



PATIENT PRESENTING CLINICAL SIGNS

Mary Drummond

History: Patient presented for evaluation of urinary incontinence of 3 weeks duration. Possible Pu /pd.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: WBC 5.04 neutrophils 3.43 lymphocytes 1.03 monocytes 0.17 platelets 437 calcium 13.0 alt 190 Alp 746 cholesterol 372 ionized calcium pending abdominal ultrasound performed to evaluate liver and rule out evidence of neoplasia

BREED

Husky Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed female

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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.

AGE

13 years

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. Mineralization was noted in the kidneys. The left kidney revealed pyelectasia and the left kidney measured 5.6 cm. The right kidney measured 4.41 cm.

WEIGHT

35 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The left adrenal gland was uniform and measured 1.81 x 0.32 cm at the cranial pole and 0.44 cm at the caudal pole. The right adrenal gland was enlarged, irregular and measured 2.5 x 2.07 cm with peripheral inflammation. There was no evidence of caval invasion.

IMAGING PERFORMED BY

Dr. Waffle

Spleen

The **spleen** was uniform with multi focal hyperechoic changes. This is consistent with lipogranuloma. This is not overtly pathological.

HOSPITAL NAME

Torch Lake VC

Liver

REFERRING VET

Dr. Waffle

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, 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.

INVOICE

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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.

Pancreas

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.

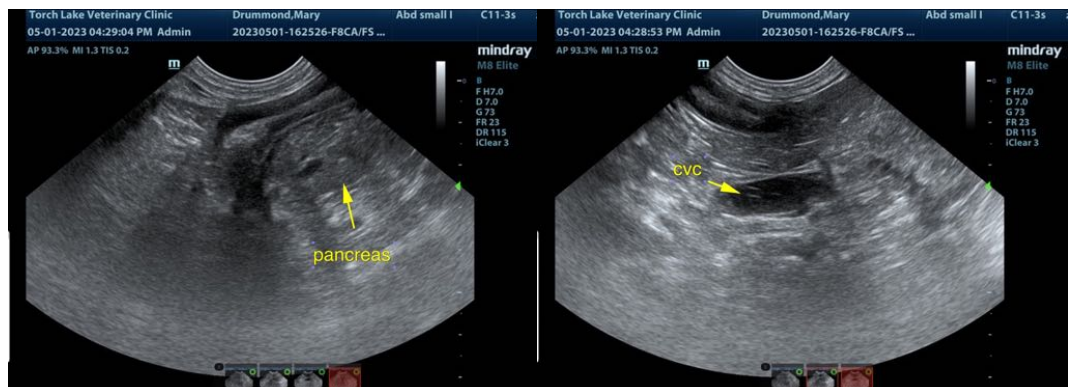
ULTRASONOGRAPHIC FINDINGS

Enlarged right adrenal gland. Differentials include pheochromocytoma, carcinoma or pronounced adenoma.

Geriatric abdomen with age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient appears Cushingoid then work-up for adrenal dependent Cushing's is indicated. Blood pressure measurements are warranted. If hypertension is present then urine catecholamine is indicated.





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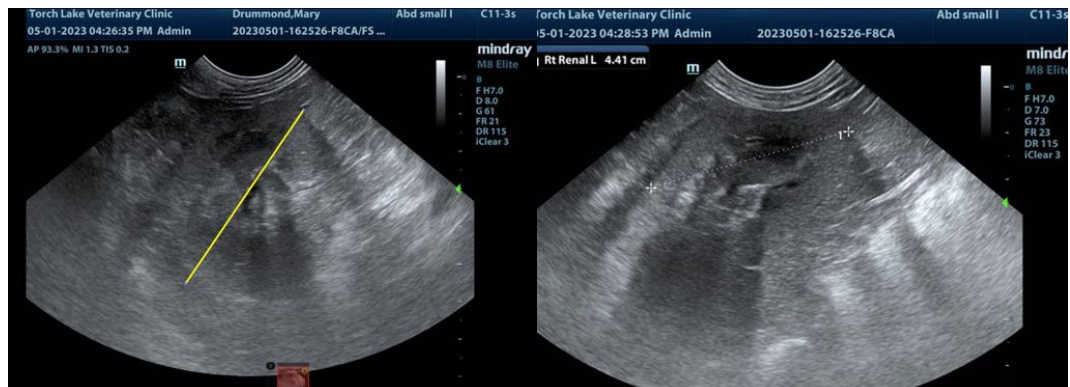
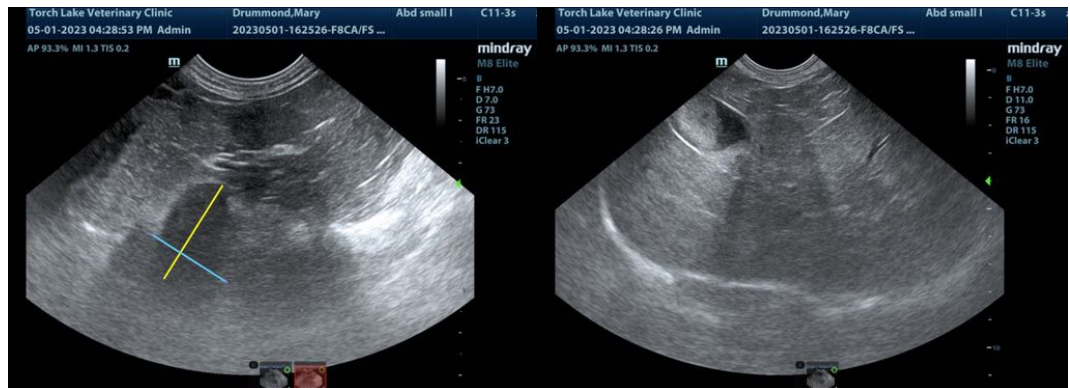
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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