



**PATIENT PRESENTING CLINICAL SIGNS**

Willie Dockray

Has decreased appetite past couple weeks, Since he ruptured his R ACL. Concerns with appetite change due to rupture of ACL or progressive disease within abdomen. Prior Ultrasound done 03/23. Adrenal mass, hepatic and splenic nodules noted.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: BCS 8/9. Light weight bearing R hind limb pos cranial drawer. BAR< Alb 5.6 g/dl, glob 1.,8g/dL ALT 282 U/L down from 378 U/L, ALKP 477 U/L down from 928 U/L

**BREED**

Lab X

Aspirates of mass not cytologically helpful, LDDST normal Urine metanephrine 286/Normetanephrine 973

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

Neutered Male

**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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

**AGE**

9 Years

**WEIGHT**

112 Pounds

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 7.92 cm. The right kidney measures 8.42 cm.

**INTERPRETED BY**

Eric Lindquist, DMV

**Adrenal Glands**

DABVP, Cert. IVUSS

The **left 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 left adrenal gland measured 2.92 cm x 0.99 cm at the cranial pole and 0.84 cm at the caudal pole.

**IMAGING PERFORMED BY**

Dr. John Ammeraal

The **right adrenal gland** was enlarged and expansive, measuring 6.62 cm x 3.0 cm at the caudal pole and 2.0 cm at the cranial pole, appears encapsulated.

**HOSPITAL NAME**

Sova Animal Hospital

**Spleen**

The **spleen** presented a hypoechoic nodule measuring 0.85 cm at the mid body. A separate nodule measured 1.82 cm at the cranial pole with capsular expansion.

**REFERRING VET**

Dr. John Ammeraal

**Liver**

**INVOICE**

44218

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. A left cranial liver nodule noted, expansive, measuring 2.0 cm. 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.

**DATE**

7/21/23



**PATIENT** *Gastrointestinal*

Willie Dockray

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.

**SPECIES**

Canine

**Pancreas**

**BREED**

Lab X

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**

Neutered Male

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

9 Years

- Enlarged, nodular right adrenal gland – strong concern for pheochromocytoma or carcinoma versus adenoma.
- Undefined splenic and hepatic nodular changes – potential metastatic disease, round cell neoplasia, pronounced nodular hyperplasia.

**WEIGHT**

112 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Eric Lindquist, DMV

Serial blood pressures warranted. If hypertension is an issue, then urine catecholamine indicated to assess for pheochromocytoma. No obvious caval invasion noted and the right adrenal does appear resectable. However, FNA of the splenic and hepatic nodules warranted as well as chest radiographs, CT to assess for surgical planning of the right adrenal, which could all be performed at the same time under sedation. Chest CT could also be considered to assess for metastatic disease. Guarded prognosis.

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. John Ammeraal

**SonoPath CT Services** are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at

<https://sonopath.com/services/vetimaging/>

**HOSPITAL NAME**

Sova Animal Hospital



**REFERRING VET**

Dr. John Ammeraal

**INVOICE**

44218

**DATE**

7/21/23



**PATIENT**

Willie Dockray

**SPECIES**

Canine

**BREED**

Lab X

**SEX**

Neutered Male

**AGE**

9 Years

**WEIGHT**

112 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. John Ammeraal

**HOSPITAL NAME**

Sova Animal Hospital

**REFERRING VET**

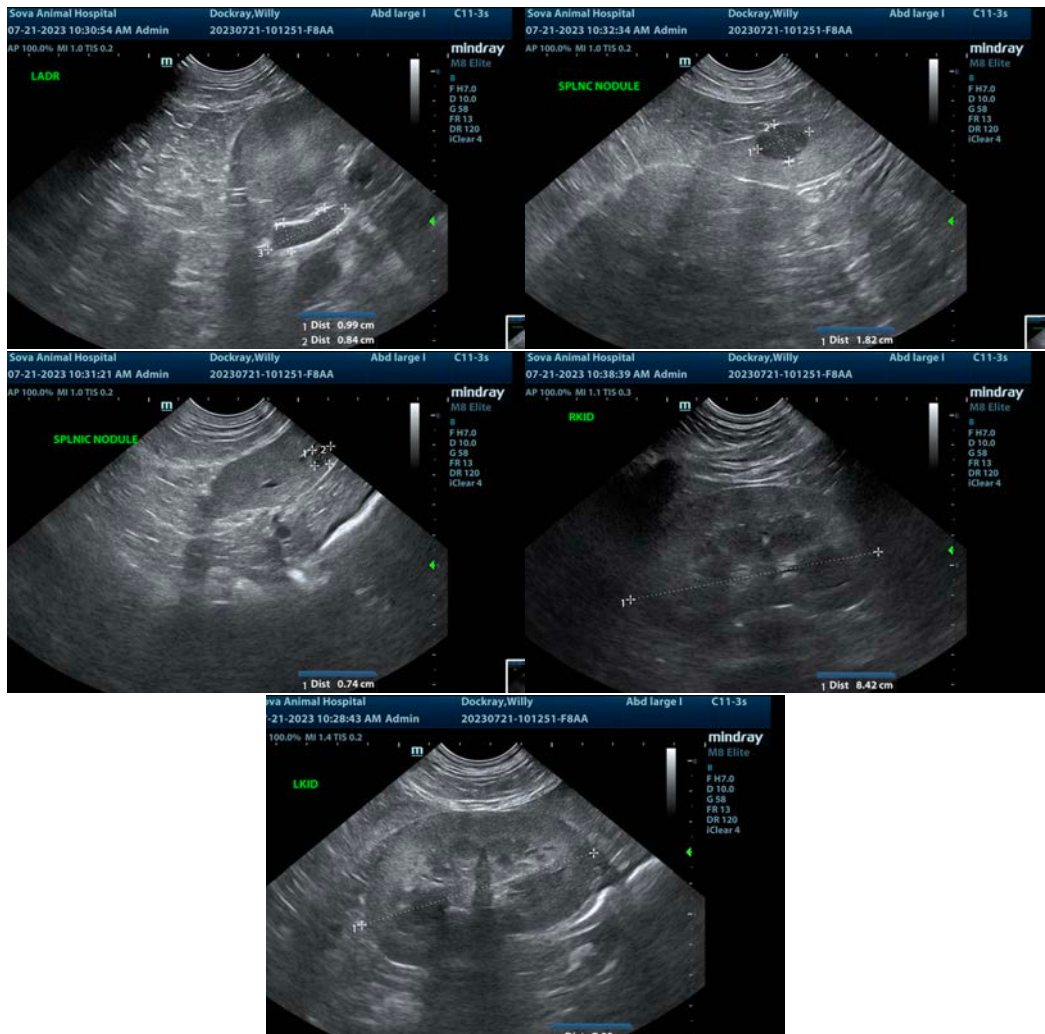
Dr. John Ammeraal

**INVOICE**

44218

**DATE**

7/21/23



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](mailto:info@SonoPath.com)