



**PATIENT**

Jessie Gray

**SPECIES**

Canine

**BREED**

Lab X

**SEX**

Male

**AGE**

10 Years

**WEIGHT**

58 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ebersole

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

Dr. Wilson

**INVOICE**

36753

**DATE**

4/7/22

**PRESENTING CLINICAL SIGNS**

PU/PD x 1 month, LDDST did not suppress. Not eating well. Abnormal PE/Chem/CBC/UA Results: PE: pendulous abdomen ALP >993, ALT 199, elevated Chol and Triglycerides. USG 1.006. LDDST: 3.0 (pre); 3.9 (4 hr); 3.1 (8 hr).

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** revealed a 1.5 cm sand accumulation and small calculi, the largest of which measured 2.0 mm.

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 right kidney measured 6.65 cm. The left kidney measured 7.03 cm.

**Adrenal Glands**

The **left adrenal gland** was enlarged, irregular and mineralized, measuring up to 2.05 cm in width, consistent with mass effect. The mass presented capsular expansion without capsular escape or vascular invasion. Appears resectable. Peripheral inflammation also noted. The left adrenal was imaged from both the left and right approaches. The vena cava was free of evident pathology. The **right adrenal gland** presented normal size and contour, measuring 1.8 cm x 1.1 cm at the cranial pole and 0.50 cm at the caudal 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 were noted.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**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**

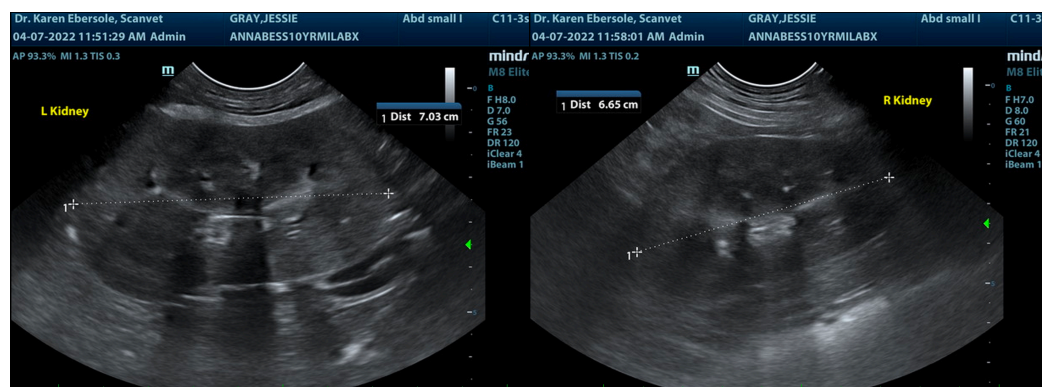
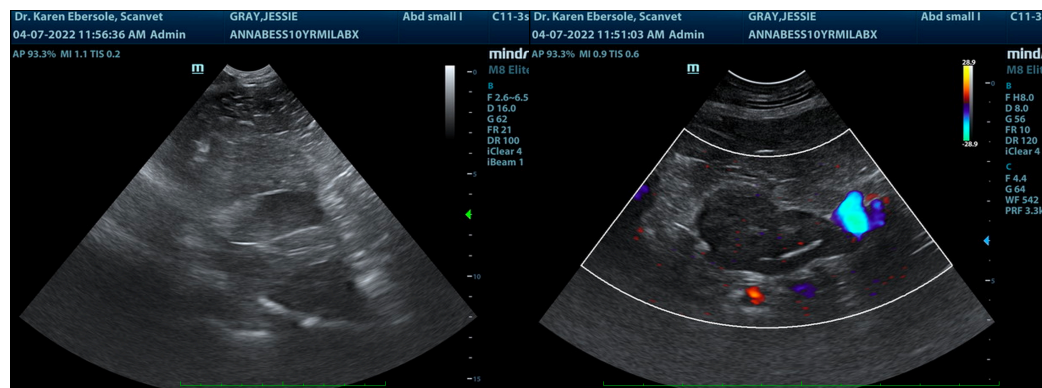
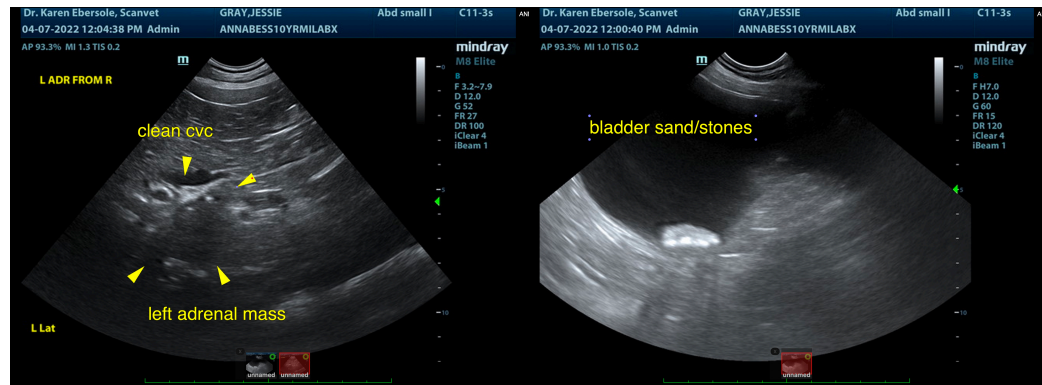
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Left adrenal mass – consistent with carcinoma, appears resectable.
- Bladder sand and small calculi – may be removed at surgery.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Surgical consult recommended. Serial blood pressures warranted +/- urine catecholamine for pheochromocytoma. However, left-sided carcinoma is suspected. No overt evidence of metastatic disease.





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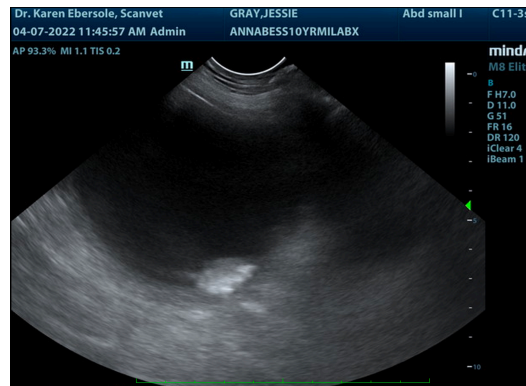
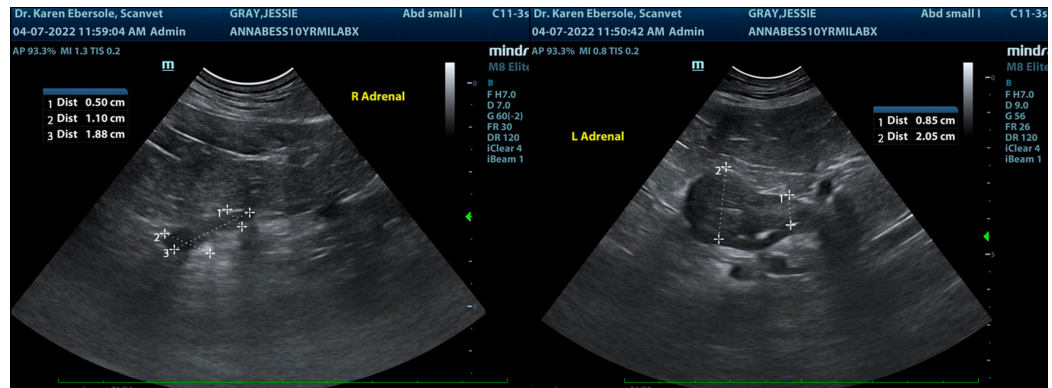
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

[info@SonoPath.com](mailto:info@SonoPath.com)