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Clinical Sonography & Telecytology
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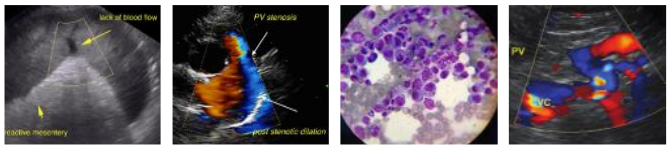

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lily Erdman

SPECIES

Canine

BREED

Rat Terrier Mix

SEX

Spayed Female

AGE

14

WEIGHT

5.87 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Laura de Cordon

HOSPITAL NAME

Mason Dixn AEH

REFERRING VET

Dr. Laura de Cordon

INVOICE

23669

DATE

7/29/23

PRESENTING CLINICAL SIGNS

History: sudden onset of ataxia, fever and pain on palpation of left side of face elevated LE r/o allergic reaction - BG wnl and liver/spleen ABN r/o underlying neoplasia

Abnormal PE/Chem/CBC/UA Results: chem/lytes: BUN 29.8 phos 6.0 ALT>>1000 diluted to 1488 AST 244 ALP >> 993 GGT 81 TBILI 0.8 Lipase >>> 1000 CBC: lymphopenia HCT 32.9

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 left kidney measured 4.6 cm. The right kidney measured 4.2 cm. The left kidney measured 4.56 cm. Cortical mineralization and cortical cysts were noted in the kidneys.

Adrenal Glands

The **left adrenal gland** was enlarged, irregular and hypoechoic and encapsulated, measuring 3.8 cm x 1.6 cm. Minor pericapsular inflammatory pattern was noted.

The **right adrenal gland** measured 0.96 cm at the cranial pole and 0.77 cm at the caudal pole. Minor heterogenous parenchymal changes were noted yet maintained capsular integrity was present.

Spleen

The **spleen** revealed multifocal cystic changes with areas of mineralization, suggestive for underlying endocrinopathy given the mineralization.

Liver

The **liver** revealed diffuse coarse architecture and increased portal markings. Multifocal hyperechoic nodules were noted in the liver, unlikely to be metastatic, however, FNA is indicated. A hyperechoic nodule (3.0 cm x 2.0 cm) was noted in the left medial liver with minor disruption of architecture. A separate hyperechoic expansive nodule (3.0 cm) was noted in the right caudal liver, technically a mass, potential carcinoma. The gallbladder was unremarkable with a minor about of debris noted.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable. This is a mild change.

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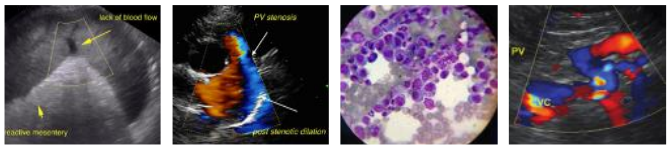

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Pancreas

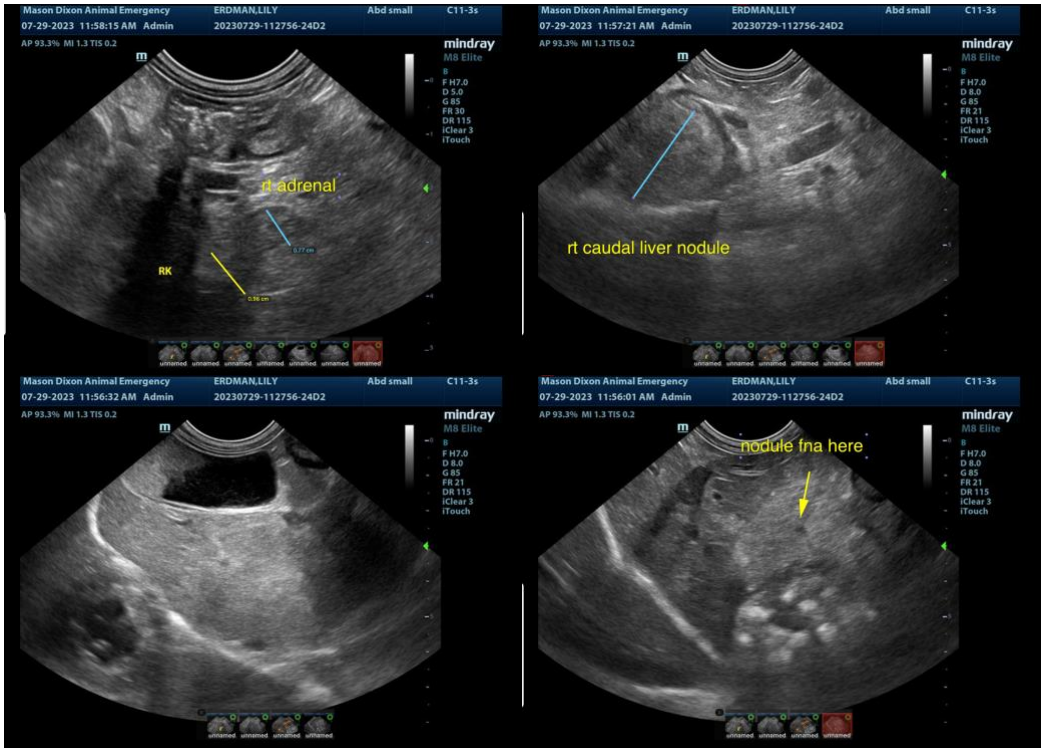
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Left adrenal mass- carcinoma vs pheochromocytoma.
- Heterogenous right adrenal gland.
- Splenic cyst and mineralization, likely benign
- Diffuse hepatic remodeling with nodular changes.
- Moderate degenerative renal changes with cortical mineralization and cortical cysts
- Age-related GI changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Serial blood pressure measurements are recommended to assess for hypertension related to the left adrenal gland. FNA of the various hepatic presentations are recommended. Nodular hyperplasia and chronic inflammatory hepatopathy is likely. Potential for metastatic disease deriving from the left adrenal gland. If the liver is free of metastatic disease, then eventual left adrenalectomy and liver biopsy could be considered. Leptospirosis titers is warranted to rule out underlying influence by occult infection. Prognosis is guarded.



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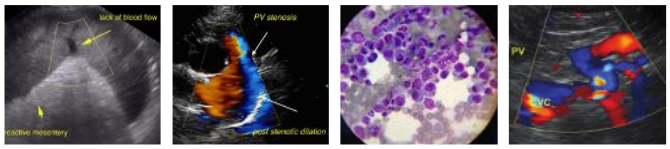

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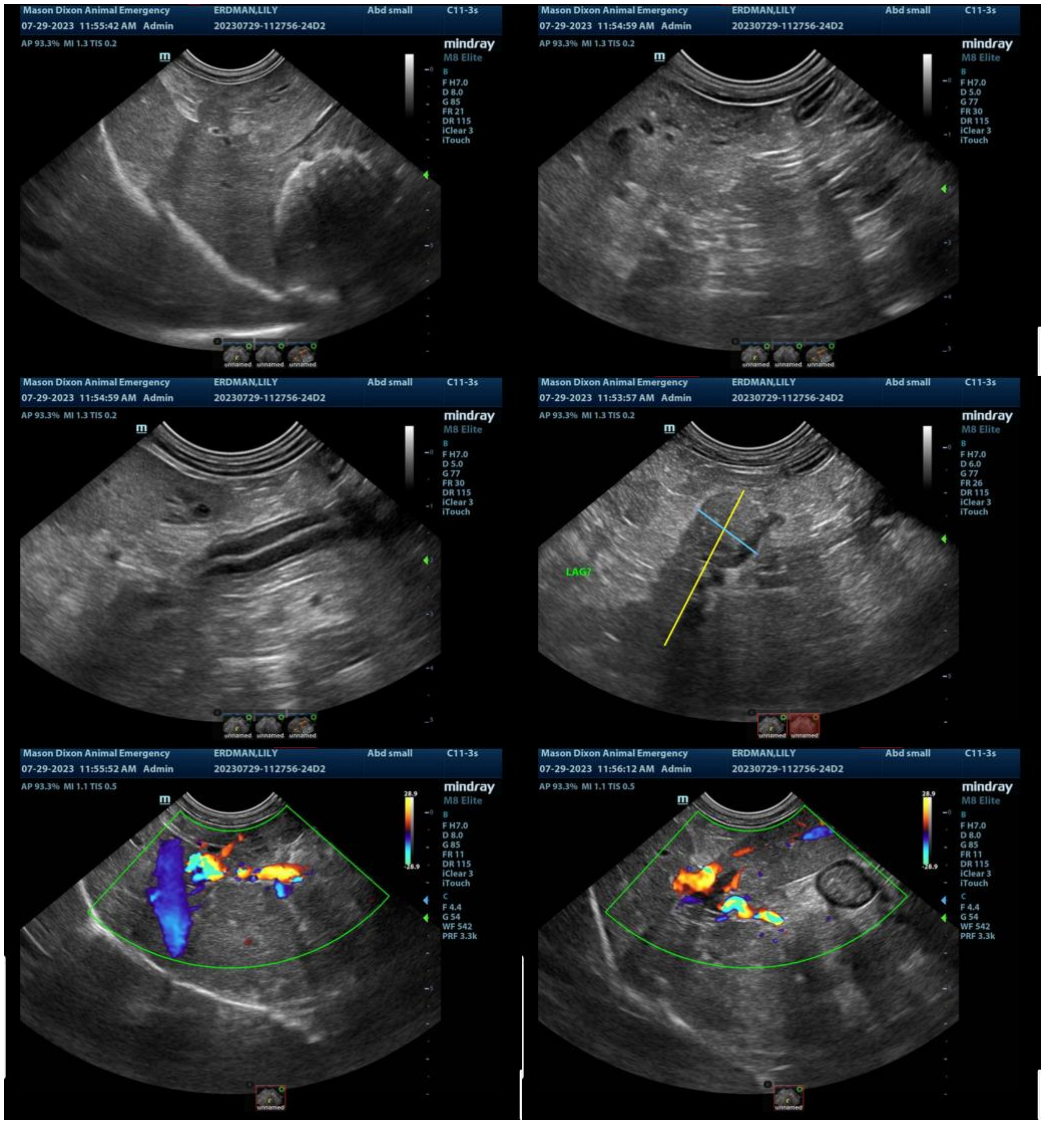

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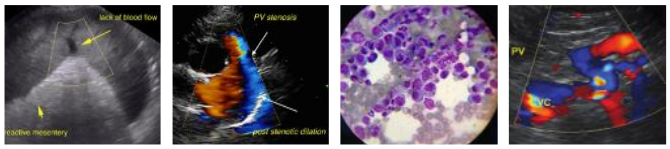

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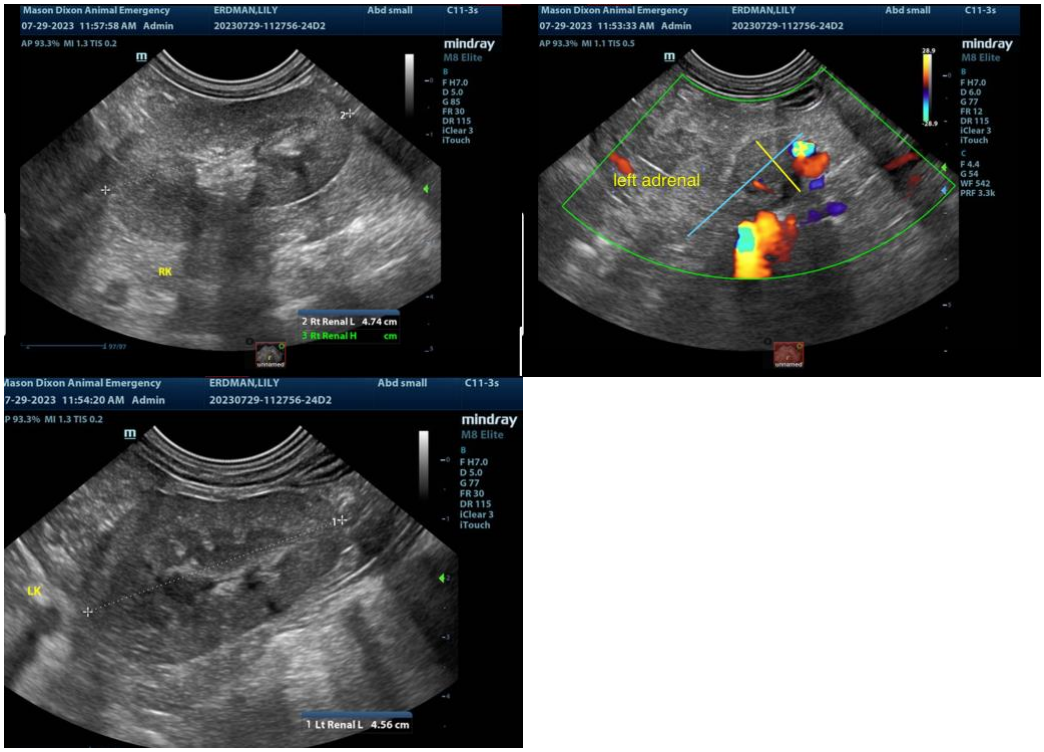

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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