



**PATIENT**

Ben Gaudet

**SPECIES**

Canine

**BREED**

Poodle Mix

**SEX**

Neutered male

**AGE**

13 years

**WEIGHT**

11.2 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Gira

**HOSPITAL NAME**

Resolution Veterinary  
Ultrasound Ltd

**REFERRING VET**

Dr. Martinez

**INVOICE**

98075

**DATE**

4/5/22

**PRESENTING CLINICAL SIGNS**

History: Weight loss, vomiting, low T4 (treatment not started yet) BW non diagnostic  
Abnormal PE/Chem/CBC/UA Results: T4 11 (13- 51) \ ALP 385 (23-212) SDMA 20 (0-14), UDG 1.036, pH 7.0, Proteinuria +

**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 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.06 cm. The right kidney measured 5.0 cm.

**Adrenal Glands**

The right **adrenal gland** was enlarged, heterogenous and irregular measuring 1.28 cm at the cranial pole and 1.43 cm at the caudal pole. The vena cava was invaded by a 2.0 cm clot or mass associated with the right adrenal gland. The left adrenal gland was also enlarged at the caudal pole measuring 1.54 cm and 1.0 cm at the cranial pole.

**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. Multi-focal, hyperechoic nodular changes were noted. 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.



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**Gastrointestinal**

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The **stomach** revealed concentric wall thickening with loss of mural detail up to 1.0 cm in wall thickness. The small intestines were unremarkable. The descending colon revealed a mural mass that measured 1.67 cm x 2.0 cm in length. The mass was partially obstructive. Hard stool was embedded in the lumen prior to the mass. Regional lymph nodes were enlarged and measured up to 1.3 cm.

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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. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**AGE**

13 years

**Free Abdomen**

Sublumbar lymph node was enlarged, hypoechoic and irregular measuring 2.19 cm.

**WEIGHT**

11.2 kg

**ULTRASONOGRAPHIC FINDINGS**

Multi-centric gastric colonic neoplasia. Suspect lymphoma.

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Right adrenal mass with invasion into the vena cava. Likely carcinoma or pheochromocytoma.

Regional lymphadenopathy.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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FNA of the gastric wall, sublumbar lymph node and colonic mass are all indicated to address the GI presentation. However, pheochromocytoma or adenocarcinoma are present deriving from the right adrenal gland. Serial blood pressure measurements are warranted. The prognosis is poor long term depending on responsiveness to chemotherapy on the GI presentation. However, the right adrenal presentation would be palliative therapy only as this does not appear resectable given the caval invasion.

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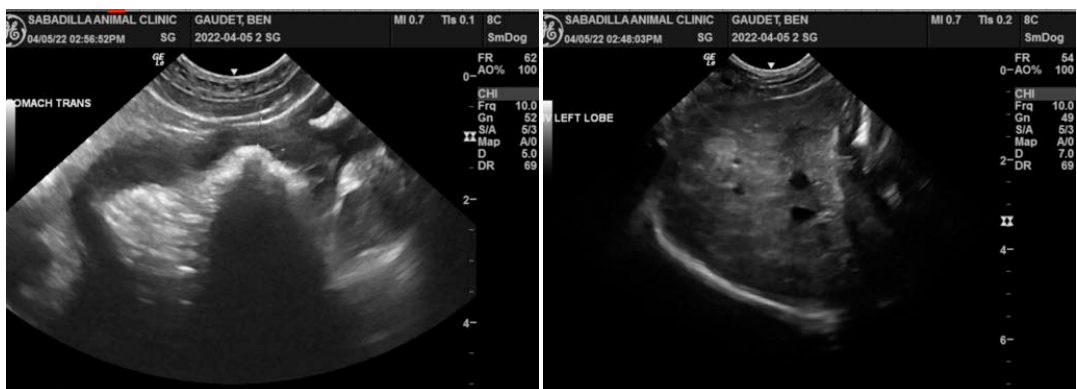
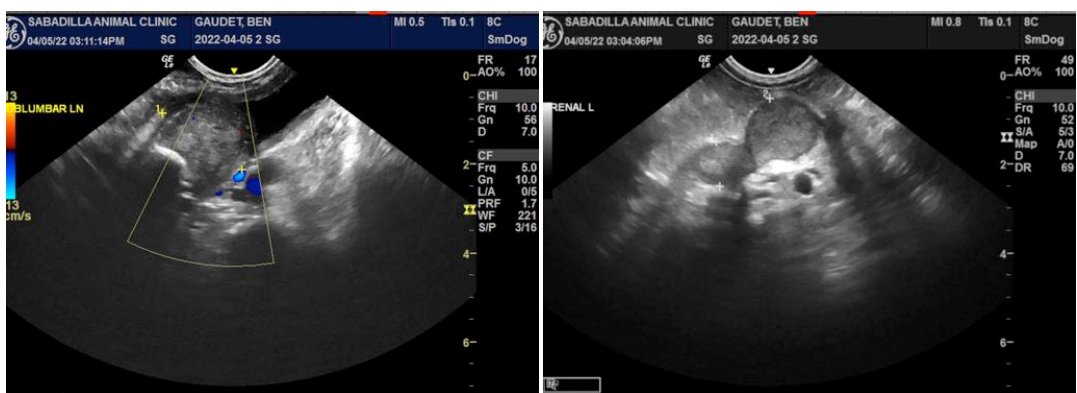
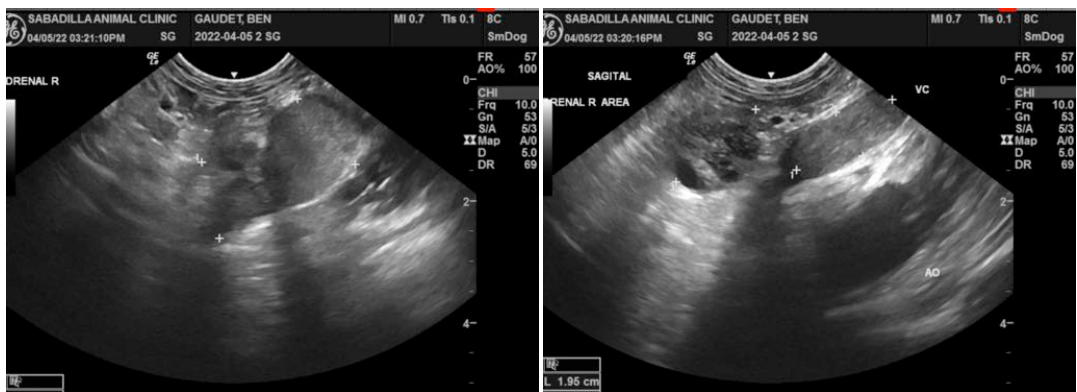
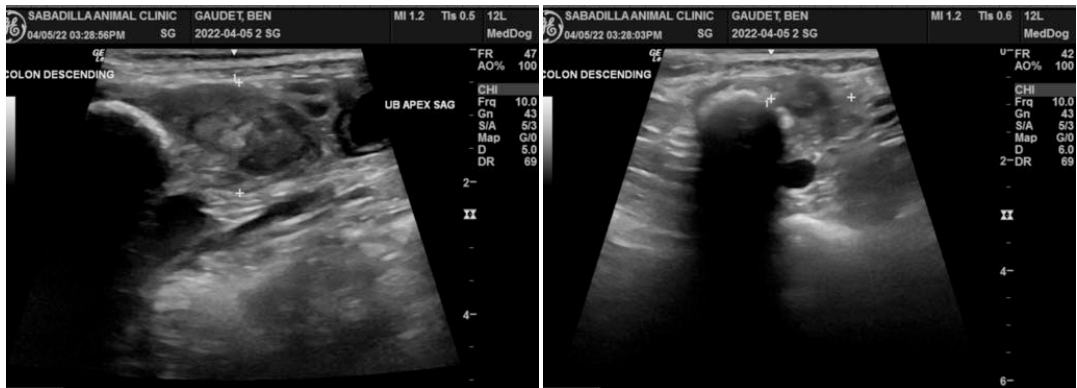
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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