



PATIENT

Charlie Jose

PRESENTING CLINICAL SIGNS

History: Splenic tumor noted on previous scan. Pre-op metastasis check. Chest rads clear
Abnormal PE/Chem/CBC/UA Results: Pending

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Lab Mix

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

Neutered male

The residual prostate measured 1.1 cm.

AGE

13 years

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 5.2 cm. The right kidney measured 7.6 cm.

WEIGHT

76 lbs

Adrenal Glands

The left adrenal gland was enlarged at the cranial pole and measured 1.16 cm and 0.6 cm at the caudal pole. The left adrenal gland was expansive and deviated the left renal artery. There is a strong concern for carcinoma or pheochromocytoma. The presumed left adrenal gland was imaged better from the right side and on this approach measured 3.4 x 2.0 cm. There was capsular expansion of the mid section of the presumed adrenal mass, which appeared to create caval invasion. The region of the right adrenal gland was unremarkable.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Marti Williams

Spleen

The **spleen** revealed an expansive, 7.6 cm mixed echogenic parenchymal mass that was deriving from the caudal pole. The cranial body of the spleen was unremarkable and uniform.

HOSPITAL NAME

Limestone VH

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. Nodules were noted in the liver with the largest measuring 1.0 cm. 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. McCarthy

INVOICE

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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

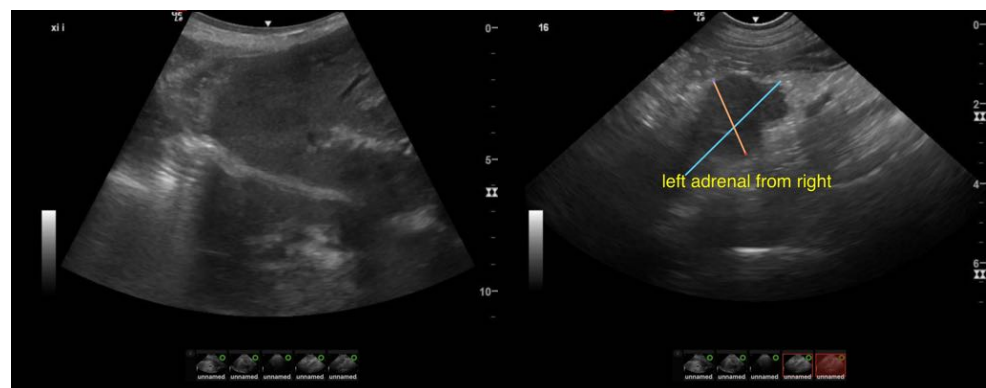
Splenic mass, concern for stromal tumor.

Enlarged, irregular left adrenal gland. Carcinoma, pheochromocytoma or adenoma.

Micronodular hyperplasia liver pattern, minor potential for metastatic disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Left adrenalectomy and splenectomy are indicated as long as chest radiographs are free of evident pathology. There was no overt evidence of metastatic disease; however, some nodules were noted and should be inspected at the time of surgery. Inspection and biopsy of the liver would be recommended at the time of surgery. CT evaluation is recommended regarding the left adrenal gland would be ideal for surgical planning as I cannot rule out caval invasion. Rapid echocardiogram is recommended to assess for pericardial effusion or right auricular masses. Serial blood pressure measurements are warranted if hypertension is present. Urine catecholamine is indicated to assess for pheochromocytoma.





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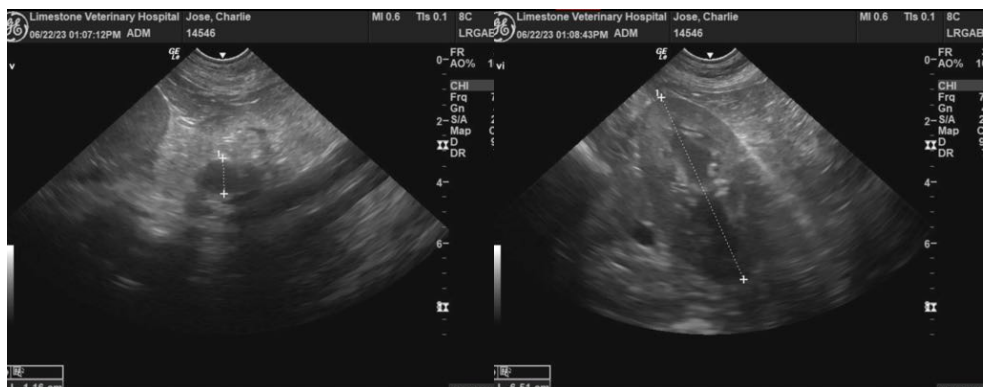
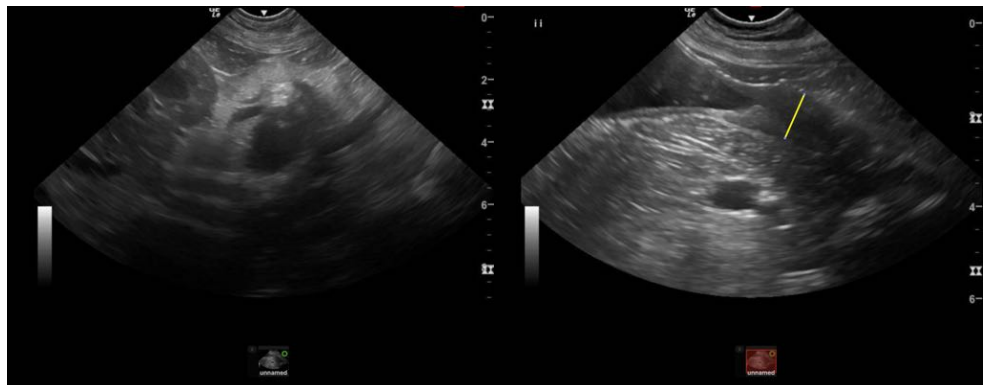
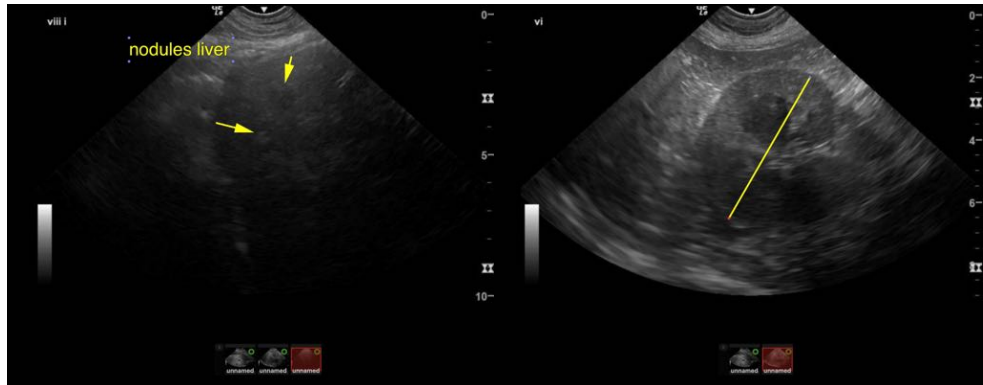
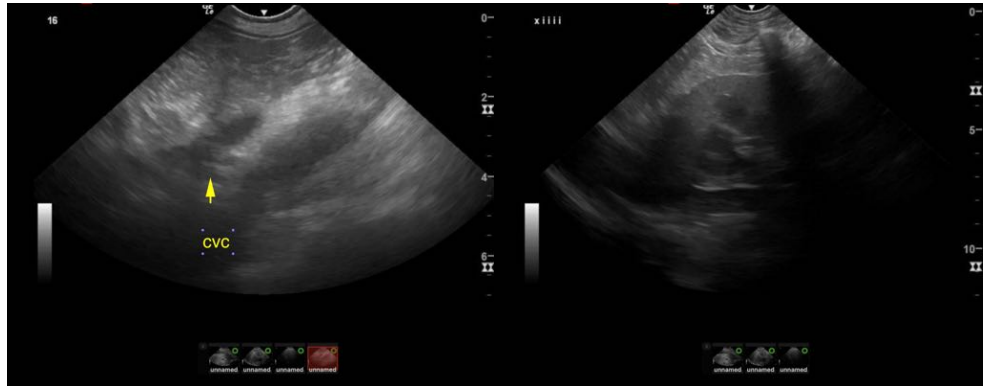
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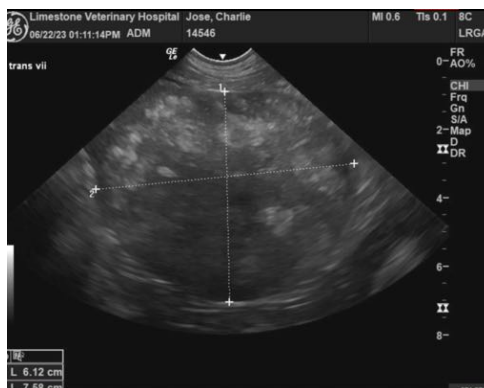
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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