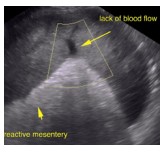
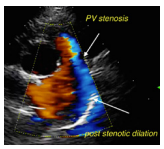
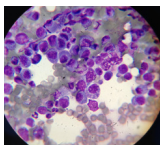
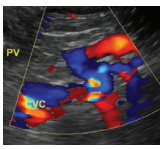




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Hersey Philibert

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered male

AGE

9 years

WEIGHT

34 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Resolution Veterinary Ultrasound

REFERRING VET

Dr. Lebouldus

INVOICE

31980

DATE

7/26/22

PRESENTING CLINICAL SIGNS

History: History of pancreatitis in June now resolved
Abnormal PE/Chem/CBC/UA Results: now has proteinuria

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. The wall thickness measured 0.57 cm at moderate repletion.

The prostate measured 0.96 cm.

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 right kidney measured 5.97 cm. The left kidney measured 7.01 cm.

Adrenal Glands

The right adrenal gland revealed a hyperechoic mass deriving from the cranial pole. The right adrenal gland measured 2.11 cm and 1.0 cm at the caudal pole. The mass measured 2.23 x 1.97 cm with capsular expansion without capsular escape or vascular invasion. The left adrenal gland revealed heterogenous and hyperechoic nodular changes at 0.93 cm at the caudal pole and 1.09 cm at the cranial pole.

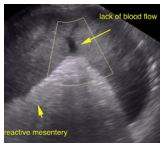
Spleen

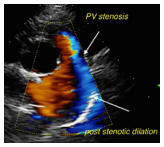
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

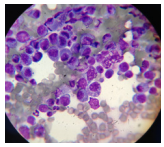
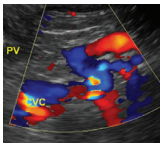
Liver

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.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Hersey Philibert

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered male

AGE

9 years

WEIGHT

34 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Resolution Veterinary Ultrasound

REFERRING VET

Dr. Lebouldus

INVOICE

31980

DATE

7/26/22

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.

Pancreas

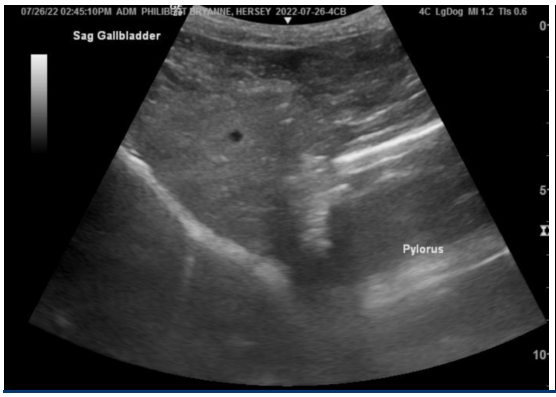
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

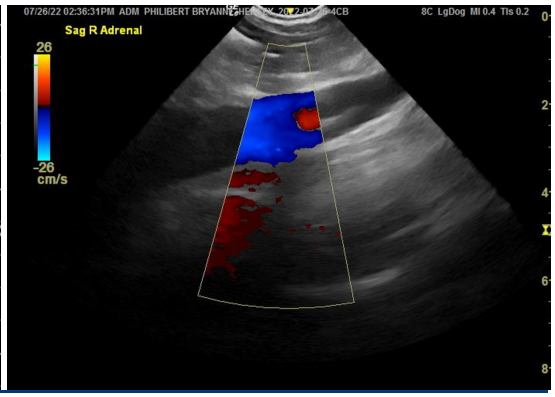
ULTRASONOGRAPHIC FINDINGS

Bilateral adrenal nodules with mass effect of the right adrenal, likely adenoma and hyperplasia.

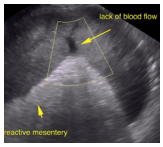
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

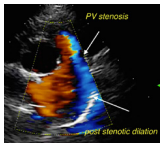
Full adrenal work-up and blood pressure measurements are recommended. If the patient appears Cushingoid then work-up for Cushing's is indicated. An argument can be made for PDH or right adrenal dependent Cushing's. However, the adrenal glands may both be non-functional. There was no evidence of vascular invasion into the vena cava. Right adrenalectomy and renal biopsy can be considered as the right adrenal mass appears resectable. Serial blood pressure measurements are also warranted to assess for any hypertension related to the adrenal presentation.

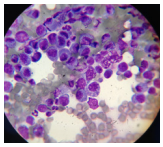
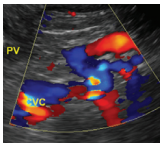




SonoPath
Clinical Sonography & Telecytology





EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Hersey Philibert

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered male

AGE

9 years

WEIGHT

34 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Resolution Veterinary Ultrasound

REFERRING VET

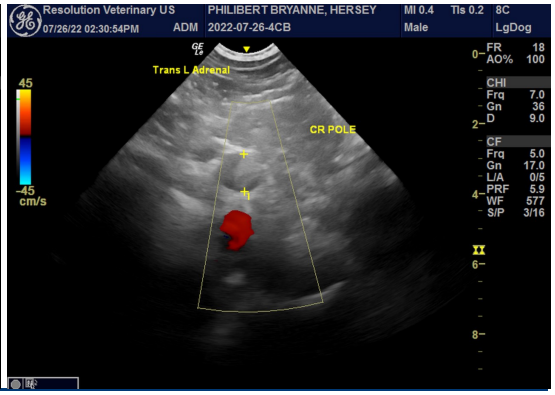
Dr. Lebouldus

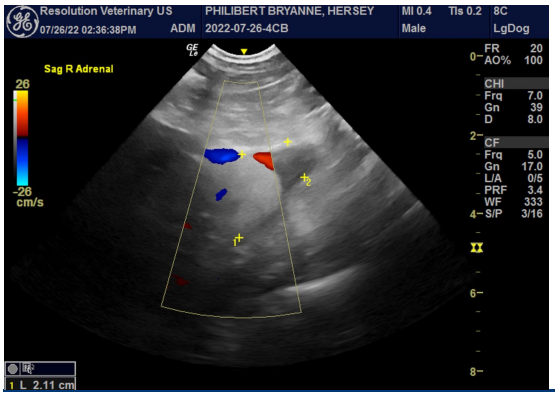
INVOICE

31980

DATE

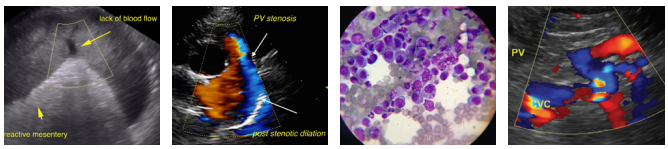
7/26/22





SonoPath
Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Hersey Philibert

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered male

AGE

9 years

WEIGHT

34 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Resolution Veterinary Ultrasound

REFERRING VET

Dr. Lebouldus

INVOICE

31980

DATE

7/26/22

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