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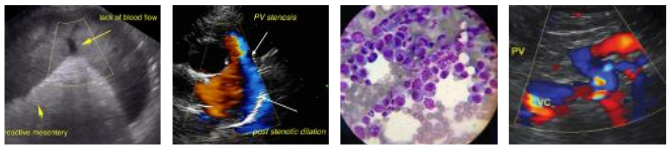

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bella Hanna

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

14 Years

WEIGHT

65.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Evanna

HOSPITAL NAME

Animal Care Cinic of Flanders

REFERRING VET

Dr. Casulli

INVOICE

14994

DATE

5/2/22

PRESENTING CLINICAL SIGNS

History: Pacing, panting whining, possible painful abdomen, decreased appetite

Abnormal PE/Chem/CBC/UA Results: high ALT, -177

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 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 left kidney measured 5.87 cm. The right kidney measured 6.17 cm.

Adrenal Glands

Further imaging of the **left adrenal gland** revealed pronounced irregular enlargement with phrenic vein occupation and heterogeneous nodular changes with pericapsular inflammatory pattern. No caval invasion appeared to be present, however, the left phrenic vein was occupied. The left adrenal measured 3.35 cm x 1.3 cm at the caudal pole and 1.6 cm at the cranial pole and 1.6 cm in the mid-section, including the phrenic vein occupation.

The **right adrenal gland** was fairly uniform and unremarkable, measuring 0.95 cm at the caudal pole and 1.1 cm at the cranial pole and 3.17 cm in length.

Spleen

The **spleen** revealed a hypoechoic nodule, measuring 8.0 mm in the mid body. Further images of the spleen revealed more pronounced heterogeneous nodular changes, may be related to the left adrenal gland.

Liver

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.

Gastrointestinal

The stomach was filled with **ingesta**. The small intestine and colon were unremarkable.

Pancreas

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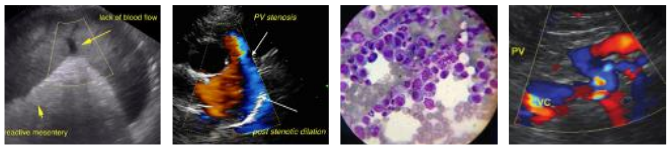

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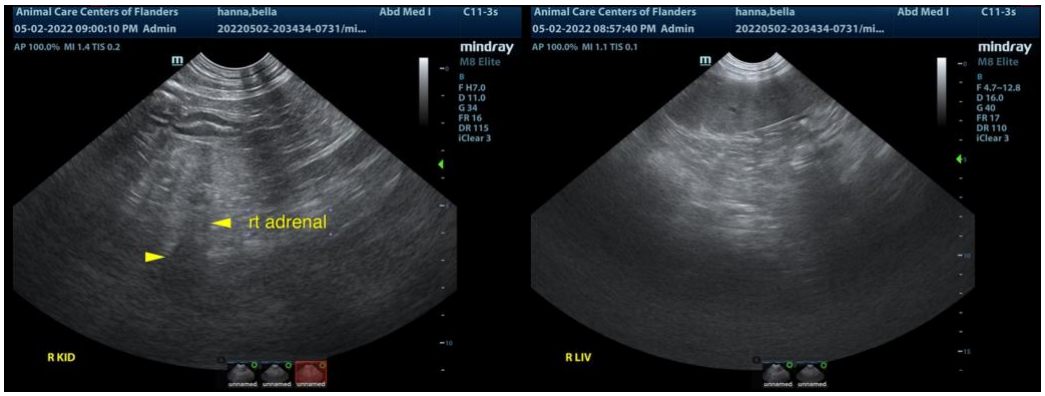
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

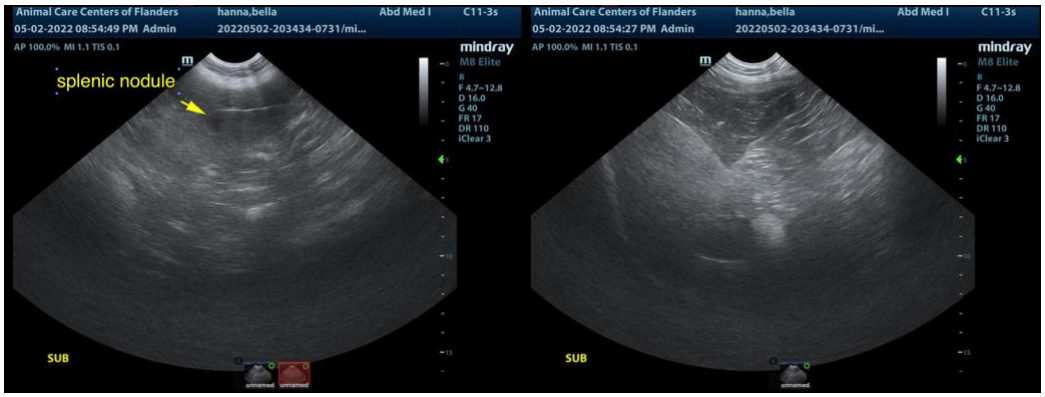
ULTRASONOGRAPHIC FINDINGS

- Splenic nodule
- Pronounced irregular enlargement of the left adrenal gland with phrenic vein occupation and heterogeneous nodular changes and pericapsular inflammatory pattern
- Stomach filled with ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Serial blood pressures warranted. No evidence of visceral disease to be causing abdominal pain. Work up for pheochromocytoma warranted with urine catecholamine if hypertension is present. If the patient appears Cushingoid, then work up for adrenal dependent Cushings recommended. FNA of the splenic nodules could be considered as a cursory evaluation, however, left adrenalectomy +/- splenectomy should be considered as well as chest radiographs. If hypertension is present, the clinical signs may be related to the left adrenal gland.





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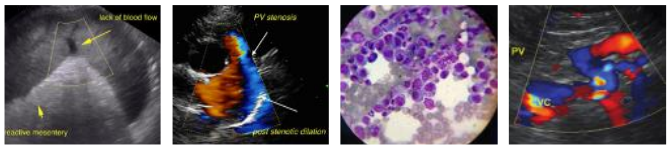

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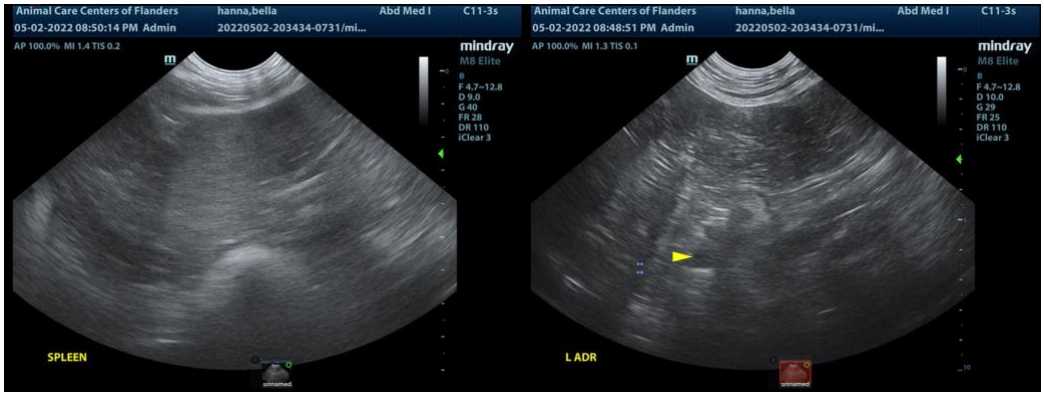

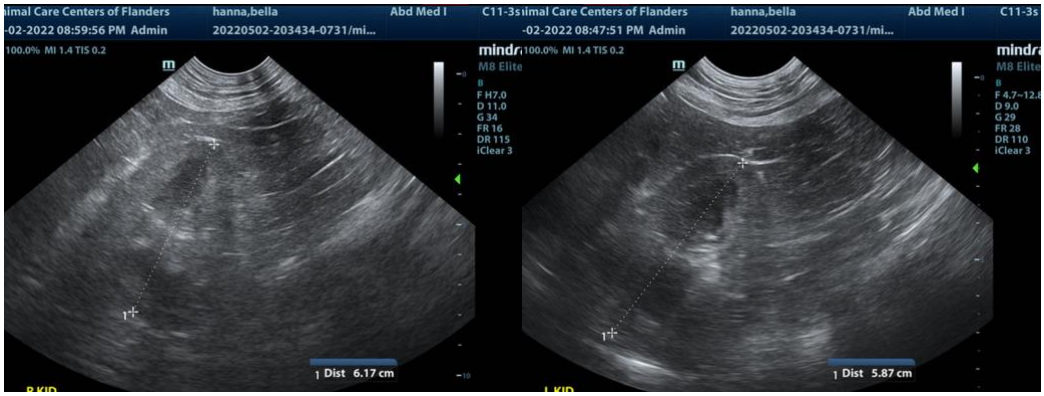

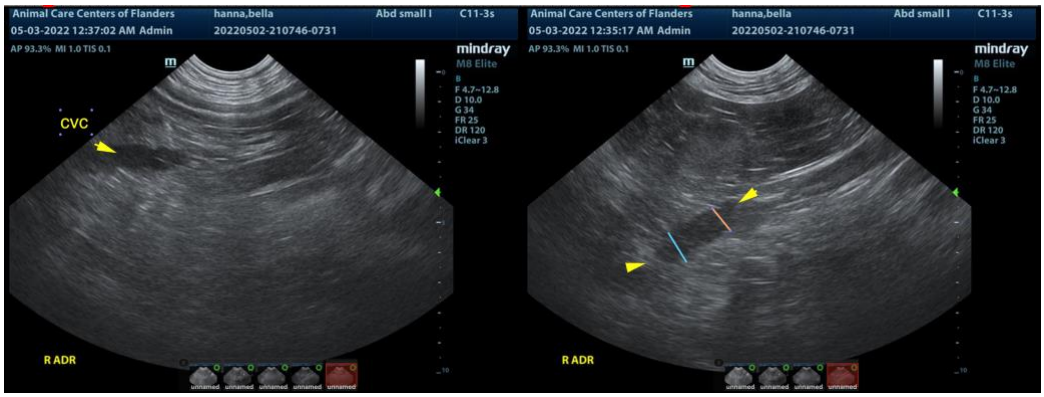

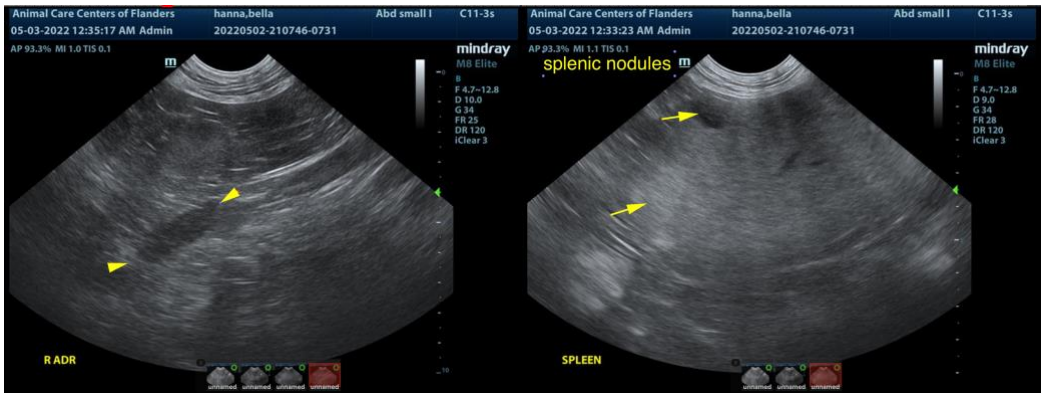

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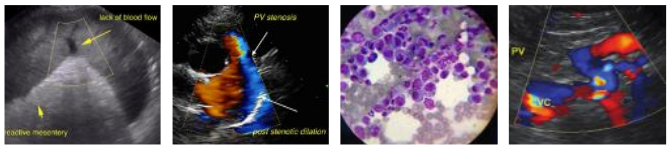

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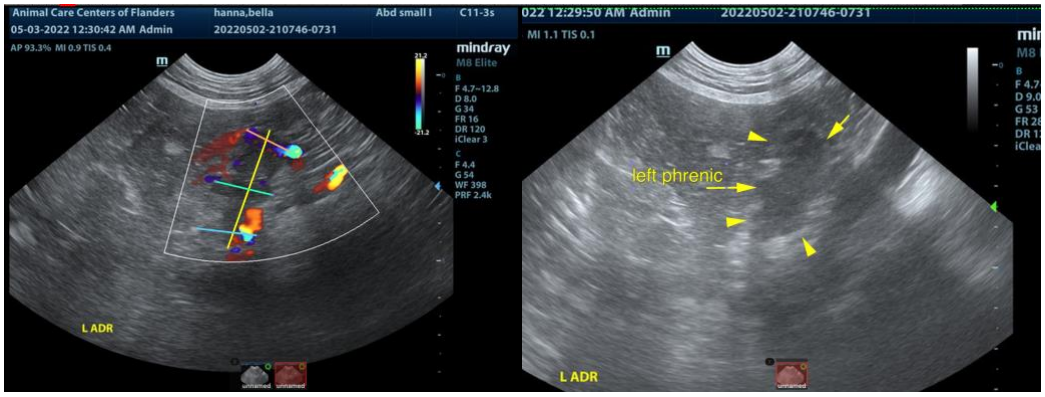

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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