



PATIENT

Libby Brito

SPECIES

Canine

BREED

Miniature Pinscher

SEX

Spayed Female

AGE

14 Years

WEIGHT

13.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Kelly Vazquez

HOSPITAL NAME

New Bridge VP

REFERRING VET

Dr. Glennon

INVOICE

15945

DATE

6/8/22

PRESENTING CLINICAL SIGNS

History: Intermittent vomiting and diarrhea; was treated for pancreatitis. R/O neoplastic process. No reported meds.

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 moderate 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 3.07 cm. The left kidney measured 4.0 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 1.0 cm x 0.54 cm at the caudal pole and 0.4 cm at the cranial pole.

The **left adrenal gland** was enlarged, heterogeneous and irregular, measuring 1.65 cm x 0.82 cm at the caudal pole and 0.53 cm at the cranial pole. The left adrenal gland was moderately vascular and expansive. No capsular escape or vascular invasion noted.

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 **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor 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.

Gastrointestinal



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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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Pancreas

An anechoic cyst was noted in the right **pancreatic** limb, measuring 1.06 cm x 0.8 cm. Age-related changes were noted in the pancreas otherwise.

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ULTRASONOGRAPHIC FINDINGS

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- Geriatric abdomen
- Enlarged left adrenal gland. Adenocarcinoma, pheochromocytoma, hyperplasia and adenoma all possible.
- Right pancreatic cyst. Not clinical.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Serial blood pressures warranted. If hypertension is present, then urine catecholamine indicated and/or left adrenalectomy. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. No evidence of significant GI disease.

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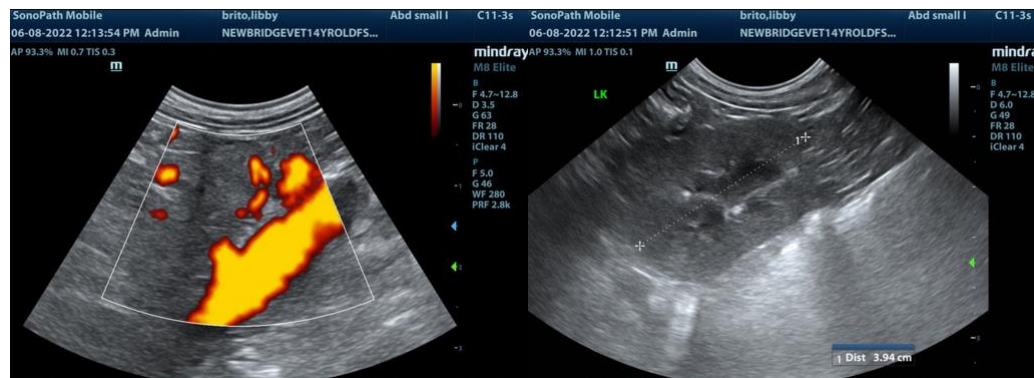
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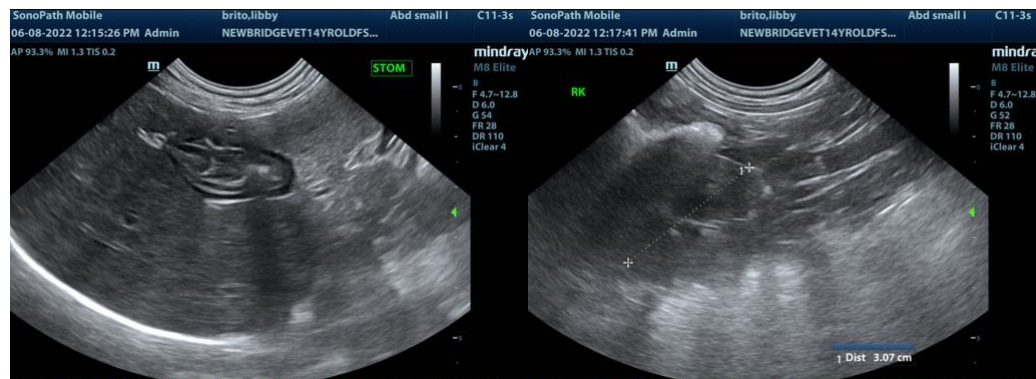
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Kelly Vazquez

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.

HOSPITAL NAME

New Bridge VP

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