

**DATE**

5/5/22

**PATIENT**

Pino Grigio Gardner

**SPECIES**

Canine

**BREED**

Italian Greyhound

**SEX**

Neutered Male

**AGE**

1/24/07

**WEIGHT**

24.5 Pounds

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Rachel Brillhart RDMS

**HOSPITAL NAME**

Bayside AMC

**REFERRING VET**

Dr. Beigel

**INVOICE**

37434

**PRESENTING CLINICAL SIGNS**

Recent hx of mildly overcorrected cushings (discontinued veteryl on 4/29/22), elevated renal values; 2 episodes 1 wk apart of lethargy, rear limb weakness present, anorexia, and mild cranial abdominal discomfort.

Current Medications: Entyce, Cerenia, NeoPolyBac Ointment, Ofloxacin, Veteryl.

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**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 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. Mineralization noted in both kidneys. Microcystic cortical changes noted in both kidneys. The right kidney measured 5.42 cm with slight pyelectasia of 0.25 cm.

**Adrenal Glands**

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The right adrenal gland measured 2.39 cm x 1.06 cm at the cranial pole and 0.91 cm at the caudal pole.

**Spleen**

The **spleen** revealed an expansive 2.4 cm isoechoic mass with heterogeneous parenchymal changes elsewhere.

**Liver**

The **liver** presented multifocal mixed hypoechoic masses with expansive irregular contour, the largest of which measured 5.3 cm. Right cranial liver hypoechoic mass also noted at 0.46 cm. Abnormal vascular pattern noted in the right liver mass. This may not be neoplastic, and primary shunting is a potential.

**Gastrointestinal**

Some retention of ingesta noted in the **stomach**. The gastric wall was mildly thickened and hypoechoic. The small intestine and colon were unremarkable.

**Pancreas**

Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid,

saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxyphoid palpation reveals pain response. No overt masses were noted.

### ULTRASONOGRAPHIC FINDINGS

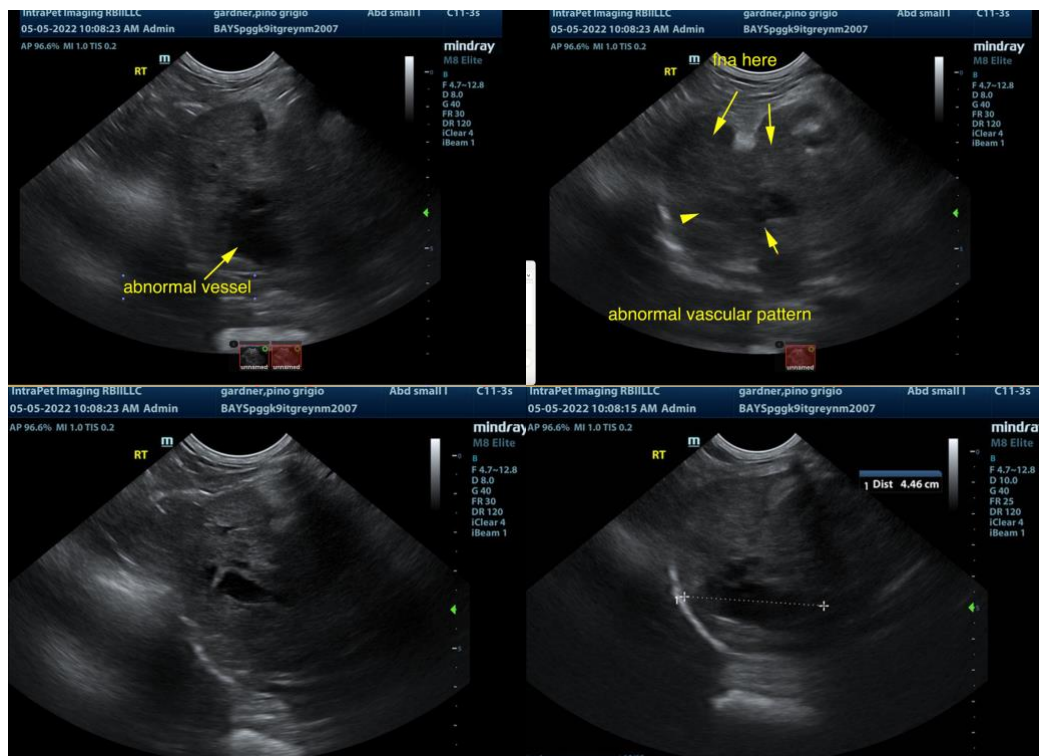
- Splenohepatic neoplasia - Multicentric sarcoma suspected. Hemangiosarcoma also possible, pronounced nodular hyperplasia less likely.
- Moderate degenerative renal changes
- Bilateral adrenal hypertrophy - consistent with PDH.
- Mildly thickened gastric wall with retention of ingesta

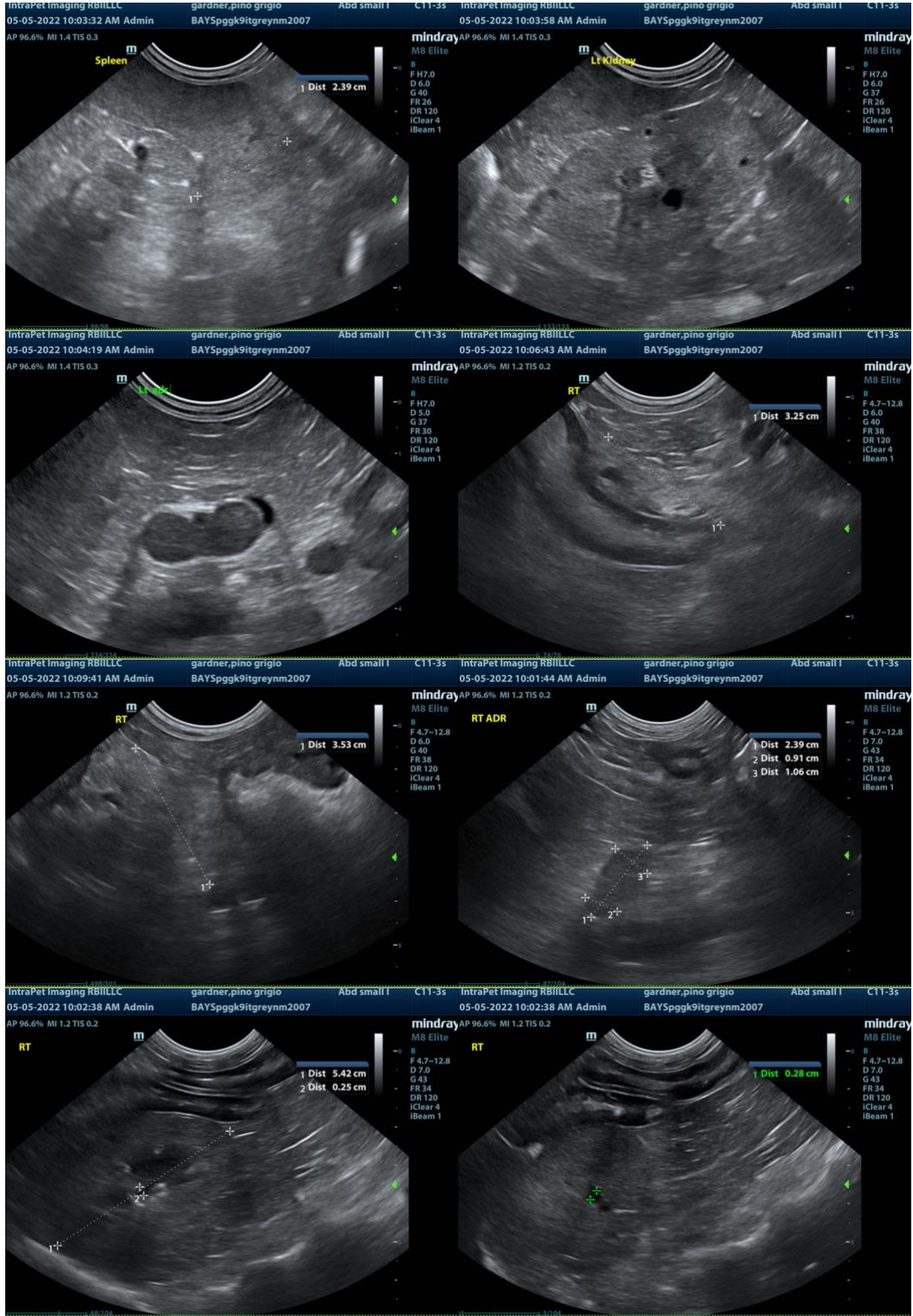
### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

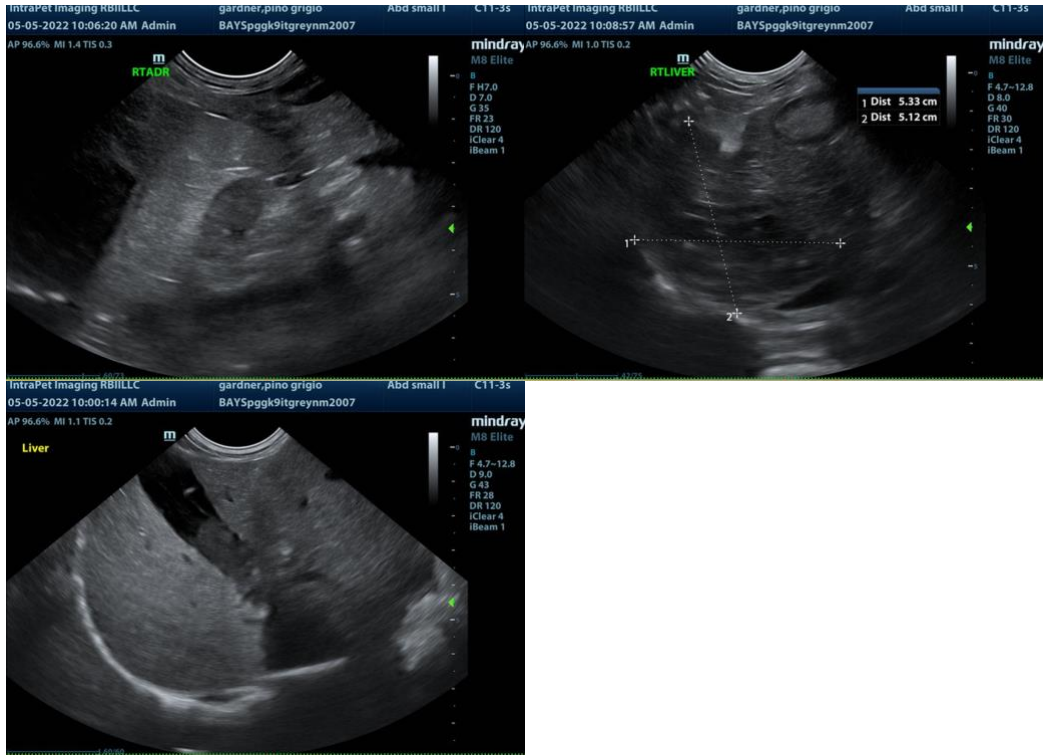
There are multiple issues in this patient, most of which may be benign or manageable, depending upon cytology results. Recommend FNA spleen and liver first. CT evaluation of the right cranial liver recommended to assess for possible primary or secondary shunting. Supportive care for GI ulcerative disease/gastritis warranted and supportive care for azotemia. Sampling is strongly encouraged in this patient. Bile acid profile recommended.

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>







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](mailto:info@SonoPath.com)