



PATIENT

Tippie Lowell

SPECIES

Canine

BREED

Bichon

SEX

El-sf

AGE

10 years

WEIGHT

21 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Kaltsas

INVOICE

31639

DATE

7/13/22

PRESENTING CLINICAL SIGNS

Weight loss, vomiting and diarrhea for a few weeks. Recent increase in Proin dose, but otherwise no changes. Sedated with Butorphanol IV for US.
Abnormal PE/Chem/CBC/UA Results: PE (at time of exam): mild skin tenting, T 103, tender on palpation of cranial abdomen. BW: ALT 213. RADS: NSF.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a 0.5 cm, non-obstructive, free moving calculus.

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, non-obstructive renal mineralization was noted. The left kidney measured 5.1 cm.

Adrenal Glands

The left **adrenal gland** was enlarged at the cranial pole and measured 1.27 cm and the caudal pole measured 0.4 cm. The left adrenal gland nodule measured 1.86 x 1.32 cm in its entirety. Capsular expansion without capsular escape was noted upon the left adrenal pathology. There was no evidence of vascular invasion. The right adrenal gland was slightly irregular and measured 1.97 x 1.18 cm at the cranial pole and 0.4 cm at the caudal 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 was noted.

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. 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.



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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

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

Age related abdominal changes with left adrenal nodule.

AGE

10 years

Non-obstructive bladder calculus.

Slight renal mineralization.

WEIGHT

21 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Adenoma, adenocarcinoma or pheochromocytoma are all possible. This appears resectable. The patient is likely passing calculi periodically from the kidneys to the bladder. I recommend serial blood pressure measurements. If the patient appears Cushingoid and the urine specific gravity is less than 1.020 then work-up for adrenal dependent Cushing's is indicated. If hypertension is present then urine catecholamine to assess for pheochromocytoma. Otherwise, left adrenalectomy and cystotomy with stone analysis would all be indicated. There was no evidence of vascular invasion or metastatic disease.

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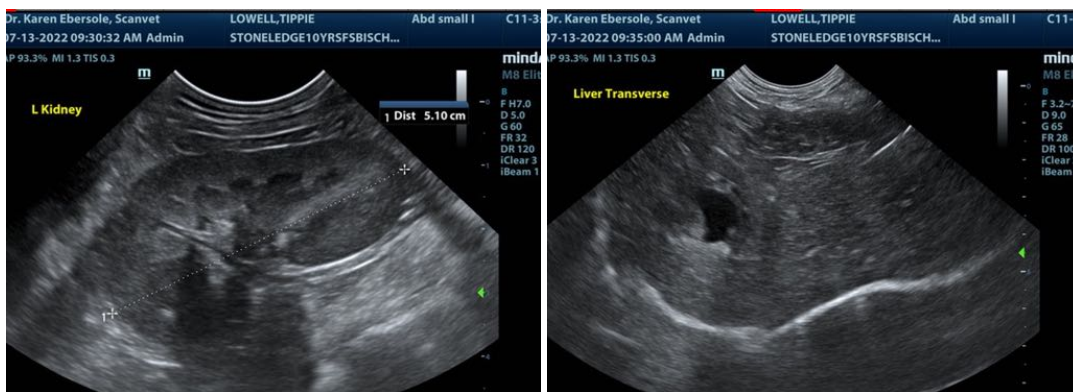
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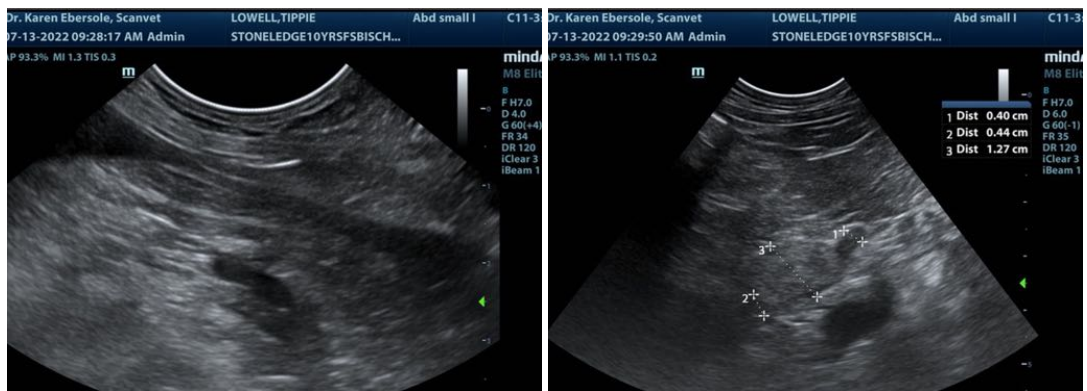
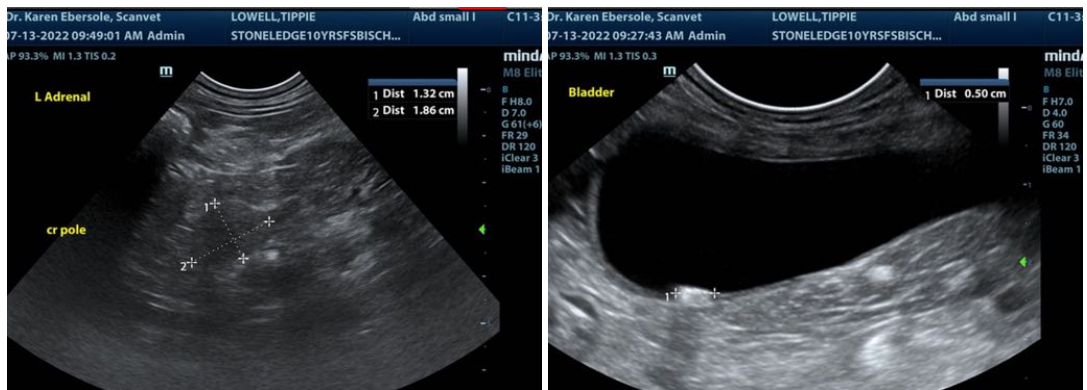
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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