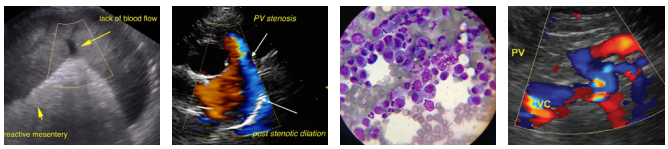
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Harley Brocious

SPECIES
Canine

BREED
Lab X

SEX
Spayed Female

AGE
13 Years

WEIGHT
55.5 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Rodriguez

HOSPITAL NAME
Foxfield Vet Services

REFERRING VET
Dr. Rodriguez

INVOICE
36782

DATE
4/11/22

PRESENTING CLINICAL SIGNS

Currently being treated for cushings. Decreased appetite and lethargic.
Abnormal PE/Chem/CBC/UA Results: RBC: 5, HCT: 32.8, ALK: 245

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 **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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.67 cm. The right kidney measured 6.3 cm.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 2.41 cm x 1.08 cm at the caudal pole. The right adrenal gland measured 2.38 cm x 1.02 cm.

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

The **liver** presented multifocal cystic and parenchymal masses. A left medial mass measured 4.3 cm x 1.85 cm. A left cranial mass measured 5.35 cm x 3.79 cm. A cystic lesion measured 3.01 cm x 1.85 cm. 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.

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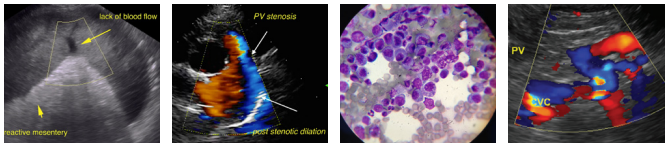

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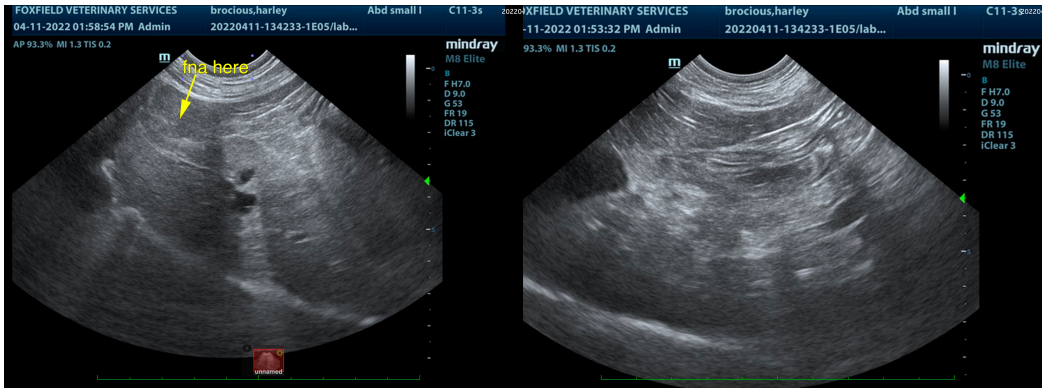
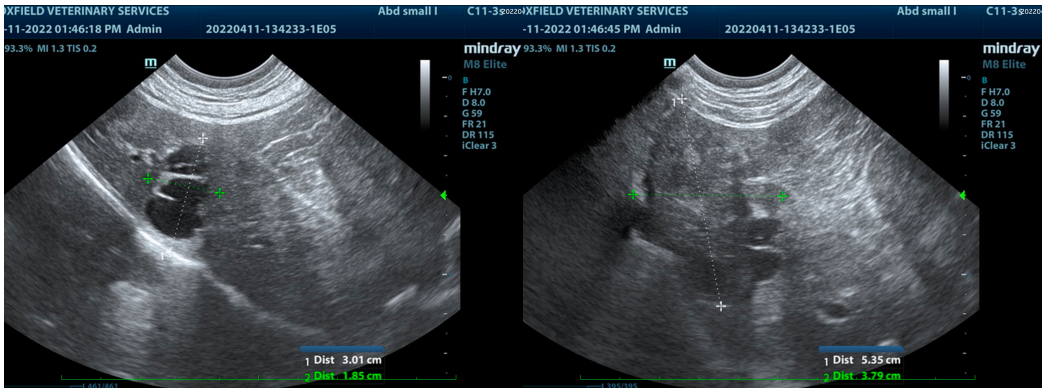
ULTRASONOGRAPHIC FINDINGS

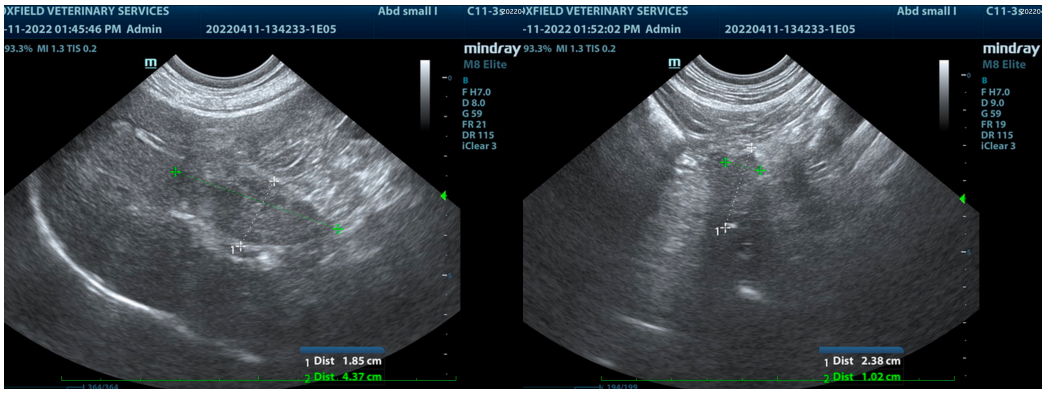
- Multifocal hepatic parenchymal and cystic masses
- Bilateral adrenal hypertrophy – consistent with PDH/Cushing's

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the parenchymal masses recommended to assess a benign hyperplasia versus carcinoma or other types of neoplasia. Bile acid profile warranted to assess for early hepatic dysfunction owing to the multiple lesions. However, the lesions may be benign. Other causes of poor appetite and lethargy such as orthopedic pain, CNS disease and thoracic disease should all be considered. The hepatic lesions may be completely incidental and non-functional.







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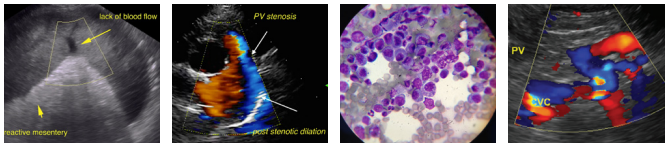

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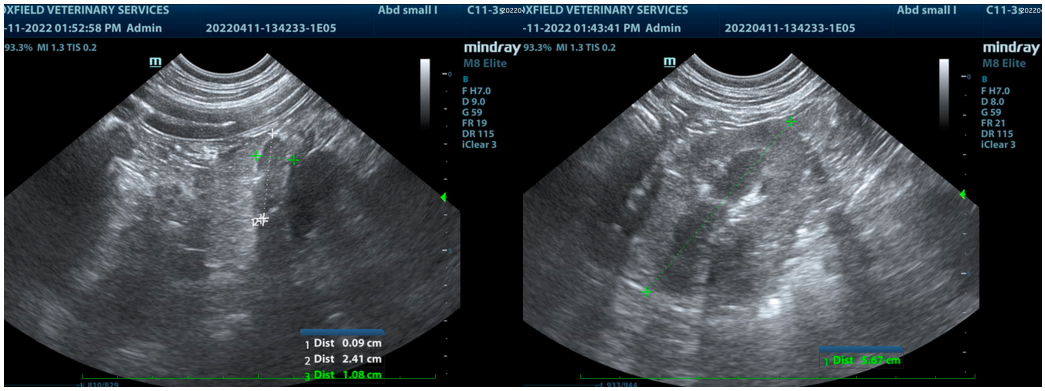

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com