



PATIENT

Calypso Rose Minges

SPECIES

Canine

BREED

American Pit Bull
Terrier

SEX

Spayed female

AGE

5 years

WEIGHT

66.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Gogluizza

HOSPITAL NAME

Evendale Blue Ash Pet
Hospital

REFERRING VET

Dr. Gogluizza

INVOICE

43839

DATE

4/12/23

PRESENTING CLINICAL SIGNS

History: - 3/21/2023 a firm ~1 cm diameter lobulated nodule associated with the right caudal mammary gland was found. - 3/31/2023 LDDST test came back consistent with Cushing's disease, ruling out PDH vs AT. Chest rads were also taken and came back Unremarkable thoracic study. No evidence of metastatic disease. - 4/12/2023 a second mammary mass was found ~1.5 x 1 associated with the left fourth mammary gland. The previous mass on the right fifth gland appears stable.

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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 7.14 cm. The left kidney measured 7.12 cm.

Adrenal Glands

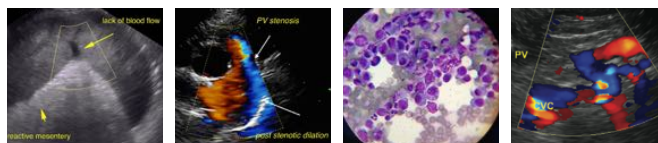
The left **adrenal gland** was enlarged and irregular measuring 4.4 x 1.0 cm at the caudal pole and 1.8 cm at the cranial pole. The region of the right adrenal was unremarkable.

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 was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Shadowing material was noted in the pylorus and measured approximately 3.0 cm. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

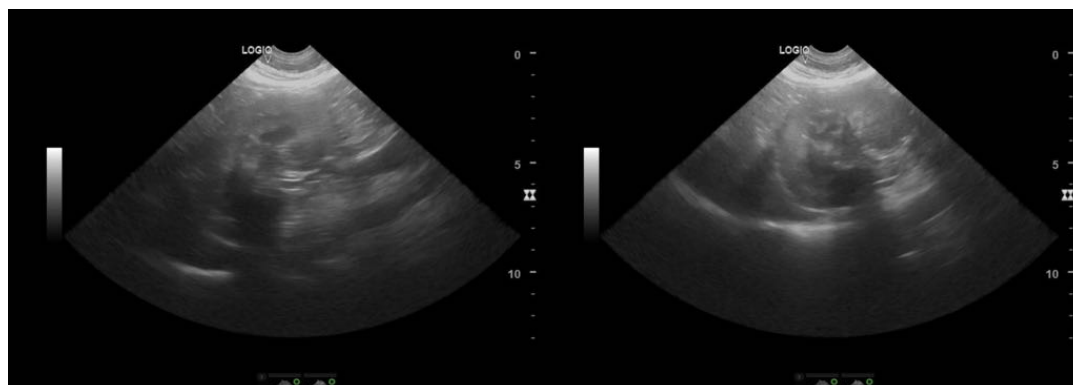
Enlarged, irregular left adrenal gland.

Non-visible right adrenal, yet the region was unremarkable.

Concurrent shadowing material in the pylorus. Possible ingesta or foreign matter.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the LDDST the changes are most consistent with left adrenal carcinoma. Left adrenalectomy is recommended.





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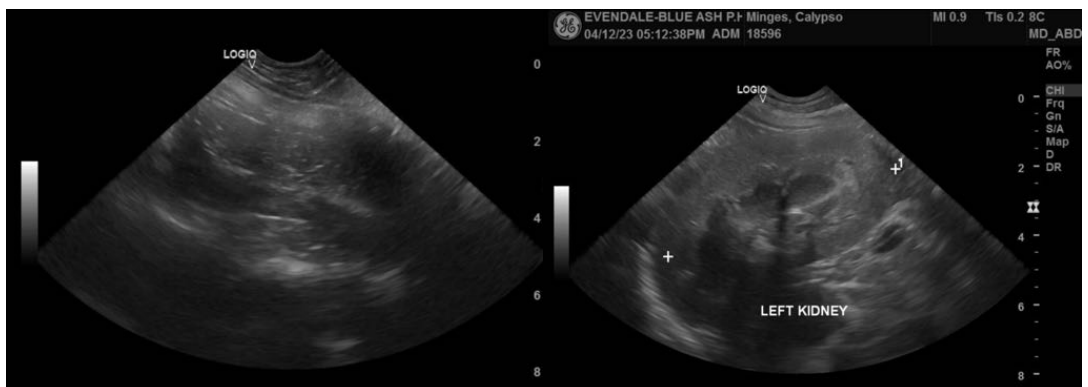
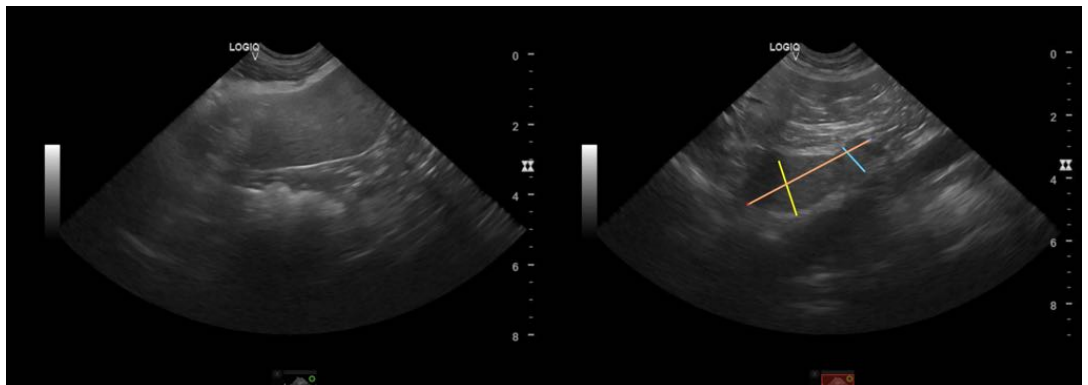
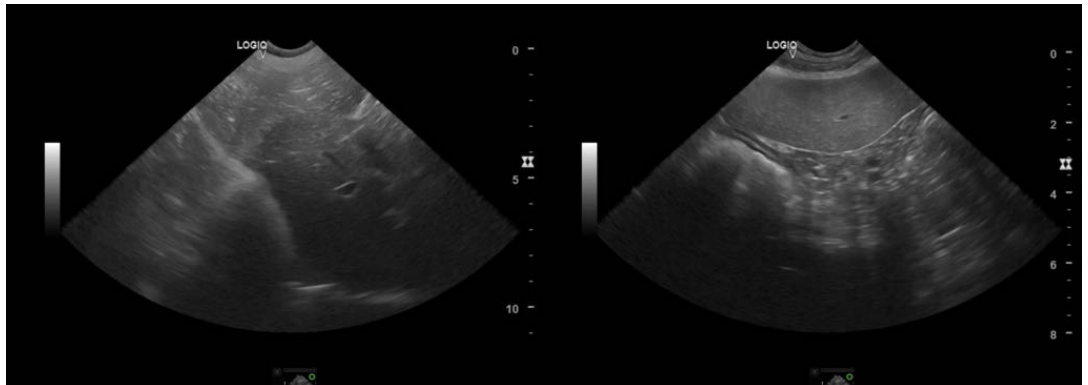
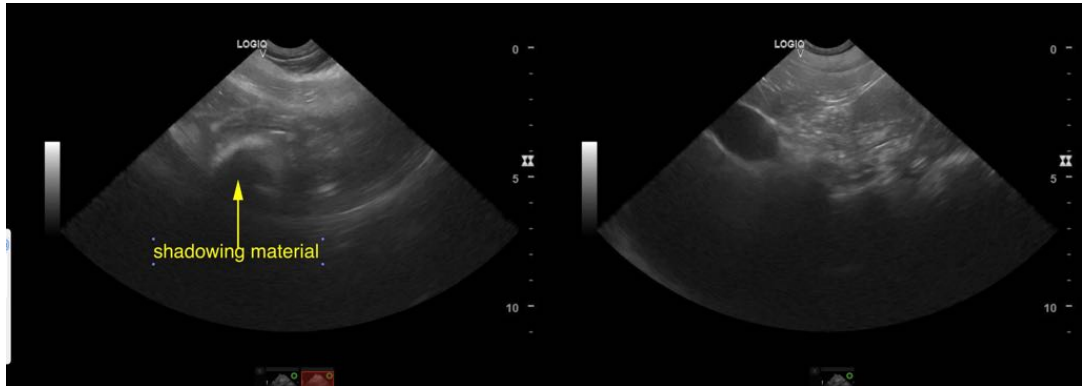
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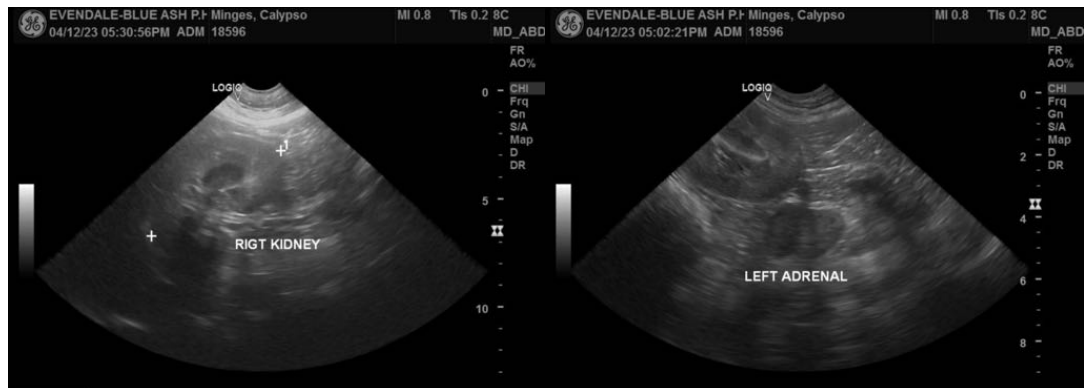
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com