



**PATIENT**

Lexi Sedwick

**PRESENTING CLINICAL SIGNS**

Vomiting, diarrhea, pancreatitis. Other dog in house has same symptoms.

**SPECIES**

Canine

**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.

**BREED**

Golden Retriever

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 left kidney measured 7.9 cm. The right kidney measured 7.9 cm.

**SEX**

Female

**AGE**

9 Years

**Adrenal Glands**

The **left adrenal gland** was enlarged and irregular, measuring 4.63 cm x 2.2 cm at the caudal pole.

**WEIGHT**

94 Pounds

The **right adrenal gland** was mildly enlarged, heterogeneous and irregular, measuring 3.4 cm x 1.6 cm.

**Spleen**

The **spleen** presented discrete and diffuse hypoechoic micronodular parenchyma. The capsule was generally smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. These changes are consistent with age related benign nodular hyperplasia. However, early hemangiosarcoma, lymphoma or mast cell neoplasia could not be entirely ruled out. Fine needle aspirate or biopsy following coagulation panel would be ideal especially if any weight loss is an issue. Otherwise, follow up ultrasound in 3-4 weeks to track these changes would be a more conservative approach.

**INTERPRETED BY**

Eric Lindquist, DMV

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**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

Rockaway AH

**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.

**REFERRING VET**

Dr. Maniar

**Gastrointestinal**

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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**PATIENT**

**Pancreas**

Lexi Sedwick

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.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

- Enlarged, irregular left adrenal gland and mildly enlarged, irregular right adrenal gland
- Micronodular hyperplasia splenic pattern

**BREED**

Golden Retriever

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assessment for underlying and functional adrenal disease warranted. Differentials include adenoma, adenocarcinoma, less likely hyperplasia. If the patient appears Cushingoid, then full adrenal workup warranted. Blood pressure measurements indicated.

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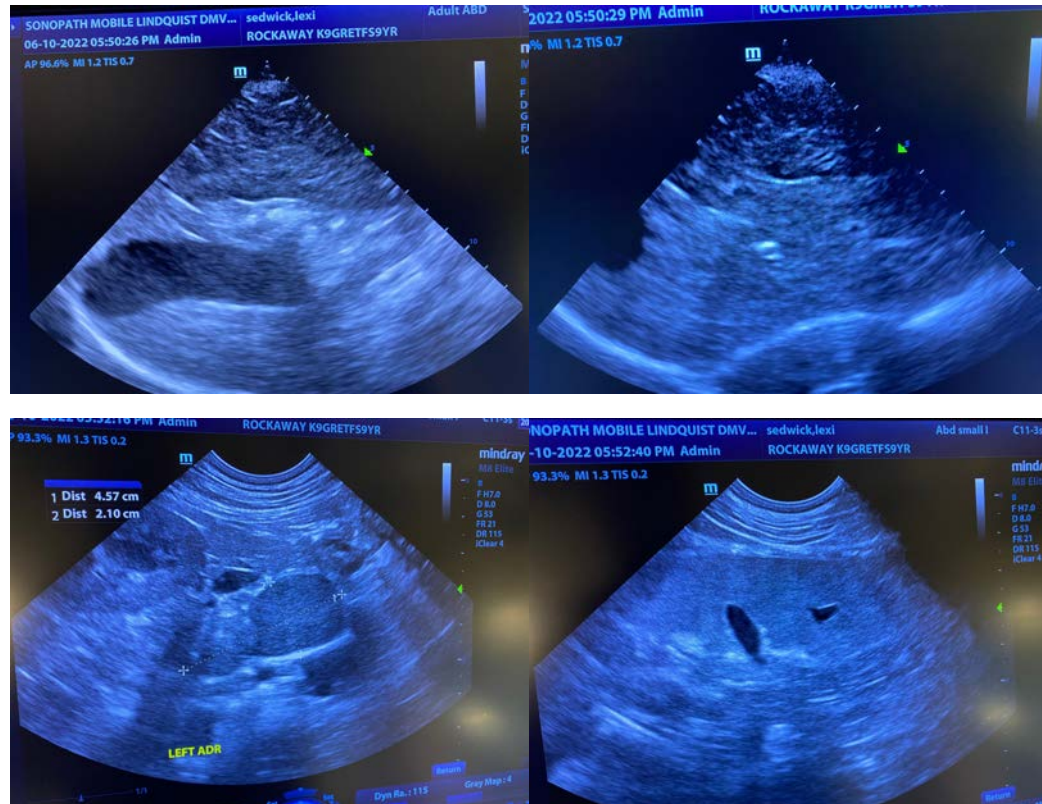
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**PATIENT**

Lexi Sedwick

**SPECIES**

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**BREED**

Golden Retriever

**SEX**

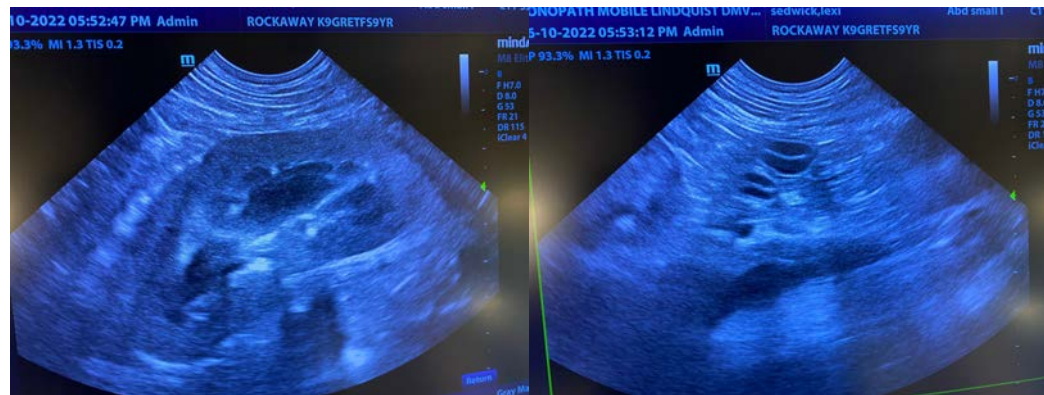
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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