



PATIENT PRESENTING CLINICAL SIGNS

Sassy Reed History: Patient doing very well at home, monitoring left adrenal enlargement, patient is not pu/pd, patient is on Beneful and eats raw hide, owner does not want to change diet or pursue surgery
 Abnormal PE/Chem/CBC/UA Results: UA: USG1.024 Protein 100 No bacteria

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Spayed female

AGE

11 years

WEIGHT

16.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr., Griffin

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Griffin

INVOICE

43861

DATE

4/18/23

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed calculus that measured 1.5 cm. The bladder wall itself was unremarkable.

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. Moderate mineralization was noted in the kidneys. Nephrolithiasis was non-obstructive. The left kidney measured 5.0 cm.

Adrenal Glands

The right **adrenal gland** was normal in size and contour measuring 1.9 cm in length x 0.54 cm at the cranial pole and 0.37 cm at the caudal pole. The left adrenal gland was expansive, irregular and progressed from the prior sonogram measuring 3.0 x 1.53 cm at the cranial pole and 1.2 cm at the caudal pole. The left adrenal gland was expansive and irregular with dystrophic mineralization.

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 was 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 remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.



PATIENT

Gastrointestinal

Sassy Reed

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.

SEX

Spayed female

ULTRASONOGRAPHIC FINDINGS

Progressively enlarged left adrenal gland.

AGE

11 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Significant progression has occurred in the left adrenal gland. I am strongly concerned for carcinoma. Pheochromocytoma is also possible. Progressive adenoma is possible, yet less likely. Serial blood pressure measurements are warranted. If hypertension is an issue then urine catecholamine is indicated. If the patient appears Cushingoid then work-up for adrenal dependent Cushing's is indicated. Given the bladder calculus I recommend cystotomy, stone analysis, left adrenalectomy, inspection of the liver and biopsy is indicated given the convenience of the procedure even though the liver appears benign.

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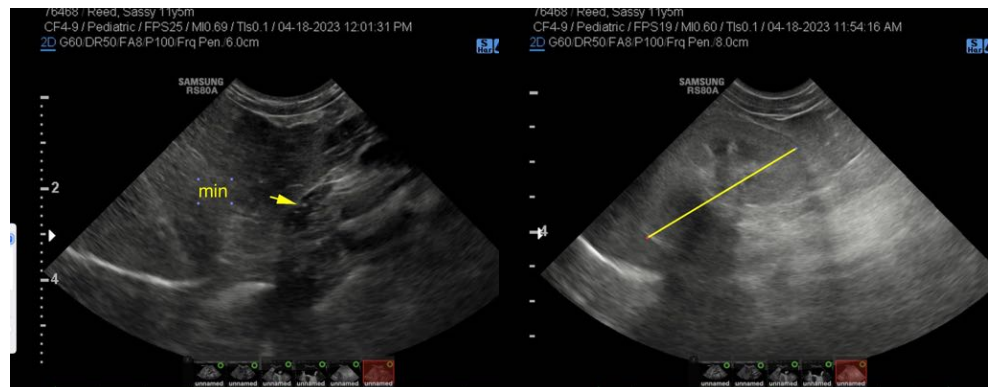
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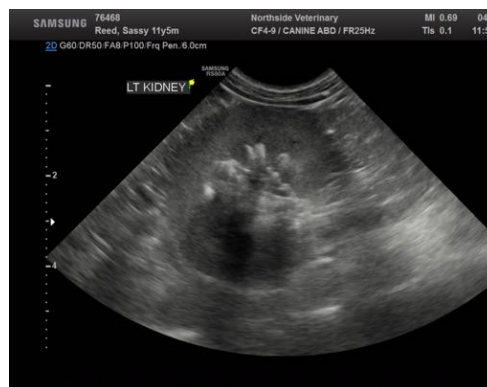
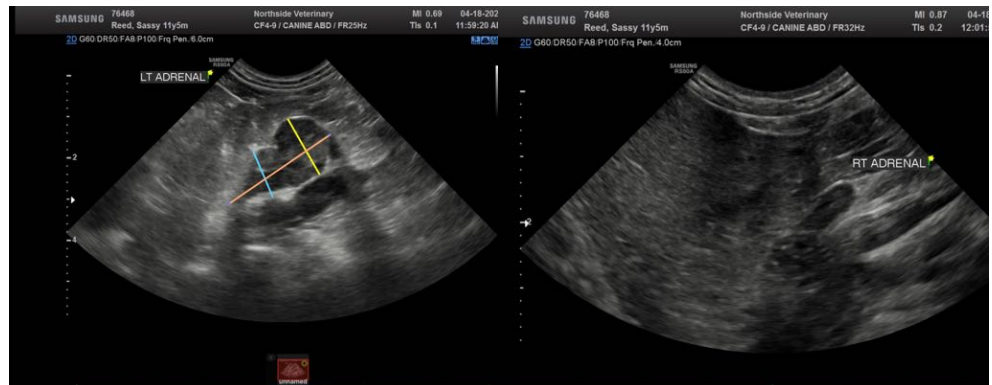
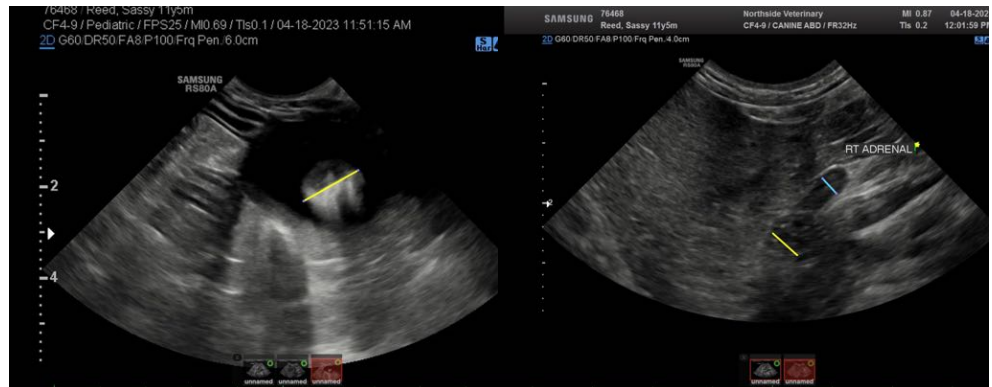
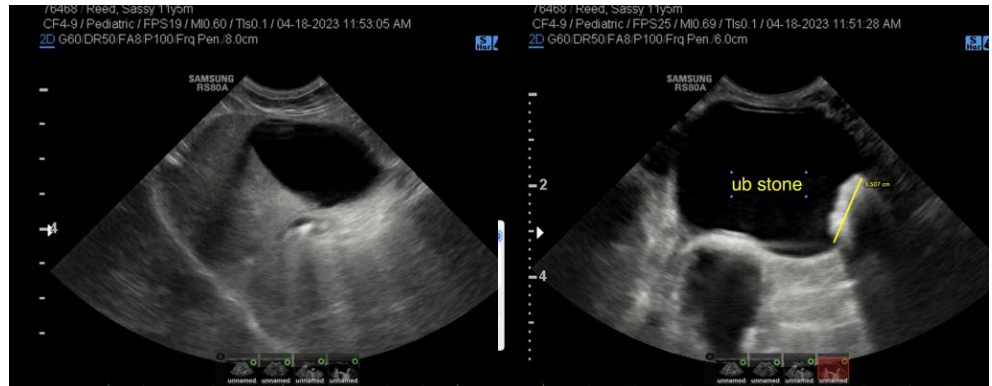
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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