



PATIENT PRESENTING CLINICAL SIGNS

Lucy Lasala Loose stool for one week

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine Urinary System

BREED

Lab X

SEX

Spayed Female

AGE

12

WEIGHT

77.5

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

43581

DATE

6/29/23

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.

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 6.68 cm. The right kidney measured 7.17 cm.

Adrenal Glands

The **right adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 2.16 cm x 1.62 cm at the cranial pole and 0.85 cm at the caudal pole.

The **left adrenal gland** was uniformly enlarged, measuring 4.35 cm x 1.2 cm at the caudal pole and 1.3 cm at the cranial pole.

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 were noted.

Liver

The left medial **liver** revealed an isoechoic expansive 4.4 cm mass. The remainder of the liver was diffusely hyperechoic to falciform fat. Occasional mild heterogeneous hypoechoic non-disruptive nodular change noted. The gallbladder was unremarkable.

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.



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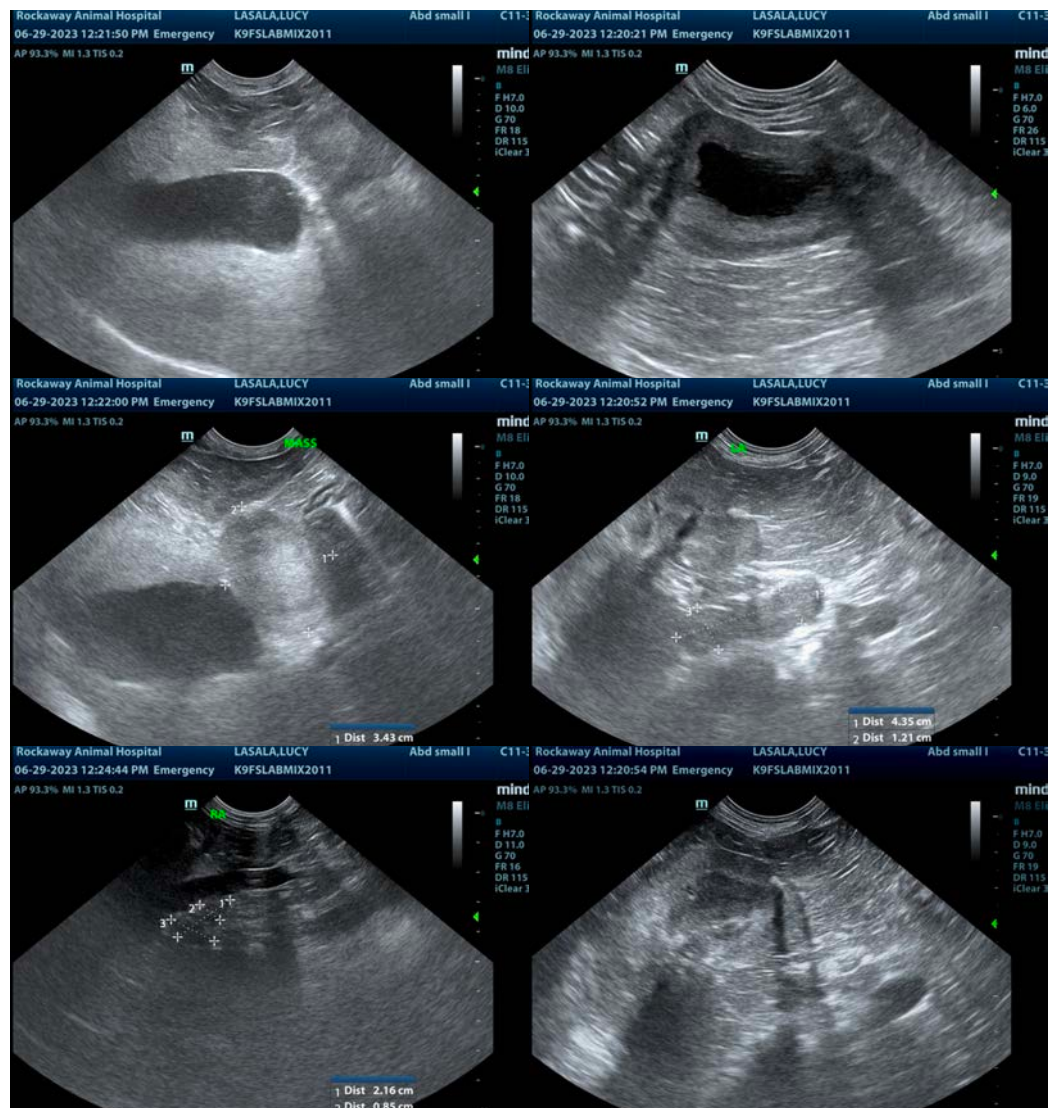
6/29/23

ULTRASONOGRAPHIC FINDINGS

- Large left adrenal gland – hyperplasia, pheochromocytoma, adenoma, adenocarcinoma all possible.
- Left medial liver mass
- Age related urinary bladder changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the general liver parenchyma as well as the liver mass warranted. CT evaluation for potential mass resection would be appropriate. The left adrenal does appear resectable. Serial blood pressures recommended. Eventual left medial mass removal and left adrenalectomy could be considered depending upon FNA results. The cause of loose stool is unclear. If pheochromocytoma is found on the left adrenal, this can at times cause GI upset.





PATIENT

Lucy Lasala

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.

SPECIES

Canine

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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info@SonoPath.com

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