PATIENT

Cash Norman

SPECIES

Canine

BREED

Lab Retriever

SEX

Neutered Male

AGE

8.5 Years

WEIGHT

72.2

INTERPRETED BY

Eric Lindquist, DMV, DABVP (Canine & Feline), Cert. IVUSS

IMAGING PERFORMED BY

Ginny Dodd, DVM

HOSPITAL NAME

Monroe Road AH

REFERRING VET

Dr. Marjorie Widay

INVOICE

37109

DATE

5/13/26

PRESENTING CLINICAL SIGNS

History: Acute onset of abdominal pain, pacing, groaning yesterday and continued today, wouldn't eat or lie down, Sedated for ultrasound today.

Abnormal PE/Chem/CBC/UA Results: PE: BAR, BCS 5/9; no palpable masses CBC- WNL CHEM- WNL Rads - abd- gas in stomach and small intestines, spleen on lateral is along ventral cranial abdomen but doesn't appear enlarged, no obvious skeletal abnormalities.

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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 this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. The left kidney measured 5.92 cm. the right kidney measured 6.4 cm.

Adrenal Glands

The **left adrenal gland** was mildly enlarged, heterogenous and nodular, measuring 3.67 cm x 0.92 cm at the caudal pole and 0.7 cm at the cranial pole. The left adrenal gland revealed an expansive nodule at the caudal pole (should be monitored). The left adrenal gland was imaged both from the left and right sides. No evidence of caval invasion.

The **right adrenal gland** measured the upper limits of normal. The right adrenal gland measured 2.36 cm x 1.14 cm at the cranial pole and 0.77 cm at the caudal pole.

Spleen

The **spleen** revealed a hyperechoic lipid plaque, measuring 1.1 cm, not pathological. Other mildly heterogenous changes were noted. Cranial folding of the spleen 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 moderate 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

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past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **gastric** wall was mildly thickened with echogenic submucosal layering, measuring up to 1.4 cm. No overt loss of mural detail was noted. The small intestine and colon were unremarkable.

Pancreas

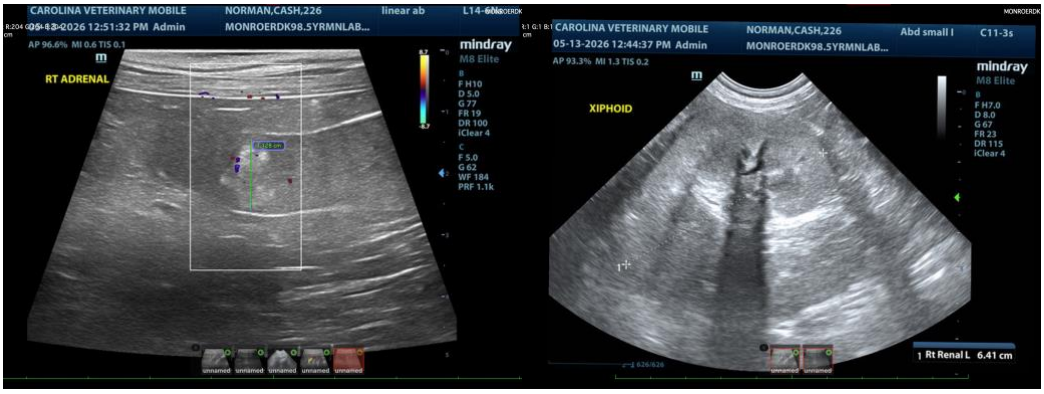
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Chronic gastritis pattern- mild potential for emerging gastric neoplasia.
- Hepatic remodeling
- Bilateral adrenal hypertrophy with nodular left adrenal- hyperplasia versus emerging carcinoma or pheochromocytoma.
- Mildly heterogenous splenic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Either direct left adrenalectomy could be considered with gastric biopsies or empirical therapy for gastritis with serial blood pressures and urine metanephrine level if systemic hypertension is evident. If the patient appears cushingoid, then adrenal dependent or pituitary dependent cushings could be considered. If only medical management is to be utilized in this patient, I strongly recommend recheck sonogram in 3 weeks to assess for any progression. The cause of abdominal pain is not evident in the abdomen in this patient. Orthopedic pain, such as referred back pain should be considered as a potential player in this case.



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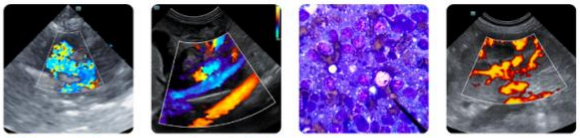

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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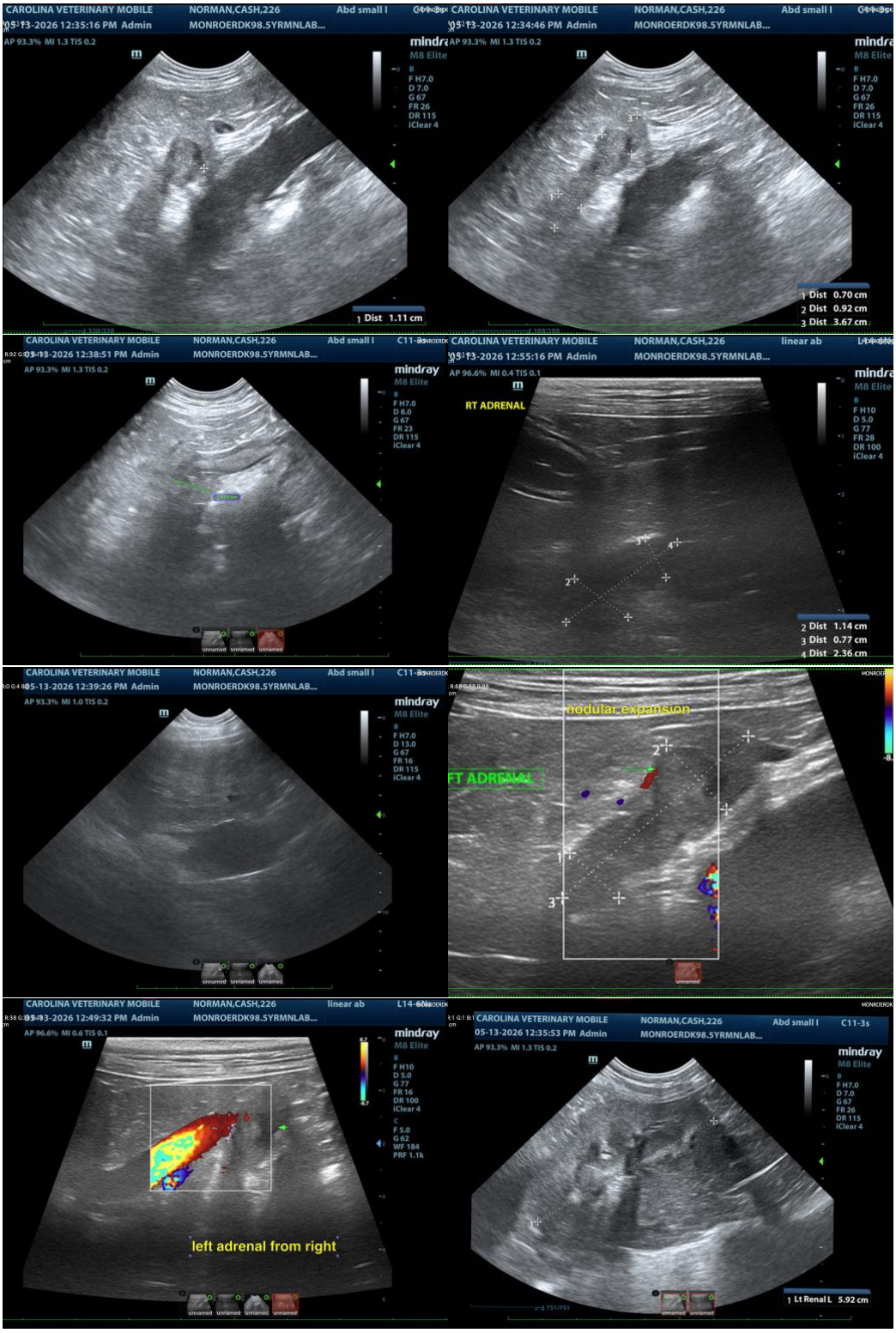

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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