



PATIENT PRESENTING CLINICAL SIGNS

Chelsey Soukup

History: Previous AUS through SonoPath 10/26/2022. Was found to have an adrenal mass. P has been stable besides hypertension which has been responsive to Amlodipine. P is BAR, doing well at home per owner.

SPECIES

Abnormal PE/Chem/CBC/UA Results: P had an adrenal panel run in 11/2022 at Texas A&M, all was normal. Most recent labs from last month are stable, PLN has improved slightly.

Canine

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Golden Retriever

Urinary System

SEX

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.

Spayed female

AGE

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 and right kidney measured 6.8 cm.

12 years

WEIGHT

Adrenal Glands

81.6 lbs

The left **adrenal gland** is enlarged and mildly irregular measuring 3.7 x 1.6 cm. The caudal pole of the left adrenal gland was nodular similar to the prior sonogram. Capsular expansion was noted without capsular escape or vascular invasion. The right adrenal gland measured 1.5 cm at the cranial pole and 0.8 cm at the caudal pole and was mildly heterogenous.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Bray

Spleen

HOSPITAL NAME

Taylorville VC

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. Occasional hyperechoic nodule was noted. This is consistent with lipogranuloma. 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.

REFERRING VET

Dr. Bray

Liver

INVOICE

43664

Exam of the cranial abdomen demonstrated excessive **liver** size and swollen contour. Mild, coarse architecture was noted with increased portal markings and minor parenchymal remodeling is suggestive of an inflammatory component. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

DATE

4/3/23



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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. 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

Prominent, irregular left adrenal gland.

Upper limits of normal right adrenal.

Minor splenic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient history I recommend urine catecholamine to ensure that pheochromocytoma is not an issue. If it is present it would be deriving from the left adrenal gland. The adrenal presentation is similar to the prior sonogram. There was no other evidence of significant pathology.





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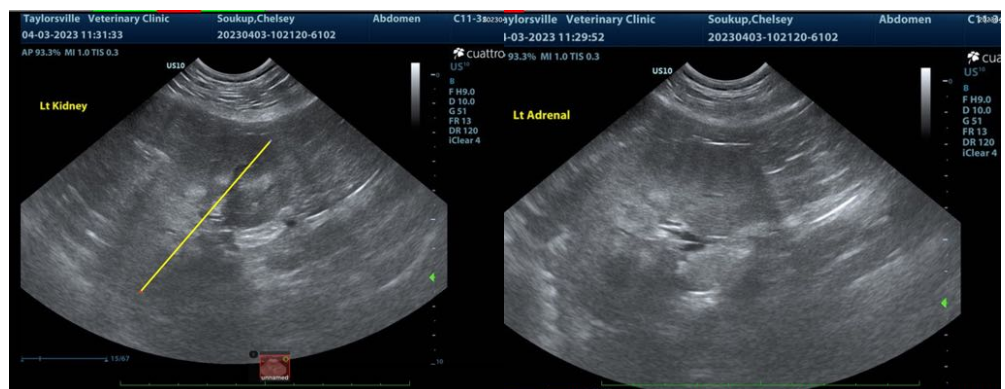
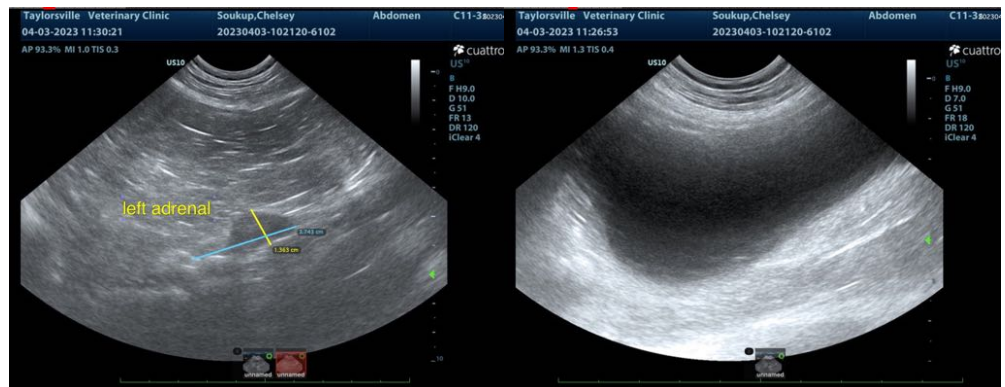
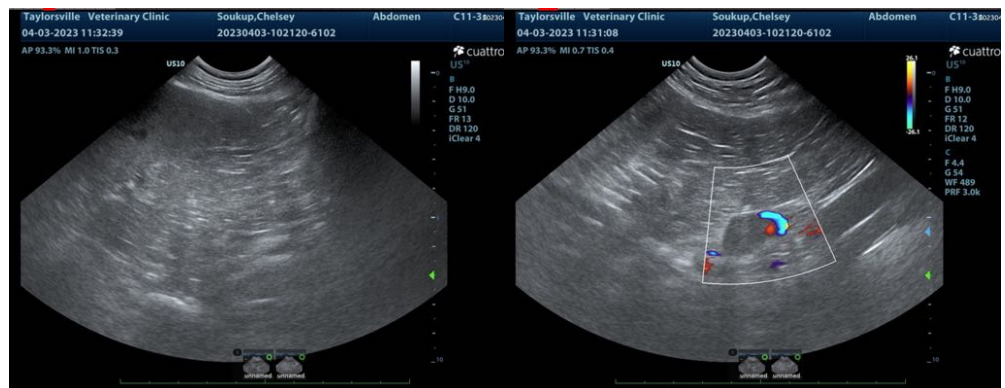
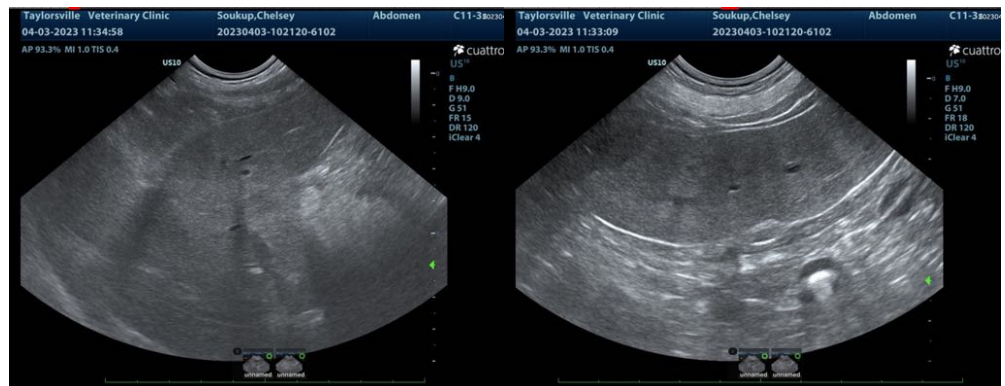
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PATIENT

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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.

SPECIES

Canine

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.

BREED

Golden Retriever

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

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