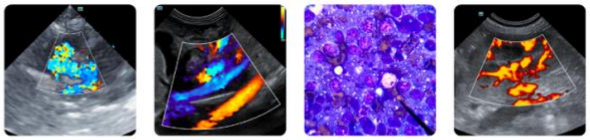


PATIENT

Ollie Curran

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered Male

AGE

12 Years 10 Months

WEIGHT

14.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Dr. Michael Wasserman

HOSPITAL NAME

Highlands AH

REFERRING VET

Dr. Cindy Wasserman

INVOICE

36040

DATE

3/1/26

PRESENTING CLINICAL SIGNS

- Sedated with 0.05ml dexdomitor 0.5mg/ml IV: adequate for sonogram.
- P presented for annual wellness with Dr. CW, screening bloodwork revealed elevated LEZ's.
- P is asymptomatic at home. NOT PU PD at home.
- Purpose of sonogram, evaluate adrenals, primary hepatic mass, cholestasis, cholestatic obstruction, higher suspicion for primary hepatic mass.
- Abnormal PE/Chem/CBC/UA Results: PE: P has sl. pendulous abdomen. Moderate to severe dental disease and gingivitis. MPL 4/4 left 1/4 right, No heart murmur or crackles or wheezes in lung fields. Small growth AD on eyelid. Questionable abdominal pain during scan, or sedation wearing off. Labs: Minor monocytosis, PLT: 565k, CL 106, 4.2 alb, ALT 337, ALP 1938, GGT 30, Chol 514, Sample 3+ hemolyzed and 2+ lipemic, Free catch urine SG today 1.042

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 2.0 cm beyond the cystourethral junction. The residual prostate measured 0.75 cm.

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 this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. Mineralization was noted in the kidneys. The right kidney measured 4.46 cm. The left kidney measured 4.17 cm.

Adrenal Glands

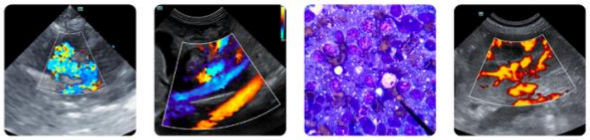
The **right adrenal gland** was nodular, slightly swollen, and mildly irregular. The right adrenal gland measured 2.14 cm x 1.12 cm at the cranial pole and 0.9 cm at the caudal pole.

The **left adrenal gland** was normal in size and contour, measuring 1.54 cm x 0.5 cm at the caudal pole and 0.59 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.

Liver



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The **liver** revealed increased portal markings and heterogeneous coalescing hyperechoic parenchymal changes in the left liver, measuring up to 3.2 cm. A minor microcystic nodule (2.67 cm) was noted. The lesion was somewhat vascular. The liver was otherwise uniform with minor enlargement. The gallbladder and common bile duct were unremarkable.

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

- Cystic nodule in the left liver, subjectively benign hepatopathy otherwise
- Nodular right adrenal gland – hyperplasia is likely. Emerging carcinoma or pheochromocytoma are possible.
- Minor age-related renal changes with mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recheck ultrasound of the right adrenal and liver lesion in one month. Ultrasound guided FNA of the general parenchyma and the parenchymal portion of the hepatic nodule is warranted. Differentials on the cystic liver lesion include emerging carcinoma, granulomatous disease, complex hepatic cyst all possible. This should be monitored with follow up ultrasound, or direct removal is recommended. It appears resectable with left liver lobectomy. Drainage of the cystic portions with culture could also be appropriate. Abscessation is less likely. Monitoring of the right adrenal gland is also important. No evidence of vascular invasion.

Note that 30% of Addisonian dogs are atypical and have normal sodium potassium ratios. Screening can be performed with a urine cortisol to creatinine ratio (UCCR) of less than 2.0 ug/dl is indicated as a screening for Addison's. This has near a 100% negative predictive value. UCCR less than 1.4 ug/dl is 100% sensitive and 97 % specific for Addison's. If the UCCR is greater than 2.0 ug/dl and Addisonian signs are present, then disease induced adrenal burnout may be the case. UCCR measures a 12-hour cortisol whereas baseline cortisol is a moment in time and fluctuates. Therefore, a UCCR is more sensitive and specific than baseline cortisol. Otherwise, baseline cortisol could be utilized if > 2.0 then this is negative also for Addison's, yet less sensitive and specific. Therefore, baseline UCCR is considered the best screening test. Therefore, if UCCR is less than 2.0 then full ACTH stimulation would be recommended for the diagnosis of Addison's. This is based on Del Baldo, et.al JVIM 2022

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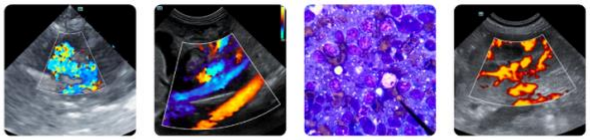

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Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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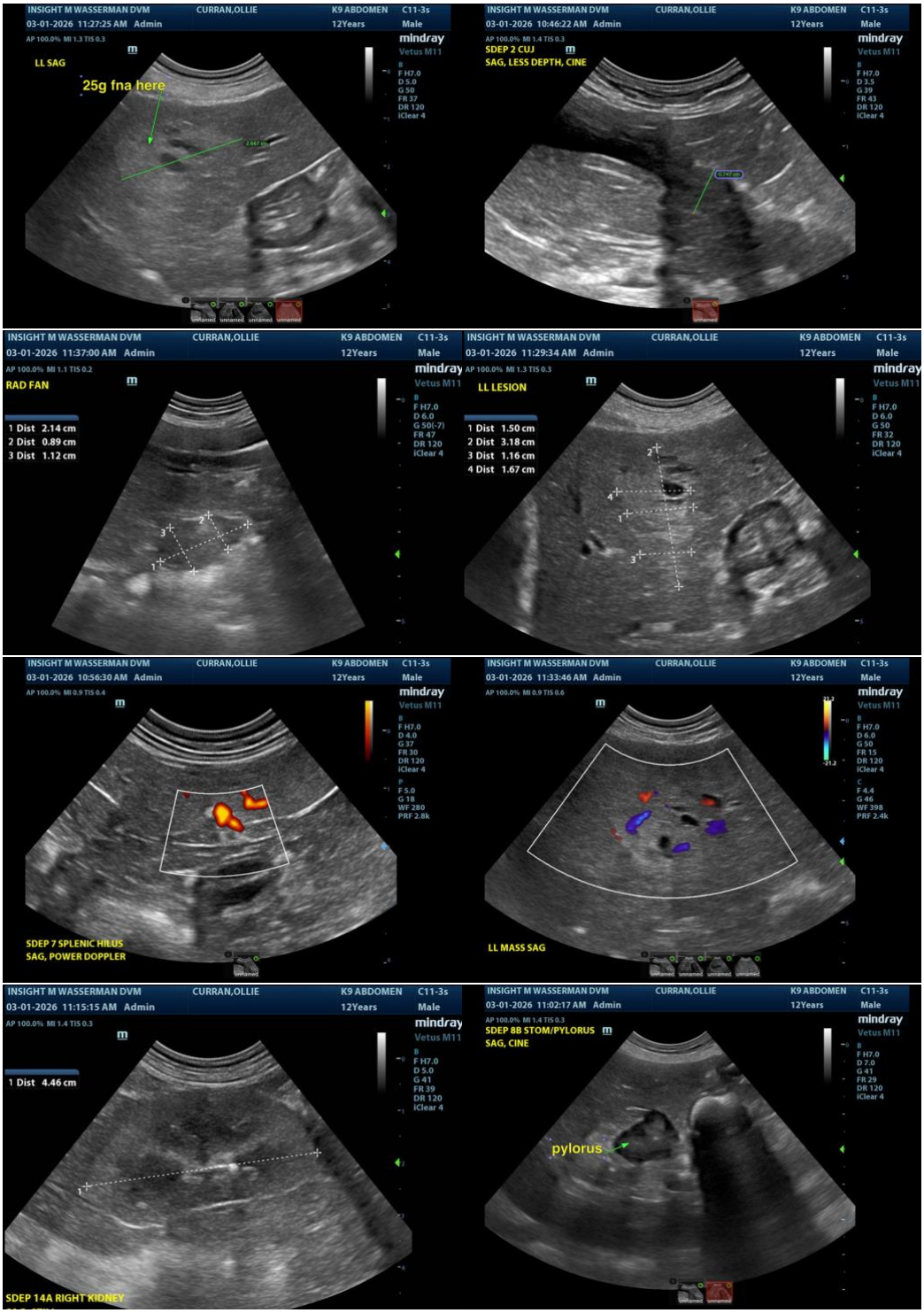

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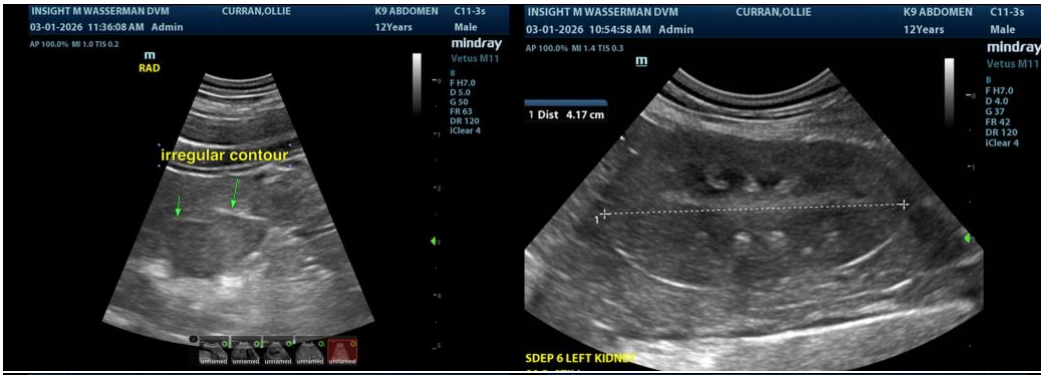

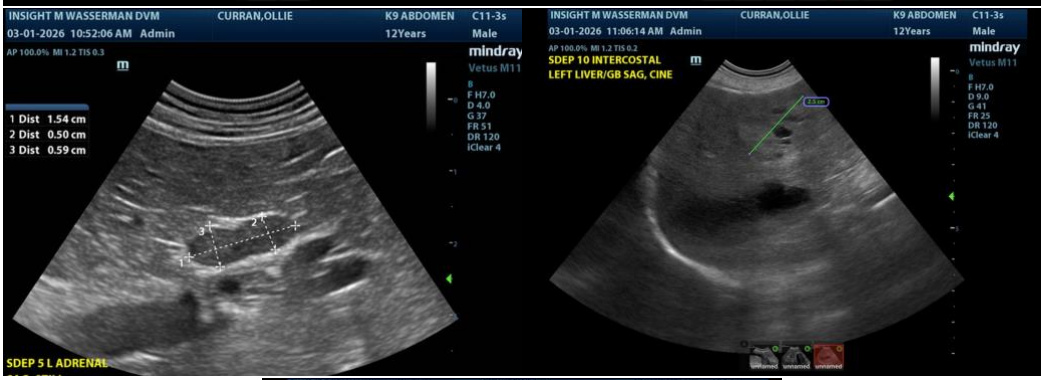

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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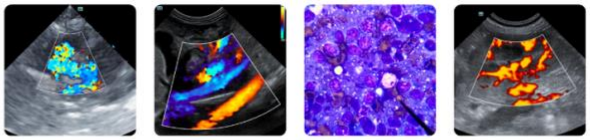

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com