



PATIENT PRESENTING CLINICAL SIGNS

Reilly Mueller

History: Presented for routine dental with no concerns. Pre-anesthetic bloodwork showed alpk at 426, in looking at prior records had been mildly elevated in the past. Elected to do abdominal ultrasound to further investigate while under anesthesia for dental
Abnormal PE/Chem/CBC/UA Results: ALKP 426, all else wnl

SPECIES

Canine

BREED

Labrador

SEX

Spayed female

AGE

9 years

WEIGHT

67 lbs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and trigone presented normal thicknesses and normal tone. There was thickening and mineralization noted in the pelvic urethra. The urethra measured approximately 1.0 cm in width and extended from the cystourethral junction caudally. This should be monitored carefully especially if any straining to urinate is an issue. 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 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. Slight pinpoint mineralization was noted. The left kidney measured 6.04 cm. The right kidney measured 6.0 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ryan

HOSPITAL NAME

City Vets Uptown

REFERRING VET

Dr. Ryan

Adrenal Glands

A left **adrenal gland** mass was noted in this patient and measured 4.2 x 2.5 cm at the cranial pole and 1.6 cm at the caudal pole. The region of the right adrenal gland was imaged with no evidence of pathology.

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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, 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,

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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.

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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.

BREED

Labrador

Pancreas

SEX

Spayed female

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.

AGE

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ULTRASONOGRAPHIC FINDINGS

Minor urethral thickening to monitor.

WEIGHT

67 lbs

Left adrenal mass. Benign adenoma, adenocarcinoma, pheochromocytoma are all possible. Appears resectable.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Endoscopy or traumatic catheterization is indicated if straining to urinate is an issue. Serial blood pressure measurements are warranted +/- urine catecholamine. If the patient appears Cushingoid then full adrenal panel is indicated.

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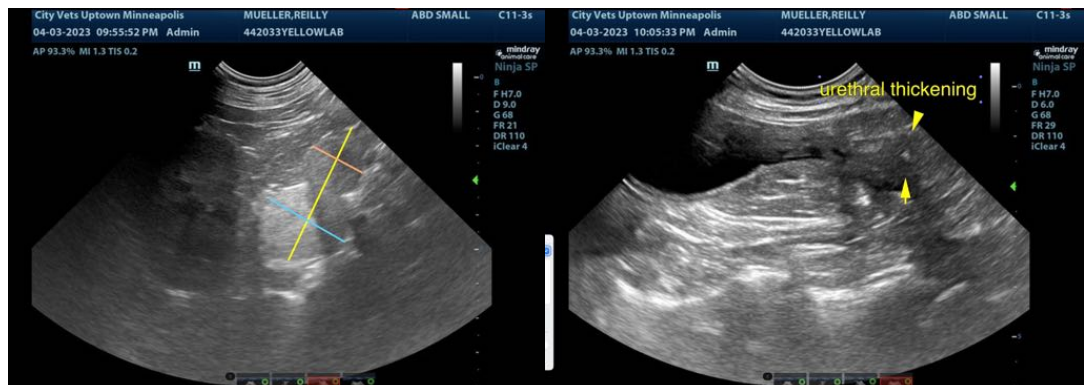
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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