

PATIENT

Sindy Conley

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed female

AGE

13 years

WEIGHT

30 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS,
CEO of SonoPath.com

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

HOSPITAL NAME

Chase VC

REFERRING VET

Dr. Caffarella

INVOICE

31736

DATE

7/15/22

PRESENTING CLINICAL SIGNS

History: 3-4 month history of possible abdominal pain after eating. No vomiting or diarrhea but owner feels Sindy gets restless and uncomfortable after meals. History of adrenal tumor (non-functional, have tested for Cushing's with LDDS twice and both tests were not compatible with Cushing's). Owner recently lost another dog to cancer so wants to check ultrasound to make sure nothing more concerning is going on. Most recent labwork unremarkable. On Gabapentin and Apoquel. *Sedated with dex/torb

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN e

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. The right kidney measured 4.87 cm. The left kidney measured 5.16 cm.

Adrenal Glands

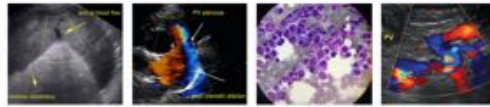
A right **adrenal gland** mass was noted and measured 4.4 x 2.4 cm with pericapsular inflammation. The right adrenal mass impinged upon the vena cava and has early invasion to approximately 1.0 cm. The left adrenal gland was normal in size and contour measuring 0.48 cm at the caudal pole and 0.39 cm at the cranial pole.

Spleen

The **spleen** was folded upon itself caudally.

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. Hypoechoic, non-disruptive nodular changes were noted. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder and common bile duct 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.

SEX

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Free Abdomen

The iliac lymph nodes were unremarkable and measured up to 0.5 cm.

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ULTRASONOGRAPHIC FINDINGS

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Right adrenal mass, invasive carcinoma versus pheochromocytoma.

Otherwise, age related abdominal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine catecholamine and serial blood pressure measurements are recommended. There was no evidence of metastatic disease.

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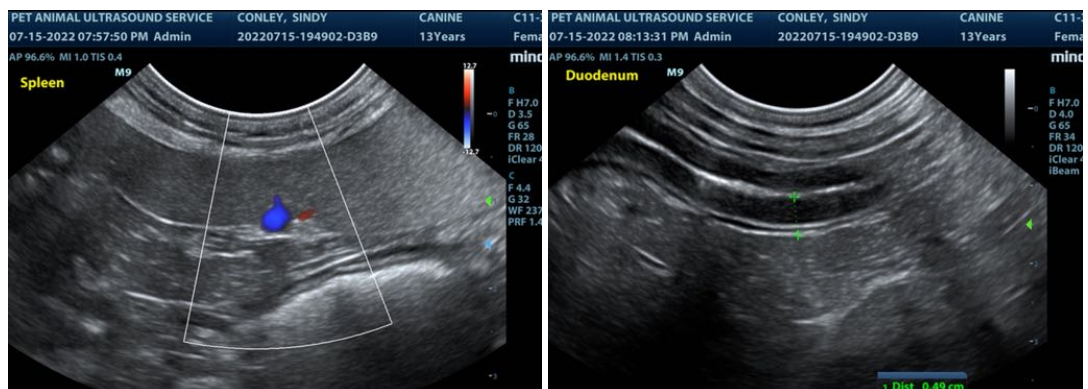
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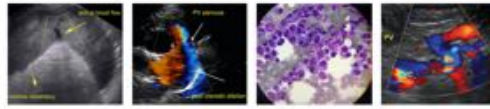
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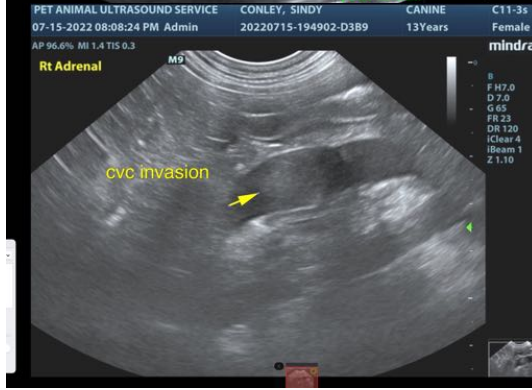
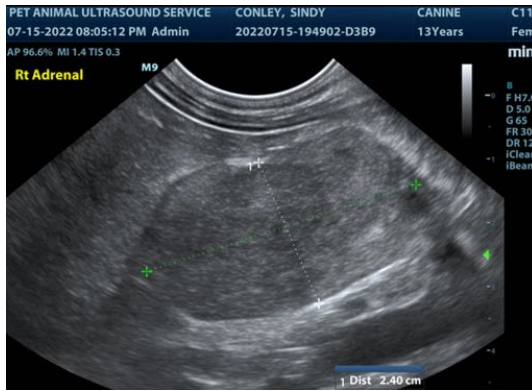
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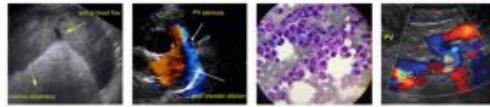
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Info@SonoPath.com

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