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Clinical Sonography & Telecytology
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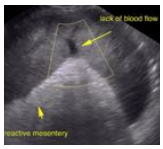
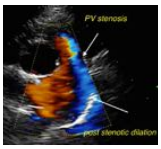
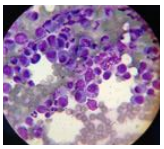
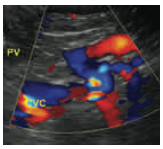

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Angus LaFrieda

SPECIES

Canine

BREED

Old English Bulldog

SEX

Neutered male

AGE

11 years

WEIGHT

93 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

IMAGING PERFORMED BY

Kelly Vazquez , CVT

HOSPITAL NAME

Animal General on Hudson

REFERRING VET

Dr. Zelinski

INVOICE

96915

DATE

3/16/22

PRESENTING CLINICAL SIGNS

History: Patient presents for elevated liver enzymes, urinary accidents in house. No reported meds. Abnormal PE/Chem/CBC/UA Results: No reported blood work. U/A: culture (neg), 2+ proteinuria, USG 1.016.

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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. The right kidney measured 7.78 cm. The left kidney measured 7.08 cm.

Adrenal Glands

The right **adrenal gland** was enlarged and measured 3.06 x 3.13 cm with disrupted architecture. Heterogenous parenchymal changes were noted. The left adrenal gland was enlarged and measured 4.04 x 2.35 cm with heterogenous loss of structural detail.

Spleen

The **spleen** revealed a 4.14 cm parenchymal mass. The spleen revealed a separate mixed echogenic, fibrotic nodule that measured 3.12 cm with areas of lipogranulomatous changes.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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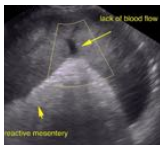
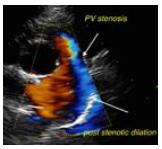
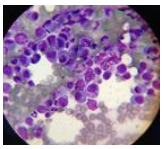
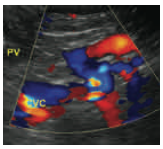

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Gastrointestinal

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. 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. Arrhythmogenic activity was noted in the heart.

ULTRASONOGRAPHIC FINDINGS

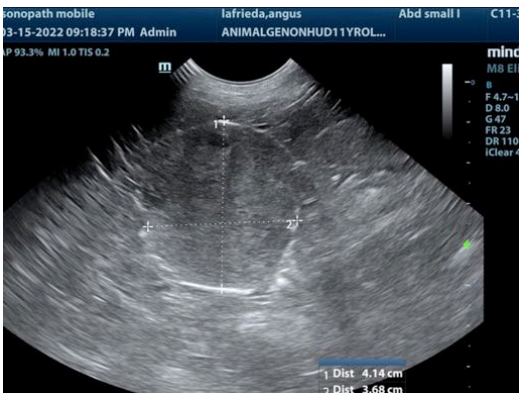
Bilateral adrenal masses. Benign adenomas and myelolipomas are possible. Pheochromocytoma or adenocarcinoma is possible.

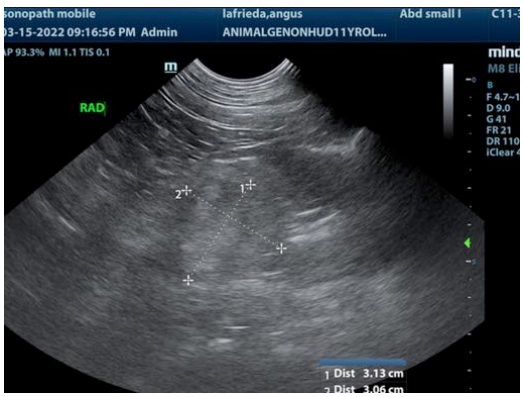
Concurrent splenic mass. Separate splenic nodule.

Arrhythmogenic activity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no obvious evidence of metastatic disease. The splenic masses may be incidental and non-clinical; however, FNA of the splenic masses or direct splenectomy is indicated. Full adrenal work-up is warranted. PDH and adrenal dependent disease may also be present. Serial blood pressure measurements +/- urine catecholamine is indicated. Chest radiographs and EKG is recommended.





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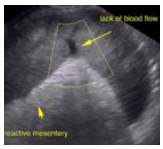
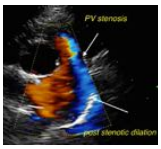
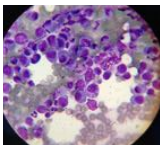
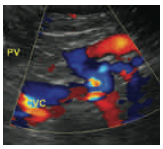

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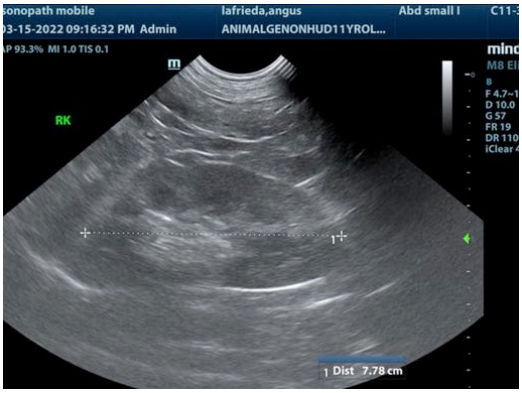


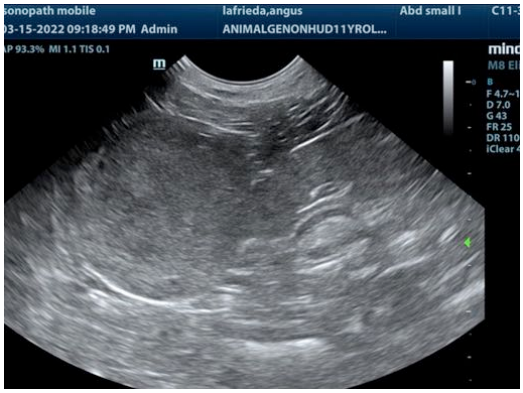
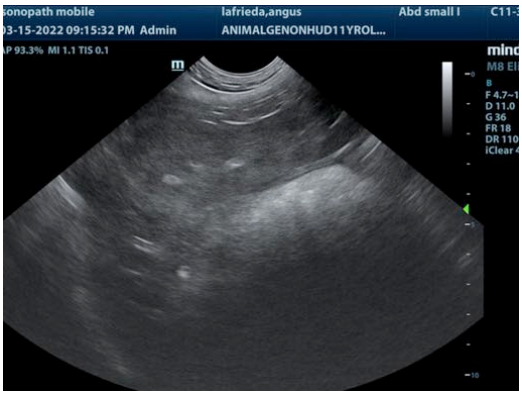
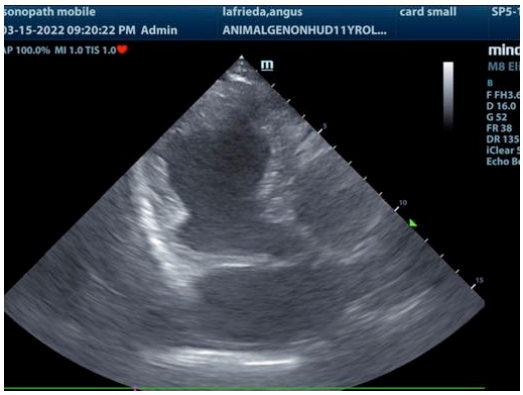

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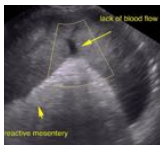

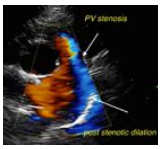

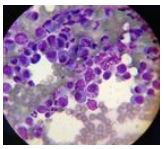
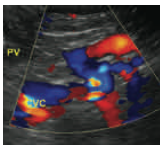

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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