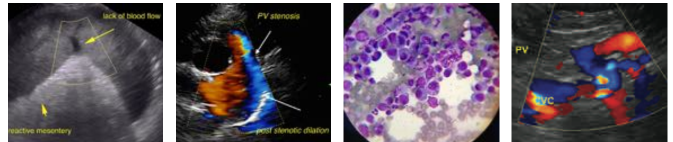
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Ruby Rothemich

SPECIES
Canine

BREED
Standard Poodle

SEX
Spayed Female

AGE
11 years

WEIGHT
42.2 lbs

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Hornbuckle

HOSPITAL NAME
Golden Isles AH

REFERRING VET
Dr. Hornbuckle

INVOICE
30344

DATE
5/12/22

PRESENTING CLINICAL SIGNS

History: ADR and Lethargic for a few days. ALT was elevated at 124. ALB was elevated at 4.4 and Glucose was elevated at 116.

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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 6.0 cm.

Adrenal Glands

The left adrenal gland was uniform and measured 0.7 cm. The right adrenal gland measured 1.2 cm at the cranial pole and 0.6 cm at the caudal pole with slight, hyperechoic 1.0 cm nodule noted in the midbody with minor capsular expansion.

Spleen

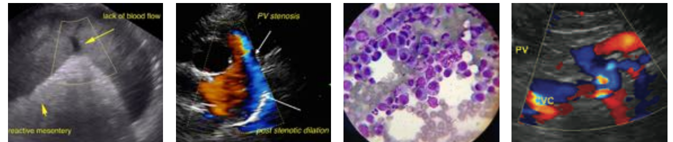
The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

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. Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.

Gastrointestinal

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach.** Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No



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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

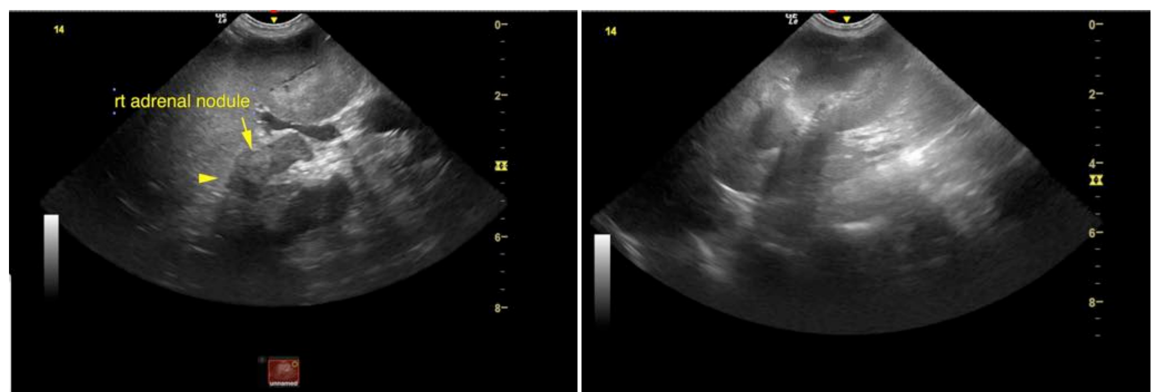
Right adrenal nodule, adenoma or hyperplasia. Technically early pheochromocytoma or carcinoma are technically possible.

Benign hepatopathy.

Remainder of the abdomen was unremarkable.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Blood pressure measurements are recommended. A recheck sonogram primarily of the right adrenal gland in a month to assess for any growth is recommended. Serial blood pressure measurements are warranted. If hypertension is present then urine catecholamine is indicated. However, other causes of the clinical signs such as orthopedic pain, thoracic or CNS disease should be considered.



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