



PATIENT

Oscar Carver

SPECIES

Canine

BREED

Neutered Male

SEX

Neutered Male

AGE

12 Years

WEIGHT

16 Years

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Annette Anleu

HOSPITAL NAME

Ellwood AH

REFERRING VET

Dr. Annette Anleu

INVOICE

37251

DATE

4/27/22

PRESENTING CLINICAL SIGNS

Pet has elevated kidney values, but there is a soft tissue structure near the right kidney and concerned that it is either an enlarged adrenal gland or a clot. An ACTH Stimulation test was done and was normal. Looking for more insight before doing a potential CT scan.

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 prostate measured 0.67 cm.

The **kidneys** presented a chronic interstitial nephrosis pattern with loss of corticomedullary definition and minor pyelectasia. The left kidney measured 3.4 cm. Cortical cyst noted at the cranial pole of the right kidney measuring 1.0 cm.

Adrenal Glands

The **right adrenal gland** revealed an iso- to slightly hyperechoic nodule measuring 1.47 cm x 1.41 cm, deriving from the cranial pole. The caudal pole measured 5.0 mm.

The **left adrenal gland** was slightly heterogeneous at the cranial pole, measuring 1.43 cm x 0.48 cm.

The vena cava was free of evident pathology. No evidence of vascular invasion from the right adrenal nodule.

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** was mildly subnormal in size and revealed subjectively normal 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.

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.



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Pancreas

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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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ULTRASONOGRAPHIC FINDINGS

- Right adrenal nodule – likely adenoma
- Moderate degenerative renal changes – subjectively near end stage

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right adrenal nodule appears resectable. However, it is likely a benign adenoma. Serial blood pressure warranted. If elevated, then urine catecholamine indicated. If patient appears Cushingoid, then adrenal dependent Cushing’s should be considered. However, I am most concerned about the viability of the kidneys long-term in this patient.

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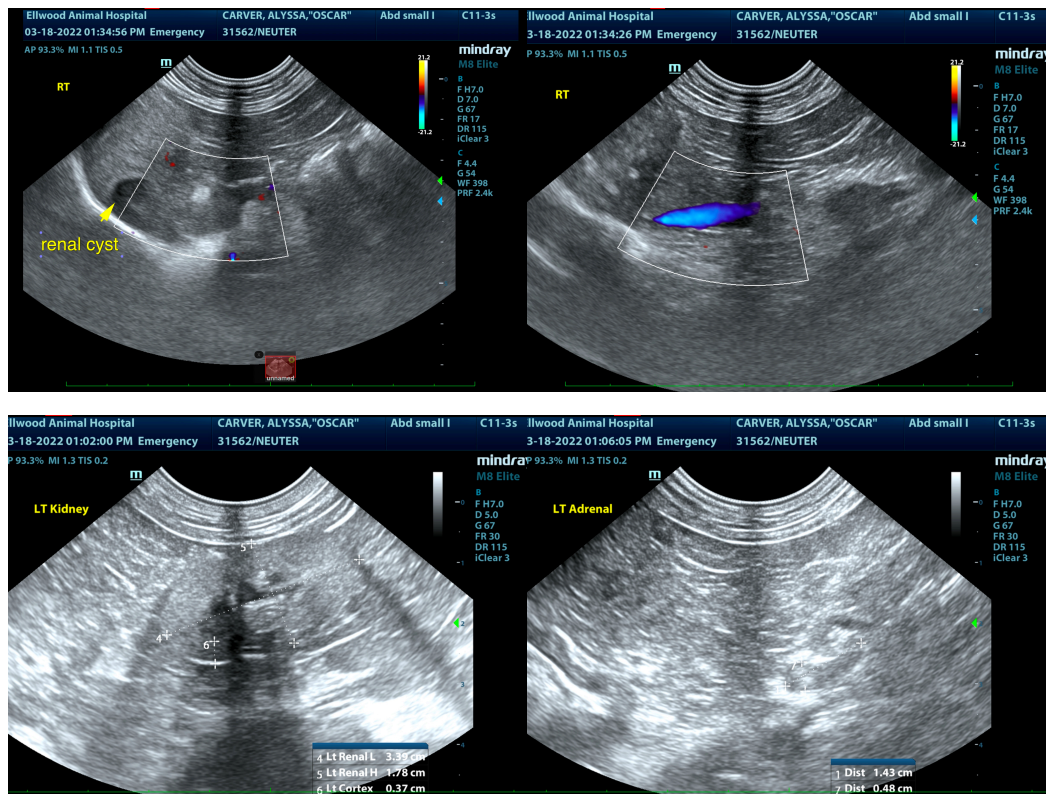
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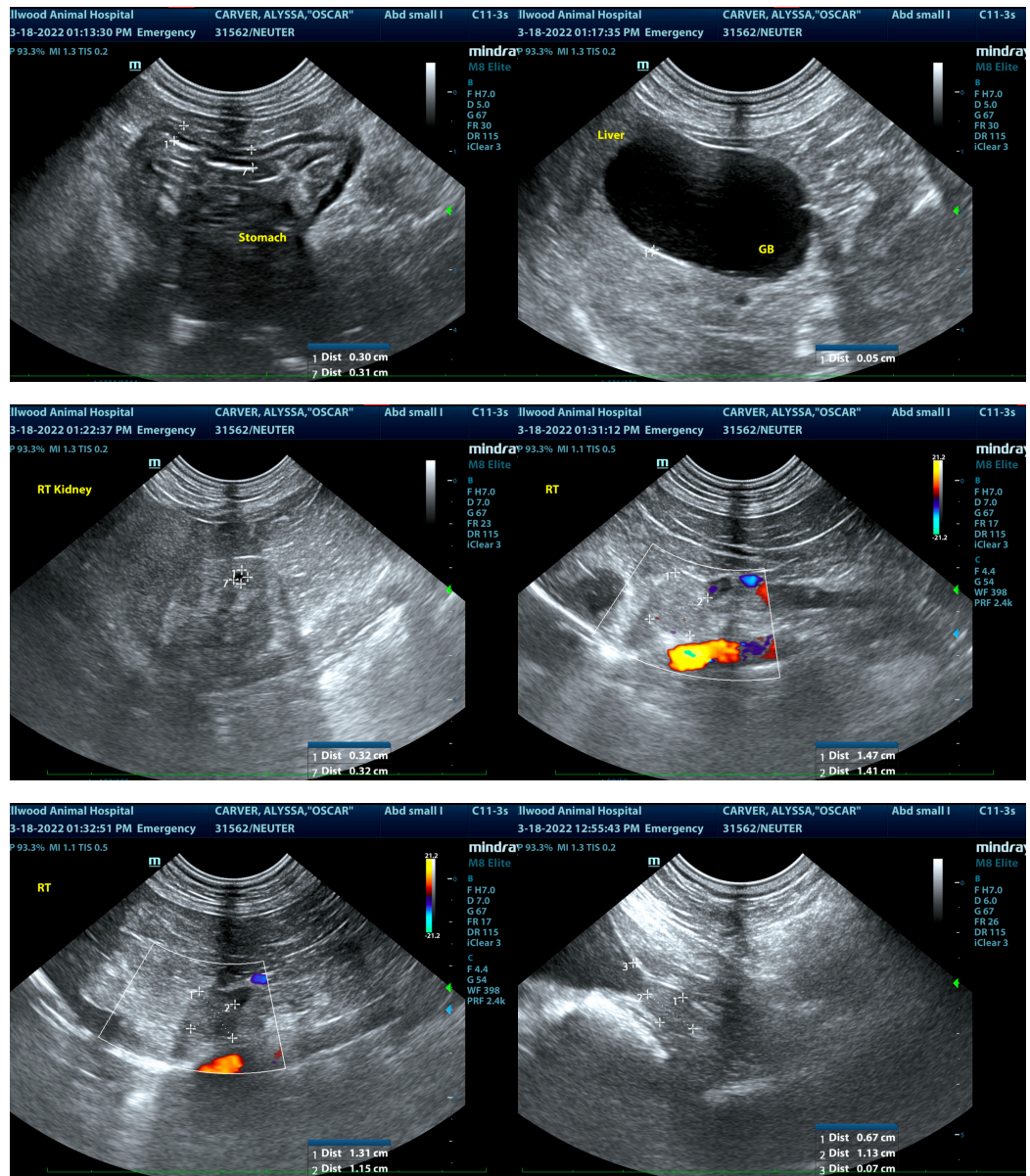
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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