



PATIENT

Toby Holman

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered Male

AGE

11 Years

WEIGHT

50 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Brian Klug, Technician

HOSPITAL NAME

Sondel Family VC

REFERRING VET

Dr. Hannah Mortensen

INVOICE

15203

DATE

5/13/22

PRESENTING CLINICAL SIGNS

History: History of Cushing's. Inappetence on 5/8 -5/10. Would not take meds. Rads to rule out FB and noted large abdominal mass pressing on stomach. Not able to determine what it is attached to.

Abnormal PE/Chem/CBC/UA Results: ALP mildly elevated

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 were 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 moderate 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 left kidney measured 6.8 cm. The right kidney measured 7.09 cm.

Adrenal Glands

The **left adrenal gland** was enlarged at the cranial pole, measuring 1.04 cm at the cranial pole and 0.62 cm at the caudal pole.

The **right adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.8 cm at the cranial pole and 0.4 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** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented minor coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. A 2.4 cm hypoechoic nodule was noted, appears to be deriving from the left medial liver. FNA of the liver nodule indicated.

Gastrointestinal



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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.

BREED

Labradoodle

Free Abdomen

The left cranial **abdominal** revealed a lipomatous type mass, measuring 8.5 cm x 7.5 cm. No evidence of inflammation or torsion

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ULTRASONOGRAPHIC FINDINGS

AGE

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- Lipomatous mass
- Hepatic remodeling with pronounced nodule, suspect hyperplasia. Mild potential for underlying neoplasia- FNA indicated
- Mild left adrenal nodule enlargement
- Age-related renal changes

WEIGHT

50 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An argument could be made for left adrenal functional adenoma, adenocarcinoma or PDH in this patient given the Cushings history. CT evaluation would be ideal. The presumed liver nodule appears to be resectable if necessary.

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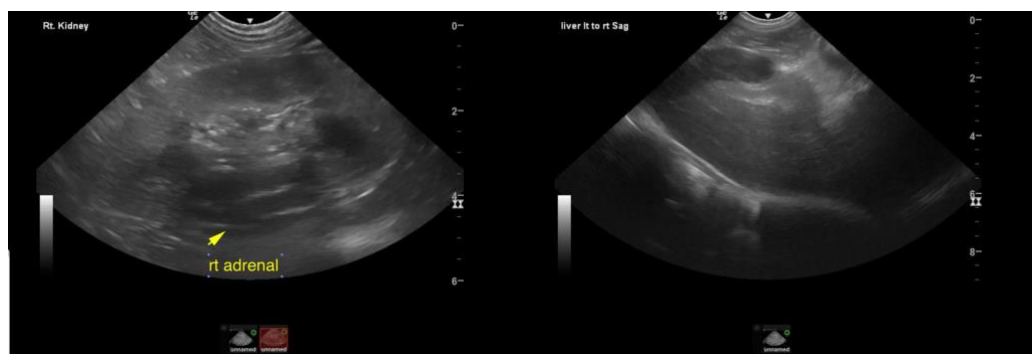
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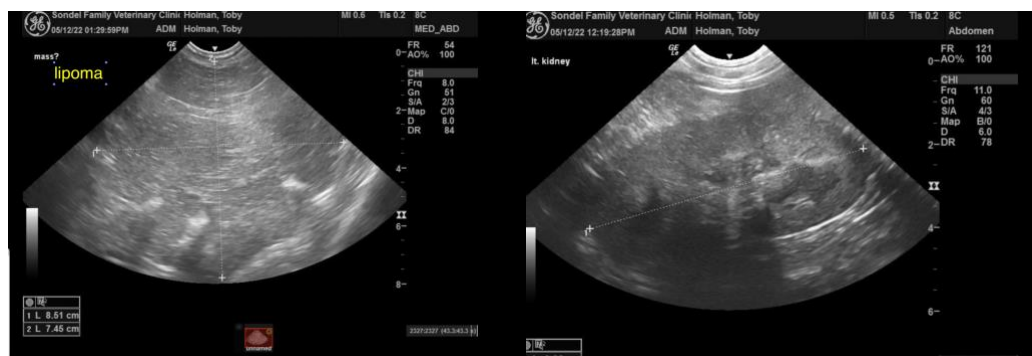
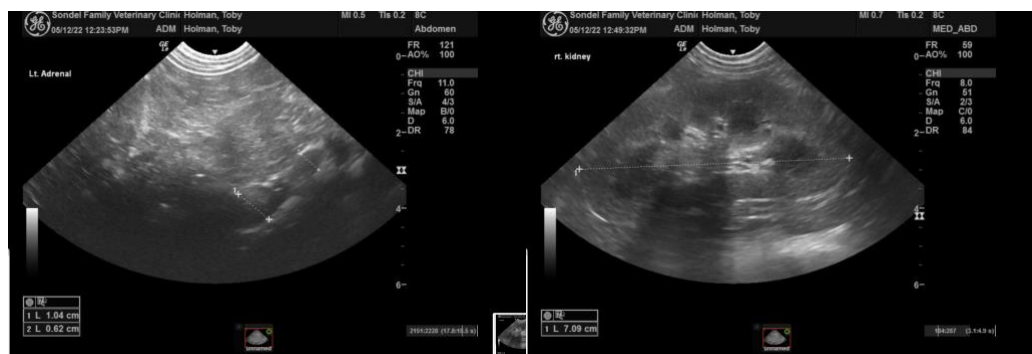
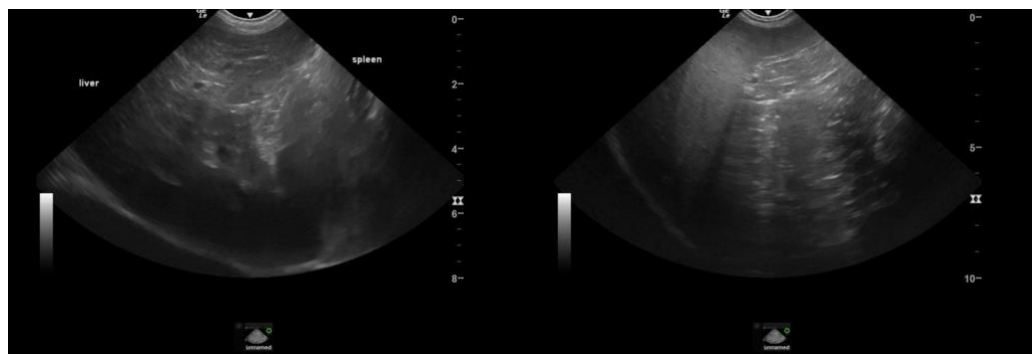
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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