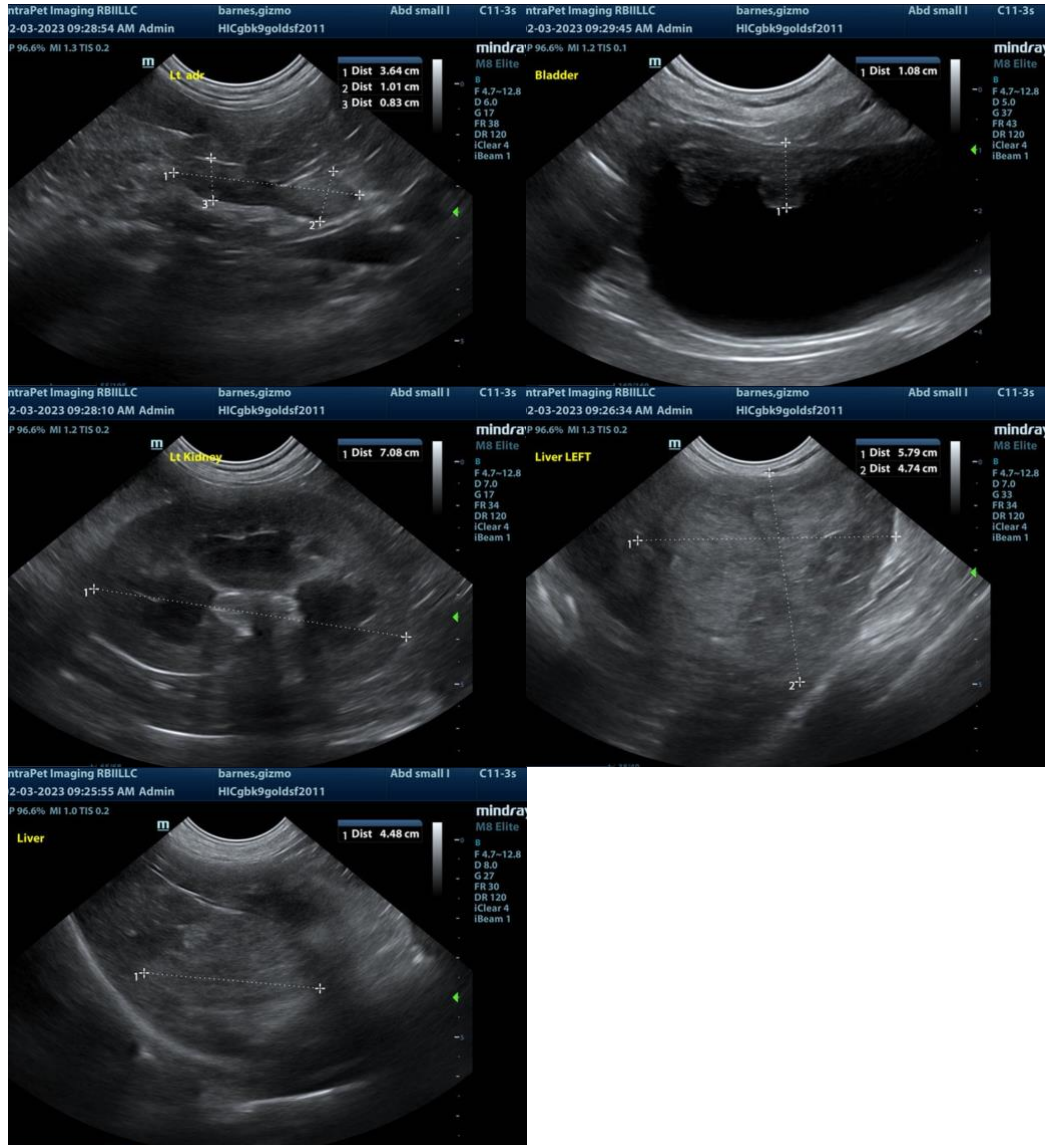
### ULTRASONOGRAPHIC FINDINGS

- Enlarged, irregular, peripherally inflamed right adrenal gland
- Nodular hepatic changes with left and right sided masses
- Ventral apical polypoid changes in the urinary bladder- carcinoma is a strong potential
- Left adrenal nodule, most consistent with adenoma
- Right adrenal enlarged, irregular, mineralized and peripherally inflamed

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Right adrenal differentials include carcinoma vs pheochromocytoma, hyperplasia and adenitis are possible. Serial blood pressures indicated. Hepatic mass differentials include carcinoma, granulomatous disease or metastatic disease possible from the right adrenal gland. FNA of the liver masses and nodules recommended. Urinalysis is warranted with cytospin to assess for exfoliating carcinoma. Prognosis is guarded.





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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