



PATIENT

Riley Larson

SPECIES

Canine

BREED

Cavachon

SEX

Neutered Male

AGE

13 Years

WEIGHT

23.9 Lbs.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional
VH

REFERRING VET

Dr. Goldman

INVOICE

13827

DATE

2/7/22

PRESENTING CLINICAL SIGNS

History: Suspect Addison's/liver. Current meds: prednisolone 1 mgs SID/Baytril/dexamethasone. On IVFs in-hospital.

Abnormal PE/Chem/CBC/UA Results: Lymphocytes 0.83, creat. 3.1, BUN 64, amylase 1,587 (2/6/22). BUN 91, creat. 3.6, chloride 123, bicarbonate 9.0, calcium 11.6, cholesterol 355, amylase 1,340, PrecisionPSL. (1/30/22).

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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild to moderate 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. Slight mineralization was present in the kidneys. The left kidney measured 5.2 cm. The right kidney revealed loss of corticomedullary definition and was peripherally inflamed. The right kidney measured 5.98 cm.

Adrenal Glands

The **right adrenal gland** was enlarged, hypoechoic and irregular, measuring 2.75 cm x 1.87 cm at the cranial pole and 0.97 cm at the caudal pole with hypoechoic parenchyma and hyperechoic surrounding fat, suggestive for inflammation. The right adrenal revealed a 0.5 cm long projection, deriving from the phrenic vein, suggestive for either thrombosis or more likely invasive tumor-appears to be resectable. No evidence of metastatic disease.

The **left adrenal gland** was normal in size and contour, measuring 1.67 cm x 0.6 cm at the caudal pole and 0.4 cm at the cranial pole.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were 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. This is consistent with vacuolar hepatopathy and some level of



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remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. This is a mild and nonspecific change.

Gastrointestinal

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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.

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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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ULTRASONOGRAPHIC FINDINGS

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- Benign hepatopathy
- Slightly invasive or thrombotic right adrenal gland with irregular contour, suspect right adrenal carcinoma. Possibility of adenitis/hyperplasia with attached thrombosis. However, it was peripherally inflamed.
- Age-related renal and splenic changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend right adrenalectomy in this patient after full adrenal work up. The left adrenal gland appears normal. Blood pressures +/- urine catecholamine warranted. The right adrenal differentials include adenocarcinoma, pheochromocytoma, adenitis and hyperplasia with attached thrombosis. The adrenals should still be resectable, even if a minor invasion into the vena cava is present.

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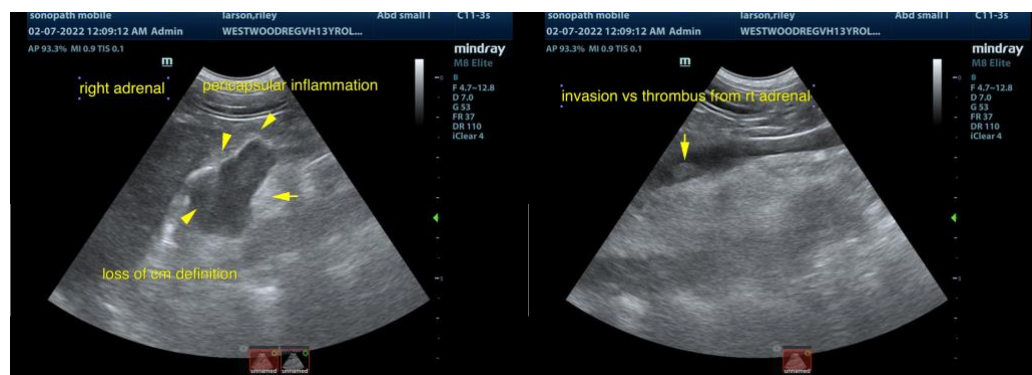
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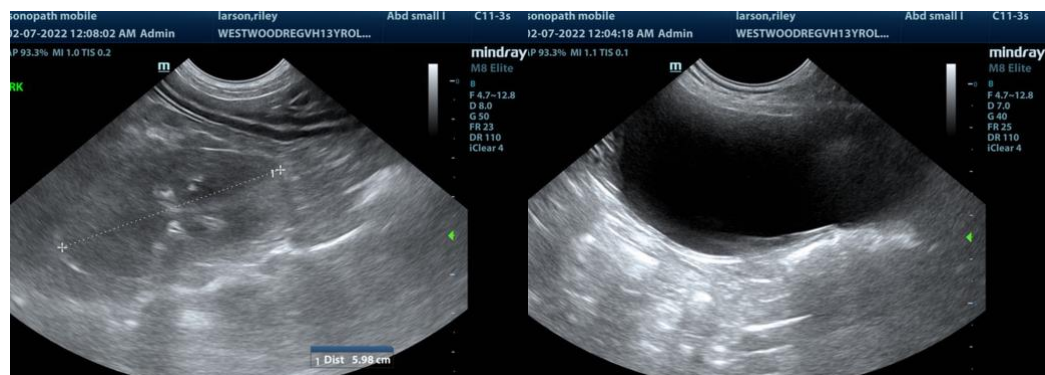
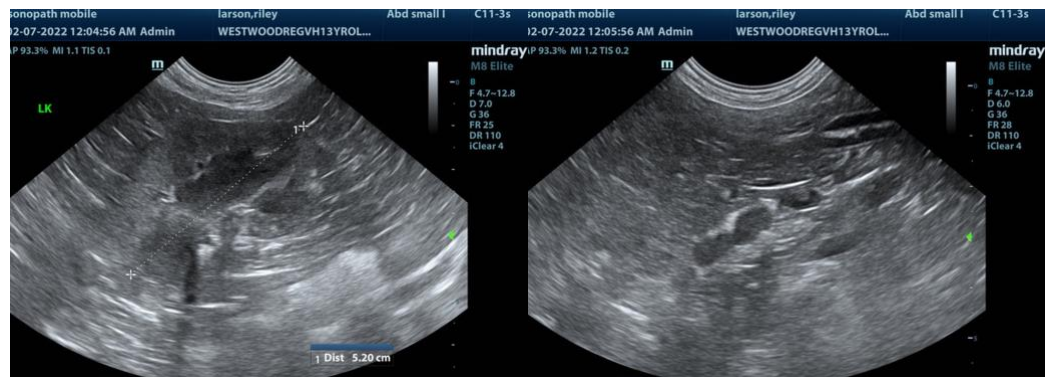
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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