



PATIENT

Bee Bee Heidler

SPECIES

Canine

BREED

Border Collie Mix

SEX

Spayed female

AGE

13 years

WEIGHT

35.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Carpenter

HOSPITAL NAME

Pennridge AH

REFERRING VET

Dr. Carpenter

INVOICE

76119

DATE

7/12/23

PRESENTING CLINICAL SIGNS

History: 13.10 yo FS Border Collie Mix 35.8 # Sedated with Butorphanol Hx of persistently elevated ALT and ALP since 2019, on proin only. AUS at that time revealed an early gallbladder mucocele. Has been managed with intermittent abx therapy when LE spike and urosdiol, denamarin chronically and US monitoring. Recheck focal US in 2020 revealed improvement of inspissated material after medical mgt. In 2021, patient was treated outpatient for another bout of cholangiohepatitis and responded favorably to abx therapy and supportive care. A new heart murmur and arrhythmia were ausculted on exam. Cardio consult revealed Mobitz II 2nd degree AV block and CVD. A Holter monitor showed NSF but given O reported exercise intolerance, cardiologist Rx theophylline to try and elevate HR. No effect was noted and meds discontinued. Repeat full AUS in April of 2022 showed stable GB mucocele, NEW L adrenal enlargement with a measurable nodule, no vascular invasion and R adrenal atrophy. Mild diffuse thickening of SI and chronic renal changes. Recommendations were LDDST - which was performed and not consistent with Cushings. BP also checked and was 240. Patient was started on prazosin for BP in case of pheochromocytoma and BP has maintained in 150-160 range. O does not want to pursue IM or Sx consult. Current meds: Proin, ursodiol, prazosin, and denamarin. Had recent course of Baytril for LE elevations. Current bloodwork after abx therapy: ALT 451 (H) ALP 709 (H) tbili 0.2 (N). USG 1.038 Normal Creat, Normal CBC. O reports patient is clinically doing well

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 was 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. Slight pinpoint mineralization was noted. The right kidney measured 5.32 cm. The left kidney measured 5.19 cm.

Adrenal Glands

A left **adrenal gland** mass was noted in this patient and measured 2.94 x 1.8 cm. The mass was expansive and deviated the left renal artery caudally. Blood flow to the left adrenal mass was mild. The right adrenal gland was small and isoechoic measuring 0.4 cm at the caudal pole and 0.7 cm at the cranial pole. The right adrenal is likely suppressed owing to left adrenal gland pathology.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease



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Liver

The **liver** revealed mild, heterogenous, isoechoic nodular changes. The gallbladder revealed minor dependent debris with mildly increased portal markings. The gallbladder revealed polypoid changes with striating bile and echogenic wall. This is consistent with mucocele formation.

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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.

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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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ULTRASONOGRAPHIC FINDINGS

Left adrenal mass, suspect carcinoma, appears resectable.

Concurrent gallbladder mucocele with mild hepatic remodeling.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS.

Left adrenalectomy and cholecystectomy is recommended in this patient. Blood pressure measurements are recommended as well as chest radiographs to assess for metastatic disease.

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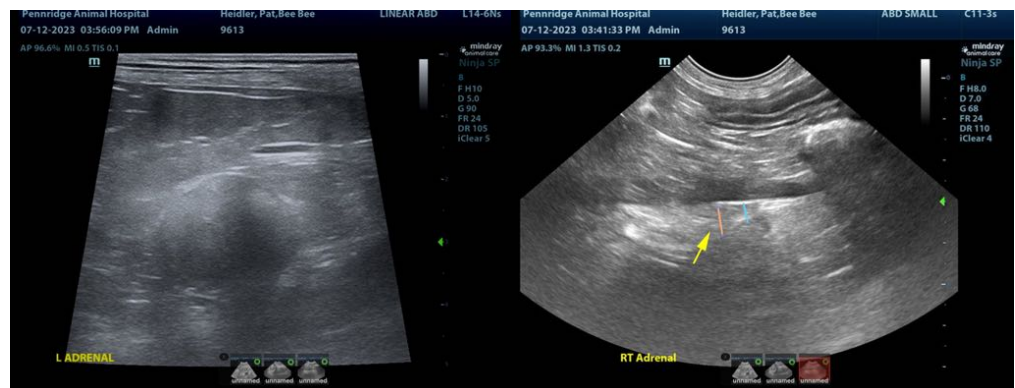
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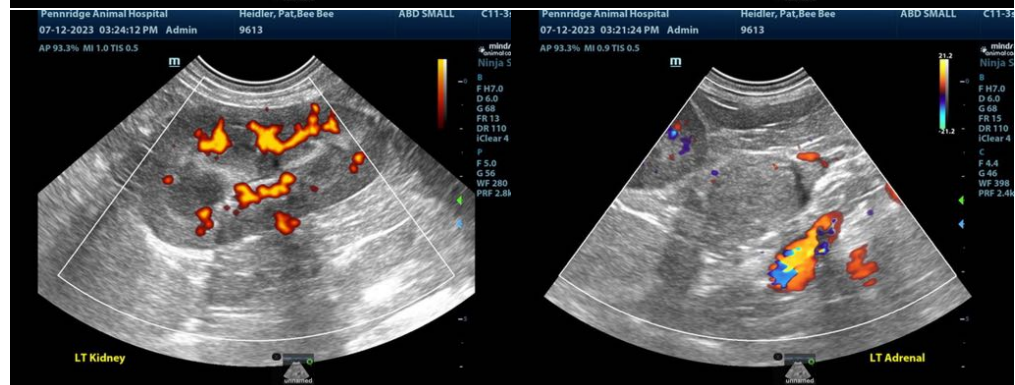
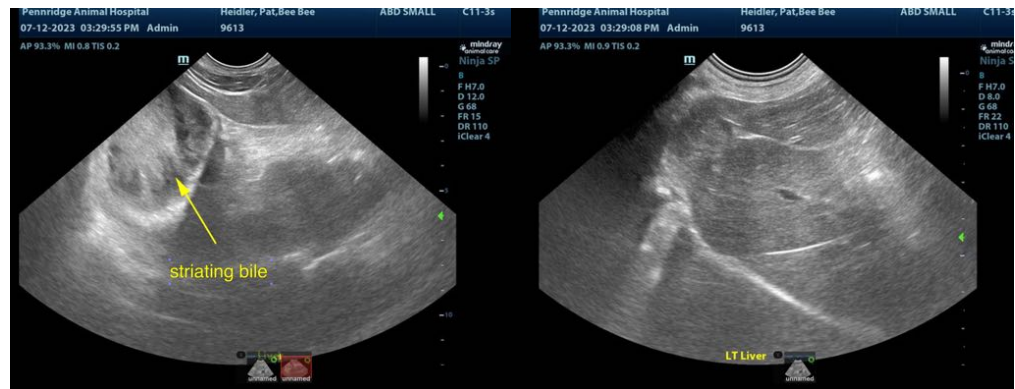
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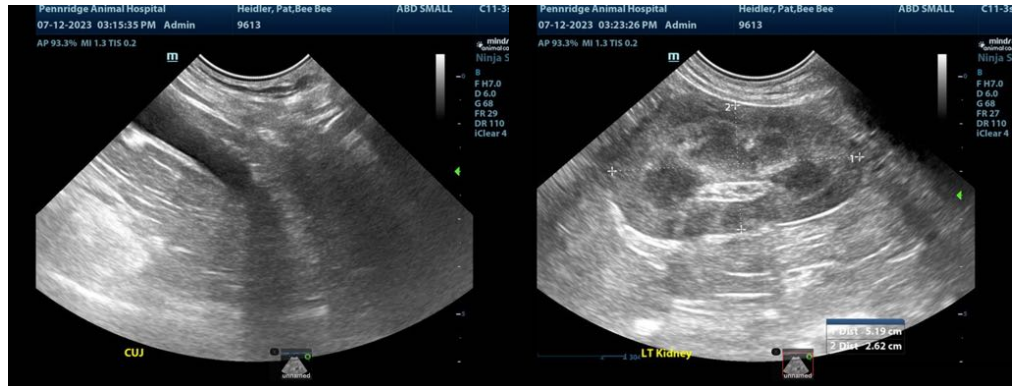
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com