



PATIENT PRESENTING CLINICAL SIGNS

Maddy MacDonald

History: Liver enzyme mild elevation last August now markedly elevated PU PD and panting . Patient is diagnosed and managed hypothyroid patient.

Abnormal PE/Chem/CBC/UA Results: Marked elevation of liver enzymes UA pending

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Labrador

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection.

Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present.

The region of the trigone and visible pelvic urethra were normal.

SEX

Spayed female

AGE

12 years

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 6.8 cm. The left kidney measured 7.15 cm.

WEIGHT

33.2 kg

Adrenal Glands

The right adrenal gland was normal and measured 0.43 cm at the caudal pole and 0.45 cm at the cranial pole. The left adrenal gland revealed a 2.7 cm mass with mixed, hypoechoic nodular change. The left adrenal mass presented capsular expansion without capsular escape. There was no obvious vascular invasion noted. This is likely consistent with adenoma with a potential for carcinoma or pheochromocytoma.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Belan

Spleen

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 VC

REFERRING VET

Dr. Vockeroth

Liver

The caudate **liver** revealed an expansive, hypoechoic mass that measured 3.2 x 2.6 cm with disrupted architecture and pericapsular inflammation. The mass was moderately vascular. Multi-focal, hypoechoic nodular changes were noted with attenuating sound beam. The gallbladder was unremarkable.

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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.

Pancreas

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.

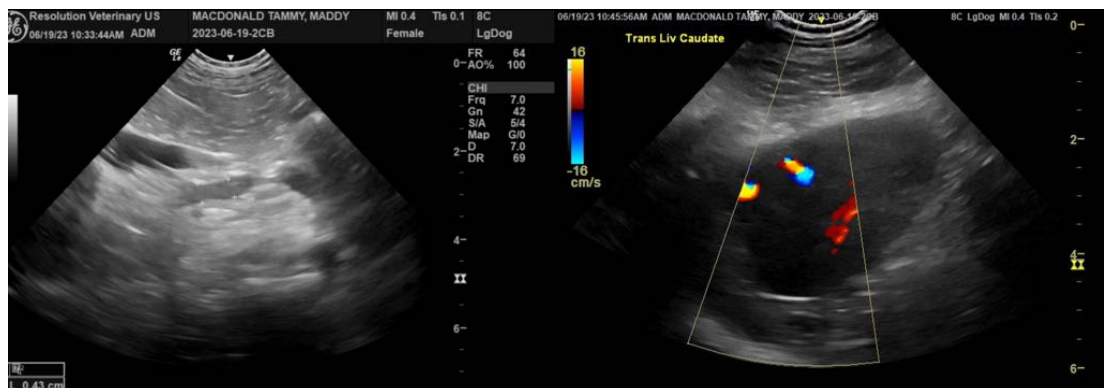
ULTRASONOGRAPHIC FINDINGS

Caudate liver mass and left adrenal mass.

Chronic cystitis bladder pattern/chronic bladder wall changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Differentials for the left adrenal mass include adenoma, myelolipoma or less likely carcinoma or pheochromocytoma. Arterial blood pressures +/- urine catecholamine is indicated. If the patient appears Cushingoid and the urine specific gravity is less than 1.020 then work-up for adrenal dependent Cushing's. Left adrenalectomy and right liver lobectomy is indicated. However, FNA of the general hepatic nodules and caudate process mass is indicated. CT evaluation is ideal. Full urinary work-up is warranted if not already performed. Nodular hyperplasia liver pattern with caudate liver mass, carcinoma possibly related to the left adrenal gland, yet this is unlikely. The hepatic process is likely a separate process than the adrenal glands. The caudate liver mass appears fairly aggressive.





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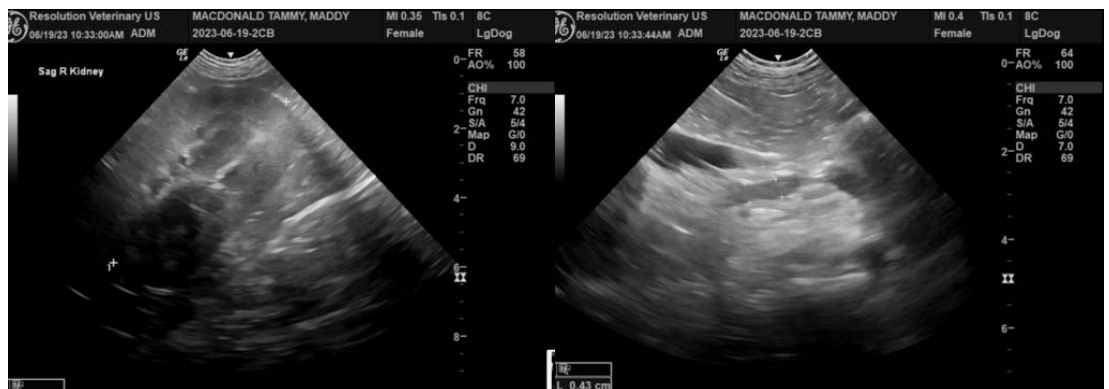
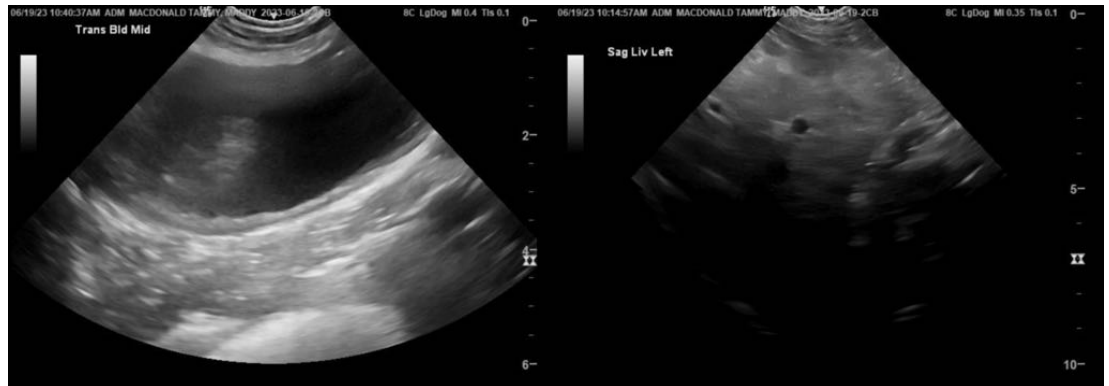
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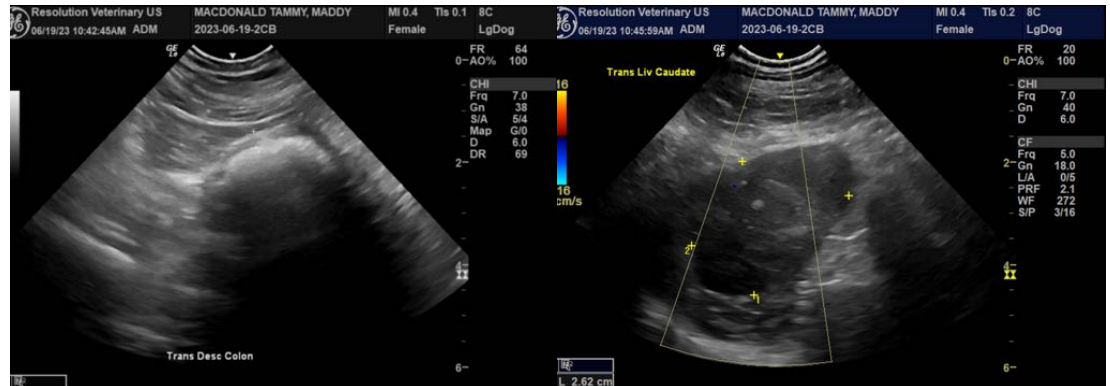
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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