



PATIENT

Charlie Gibbins

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

15 years

WEIGHT

21 kg

PRESENTING CLINICAL SIGNS

History: HX of vomiting/diarrhea seen at rDVM 7/3, rechecked at VCA today for weakness, reluctant to walk x 2 days dehydration, GI upset HX vestibular signs, HX lymphadenopathy (not present now), paw pad injury historical but worsened by p chewing at it recently r/o pancreatitis, neoplasia, metabolic/endocrine vs open

Abnormal PE/Chem/CBC/UA Results: CPL TEST Result: 1148.6 ng/ml 7/3 labs from rDVM WBC 19.08 ALKP 1786, Lipa 4592 A FAST performed, no FAF noted, small hypoechoic nodule noted in spleen, does not distort splenic capsule, gall bladder wall bright and irregular, suspect cholangiohepatitis

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 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 6.7 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The region of the left **adrenal gland** revealed a mixed, hypoechoic mass that measured 2.7 x 3.5 cm. The right adrenal gland was visualized obliquely and measured 0.71 cm.

IMAGING PERFORMED BY

Wilberger

Spleen

The **spleen** revealed multi-focal, minor, heterogenous parenchymal changes with hyperechoic, lipogranulomatous nodules that were non-disruptive.

HOSPITAL NAME

Wilvet Salem

Liver

REFERRING VET

Dr. Wilberger

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The gallbladder wall was echogenic. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

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Gastrointestinal

The **stomach** revealed progressively shadowing material. The small intestine and colon were unremarkable.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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ULTRASONOGRAPHIC FINDINGS

Mass in the area of the left adrenal gland.

AGE

15 years

Subjectively benign hepatopathy with porcelain gallbladder/gallbladder fibrosis.

Shadowing gastric material.

WEIGHT

21 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Work-up for adrenal neoplasia is indicated with blood pressure measurements +/- urine catecholamine. Eventual gastrotomy and left adrenalectomy would be warranted. Pheochromocytoma versus carcinoma of the left adrenal gland. CT evaluation would be recommended for further definition for potential surgical planning.

INTERPRETED BY

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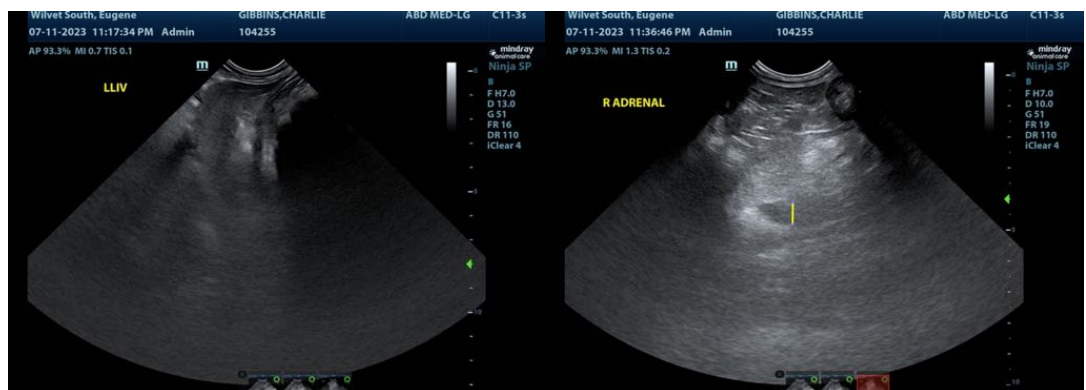
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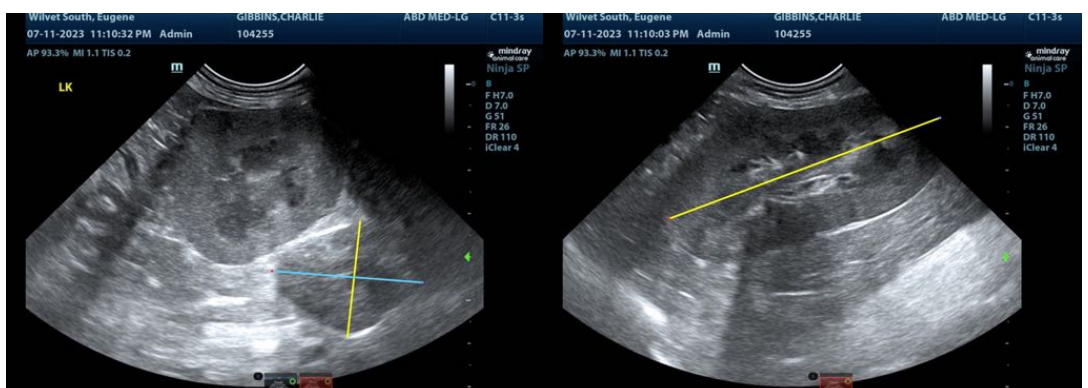
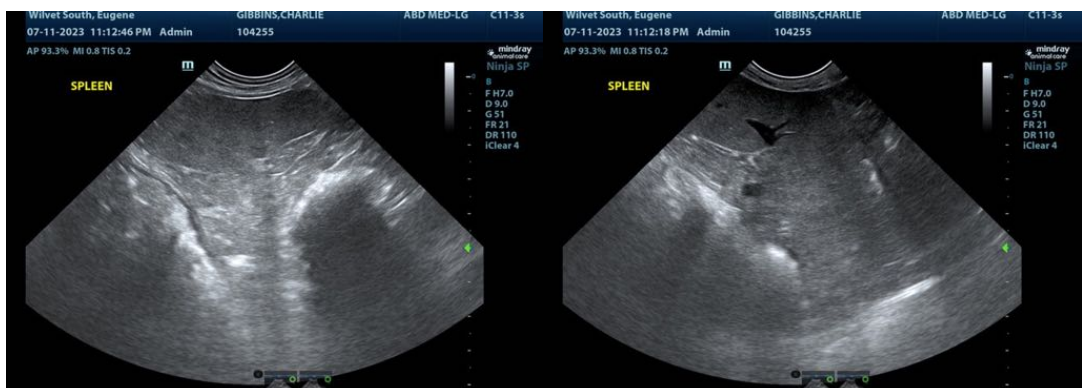
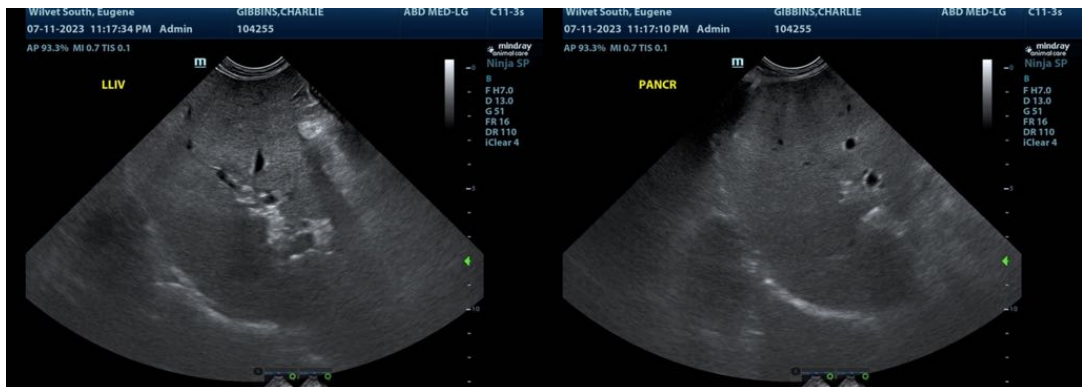
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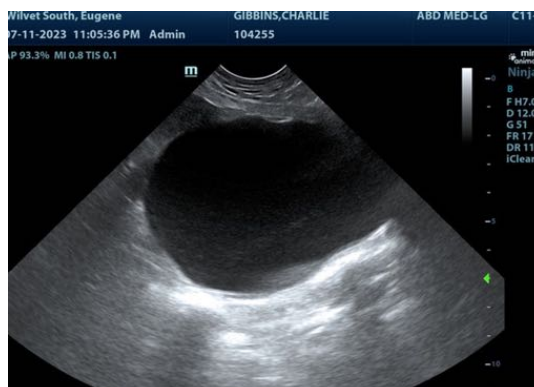
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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