



PATIENT PRESENTING CLINICAL SIGNS

Lucy Loo Metcalfe
History: PU PD chronic intermittent GI upset no profound diarrhea or vomiting just a lot of gurgling and borgorgimy.
Abnormal PE/Chem/CBC/UA Results: Mild elevation of ALT and SDMA

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Put

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.

SEX

Spayed female

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 and no evidence of pelvic dilation was present. The right kidney measured 3.25 cm. The left kidney measured 3.58 cm.

AGE

14 years

WEIGHT

7.2 kg

Adrenal Glands

The right adrenal gland was uniform and measured 0.38 cm. The left adrenal gland was rounded and hypoechoic measuring 1.6 x 1.47 cm. The left adrenal gland appears encapsulated with peripheral inflammation.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

Dr. Belan

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 was noted.

HOSPITAL NAME

Healing Traditions

Liver

REFERRING VET

Dr. Vockeroth

The **liver** revealed heterogenous, mixed echogenic parenchymal changes. This is consistent with remodeling. Increased portal markings were noted. Occasional hyperechoic, lipogranulomatous type nodule was noted. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted. Striating bile was noted in the gallbladder. This is consistent with emerging mucocele. The common bile duct was at the upper limits of normal at 0.4 cm.

INVOICE

44185

DATE

5/4/23



PATIENT

Gastrointestinal

Lucy Loo Metcalfe

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The small intestinal thickening continued throughout the jejunum with increased submucosal echogenicity.

SPECIES

Canine

Pancreas

BREED

Put

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.

SEX

Spayed female

ULTRASONOGRAPHIC FINDINGS

AGE

14 years

Left adrenal mass. Differentials include pheochromocytoma or carcinoma.

Chronic upper gastrointestinal presentation.

Chronic inflammatory hepatopathy with emerging gallbladder mucocele.

WEIGHT

7.2 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

The left adrenal mass appears surgically resectable. Left adrenalectomy, upper gastrointestinal biopsies, liver biopsy and manual expression of the gallbladder is indicated in this patient. Adenocarcinoma, pheochromocytoma, pronounced adenoma are all possible. Full adrenal work-up is warranted. Serial blood pressure measurements are indicated. If hypertension is an issue then urine catecholamine is indicated. Chest radiographs are warranted to assess for metastatic disease.

IMAGING PERFORMED BY

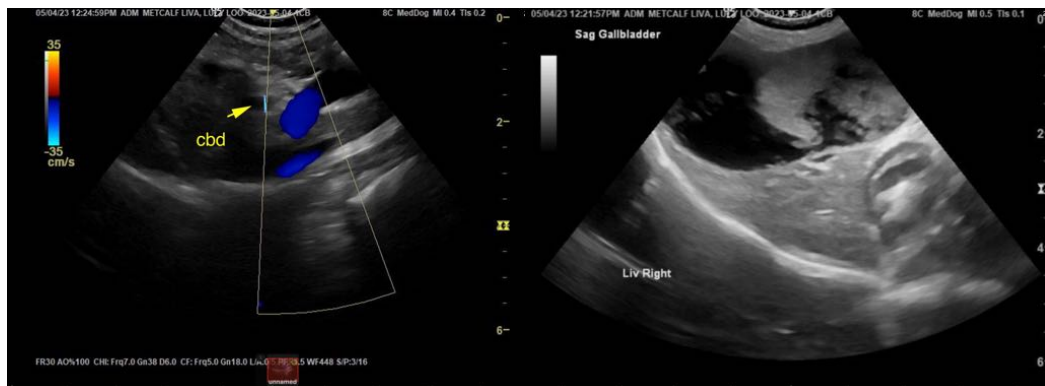
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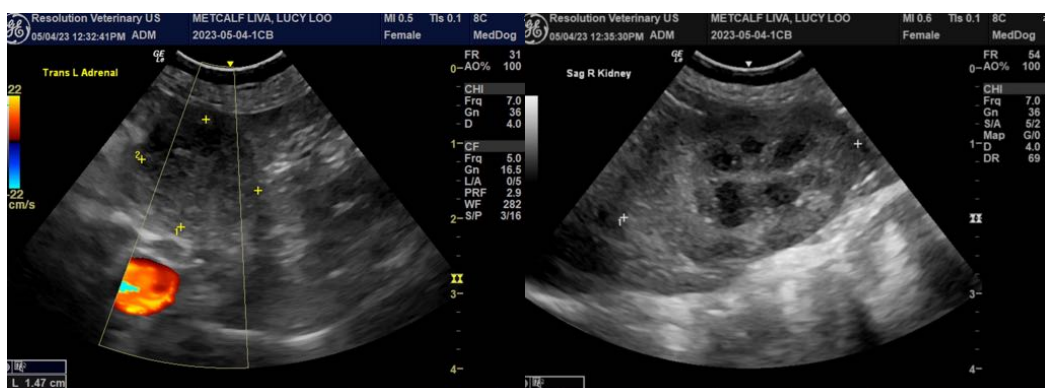
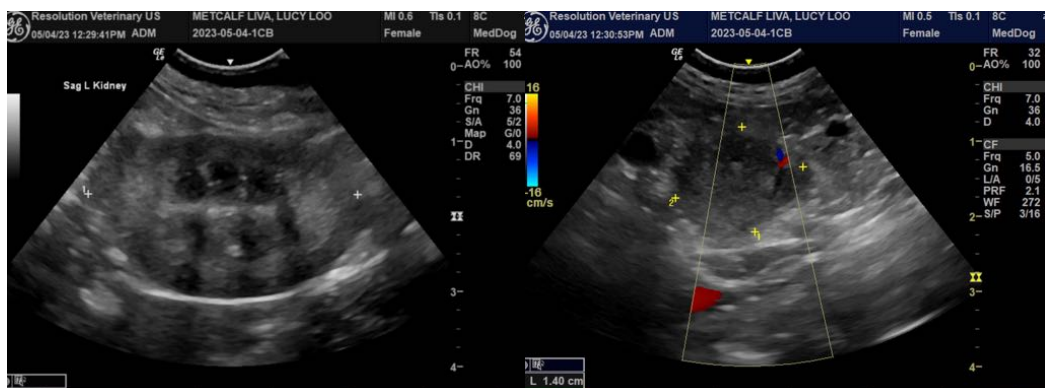
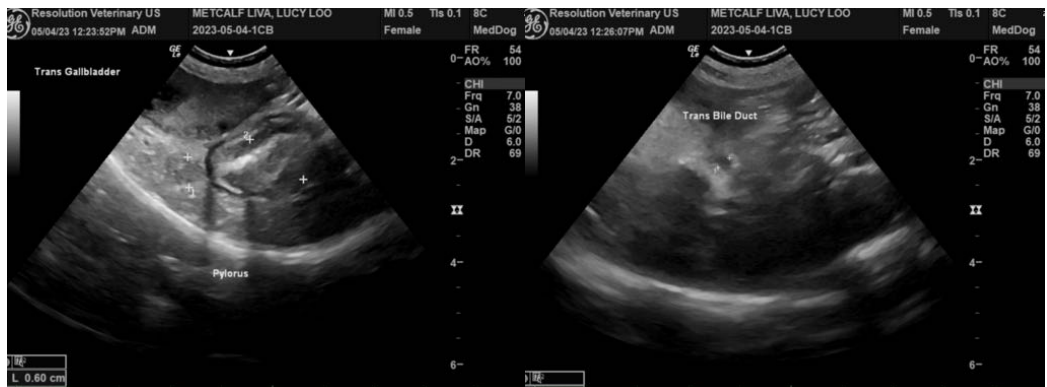
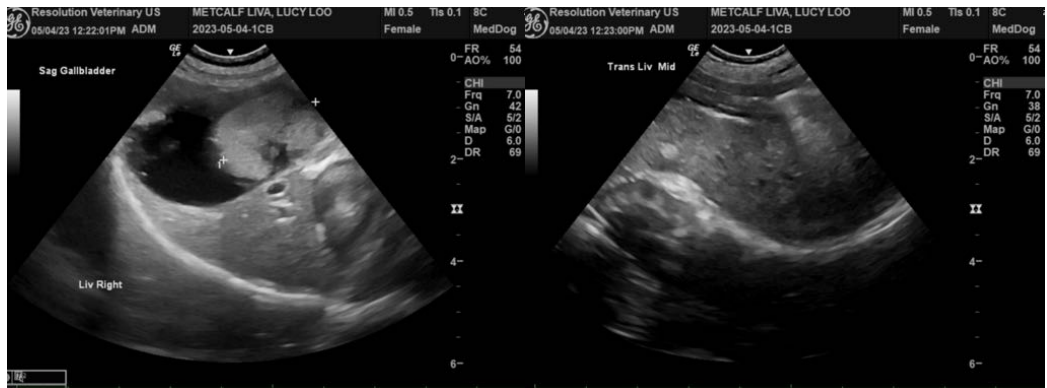
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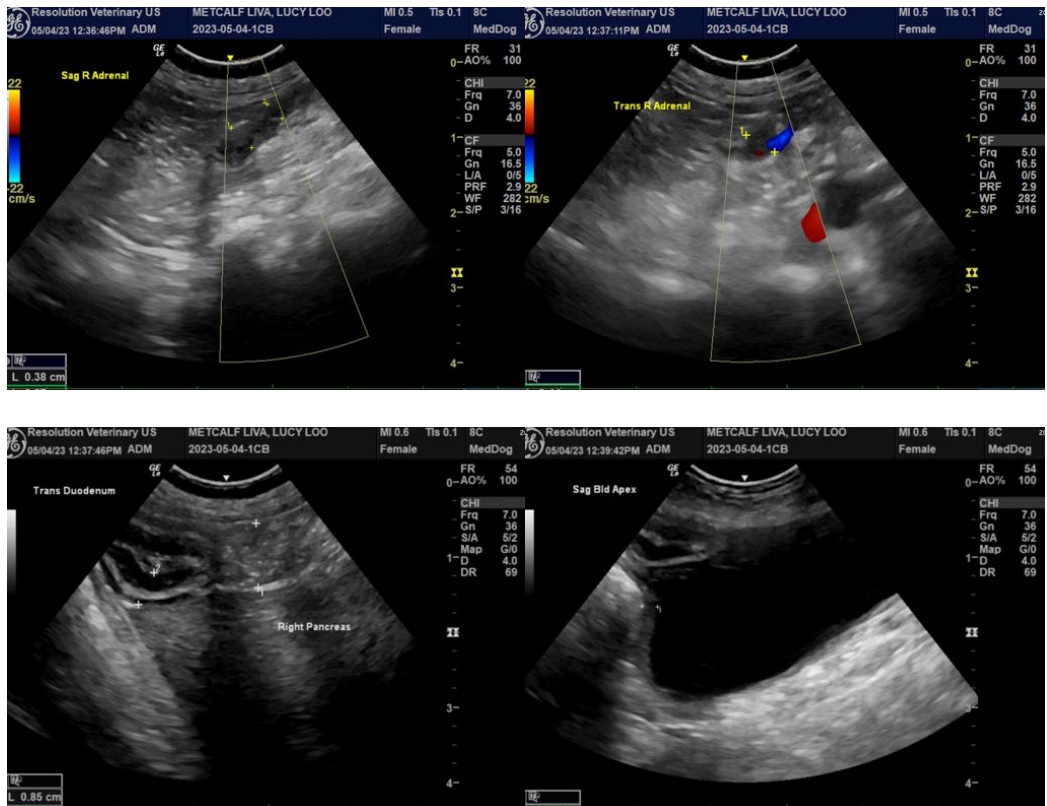
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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