

**DATE**

6/17/22

PATIENT

Misty Schutz

SPECIES

Canine

BREED

Bichon Frise X

SEX**AGE**

6/14/09

WEIGHT

14.4 Pounds

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

Rachel Brilhart RDMS

HOSPITAL NAMEAnimal Emergency
Hospital**REFERRING VET**

Dr. Roper

INVOICE

38854

PRESENTING CLINICAL SIGNS

06-14-2022 Notes: For the past 3 days P has not wanted to eat. P initially started vomiting and had diarrhea. For about 3 days P has not vomited but has not had interest in eating. P occasionally gets table food. No history of this in the past.

Current Medications: Unasyn, Maropitant.

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 and no evidence of pelvic dilation was present. The left kidney measured 4.16 cm. The right kidney measured 4.48 cm.

Adrenal Glands

The **left adrenal gland** was enlarged, irregular and nodular, measuring 2.38 cm x 0.96 cm at the cranial pole and 0.65 cm at the caudal pole. Capsular expansion noted without capsular escape or vascular invasion.

The **right adrenal gland** presented normal size and contour, measuring 1.6 cm x 0.46 cm at the caudal pole and 0.43 cm at the cranial pole.

Spleen

The **spleen** presented multifocal hyperechoic lipogranulomatous nodules, not pathological.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder was empty, mildly thickened with a slight amount of sand.

Gastrointestinal

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

Pancreas

The **pancreas** revealed hyper- and hypoechoic nodular changes and remodeling, appears stable.

Heart

Rapid view of the heart revealed no evident pathology.

PRIMARY FINDINGS

- Enlarged, irregular left adrenal gland

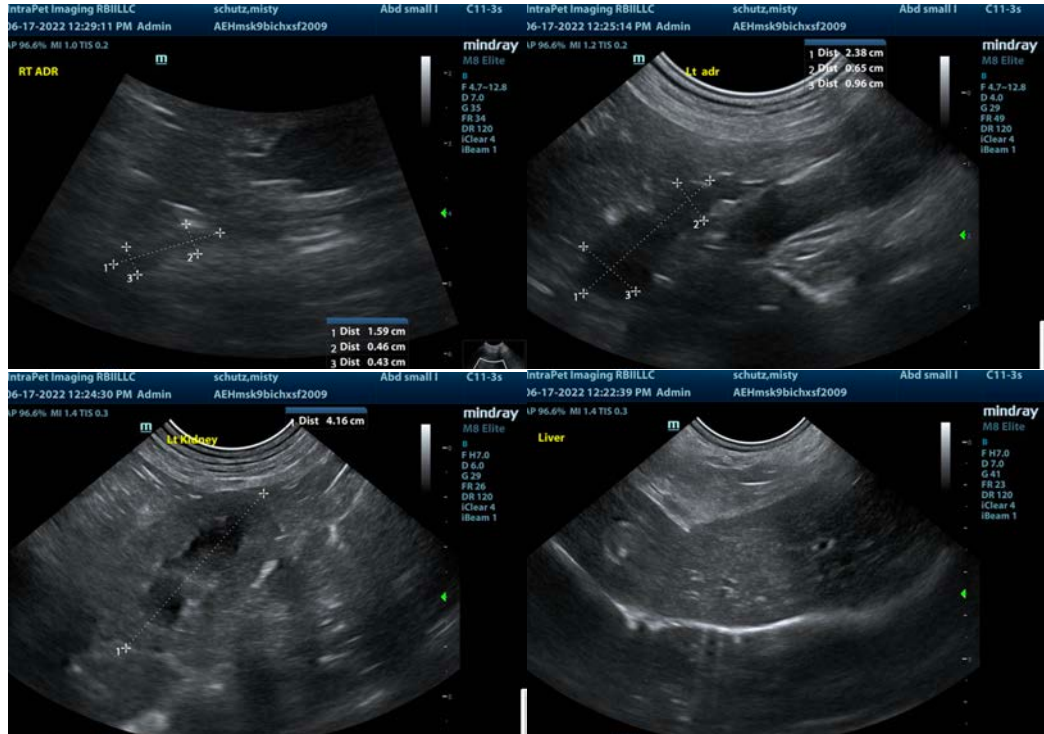
SECONDARY FINDINGS

- Age related renal changes
- Minor gallbladder sand
- Pancreatic remodeling
- Gastric ingesta
- Lipogranulomatous nodules in the spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left adrenal gland should be monitored carefully in this patient, suspicious for emerging carcinoma or pheochromocytoma. Adenoma and hyperplasia possible. If hypertension is present, urine catecholamine would be indicated. Supportive care for GI upset may prove effective. However, left adrenalectomy and GI biopsies may be appropriate. If the patient appears Cushingoid, workup for adrenal dependent Cushing's would be indicated, if USG is <1.020. IV fluid support recommended to correct any dehydration and hypokalemia.





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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