



PATIENT

Chewy Stohler

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

12 Years

WEIGHT

7.9 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Isermann

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

Dr. Isermann

INVOICE

23170

DATE

7/3/23

PRESENTING CLINICAL SIGNS

History: Patient presented for increased respiratory rate and effort that started yesterday. He was diagnosed with heart murmur 2 weeks ago (4/6 L systolic). He has been lethargic and not interested in walking much. Radiographs showed a mid-dorsal abdominal mass. (retroperitoneal abscess or neoplasia most likely from radiograph referral report)

Abnormal PE/Chem/CBC/UA Results: ALP 249 Neutrophilia 16,820/uL

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 **kidneys** revealed moderate degenerative changes and multifocal cortical cysts. Increased cortical echogenicity was noted. Slight pyelectasia was noted. The left kidney measured 5.0 cm. The right kidney measured 5.2 cm.

Adrenal Glands

An undifferentiated mixed hypoechoic mass was noted in the region of the **left adrenal gland**. The left adrenal gland appeared to be invading the vena cava. The mass extended caudally to the cranial aspect of the urinary bladder. The left adrenal mass was visualized both from the left and right approaches.

The **right adrenal gland** was enlarged yet uniform, measuring 1.04 cm at the cranial pole and 0.75 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 were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor 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.

Gastrointestinal

Some minor shadowing material was noted in the **stomach** consistent with medications or possible small foreign bodies, measuring up to 0.68 cm. Oral medication and feeding history should be



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evaluated in light of these findings. Some transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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. The GI tract was deviated by the adrenal mass.

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

- Extensive mass, suspect left adrenal origin
- Enlarged right adrenal gland
- Moderate degenerative renal changes with secondary cortical cysts
- Age-related hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the mass could be considered with serial blood pressures. If hypertension is an issue, then urine catecholamine is indicated. The mass is not likely resectable owing to minor caval invasion; however, CT evaluation would be warranted for further assessment of this potential. No overt organ metastasis was noted. Prognosis is guarded to poor depending upon further diagnostics.

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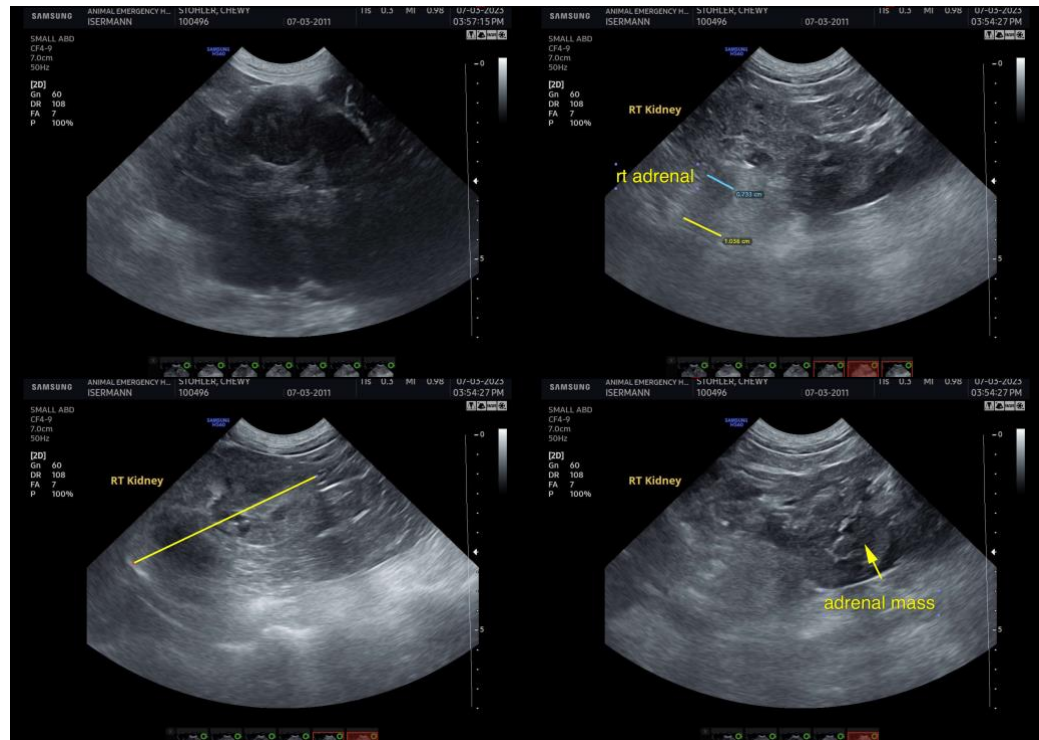
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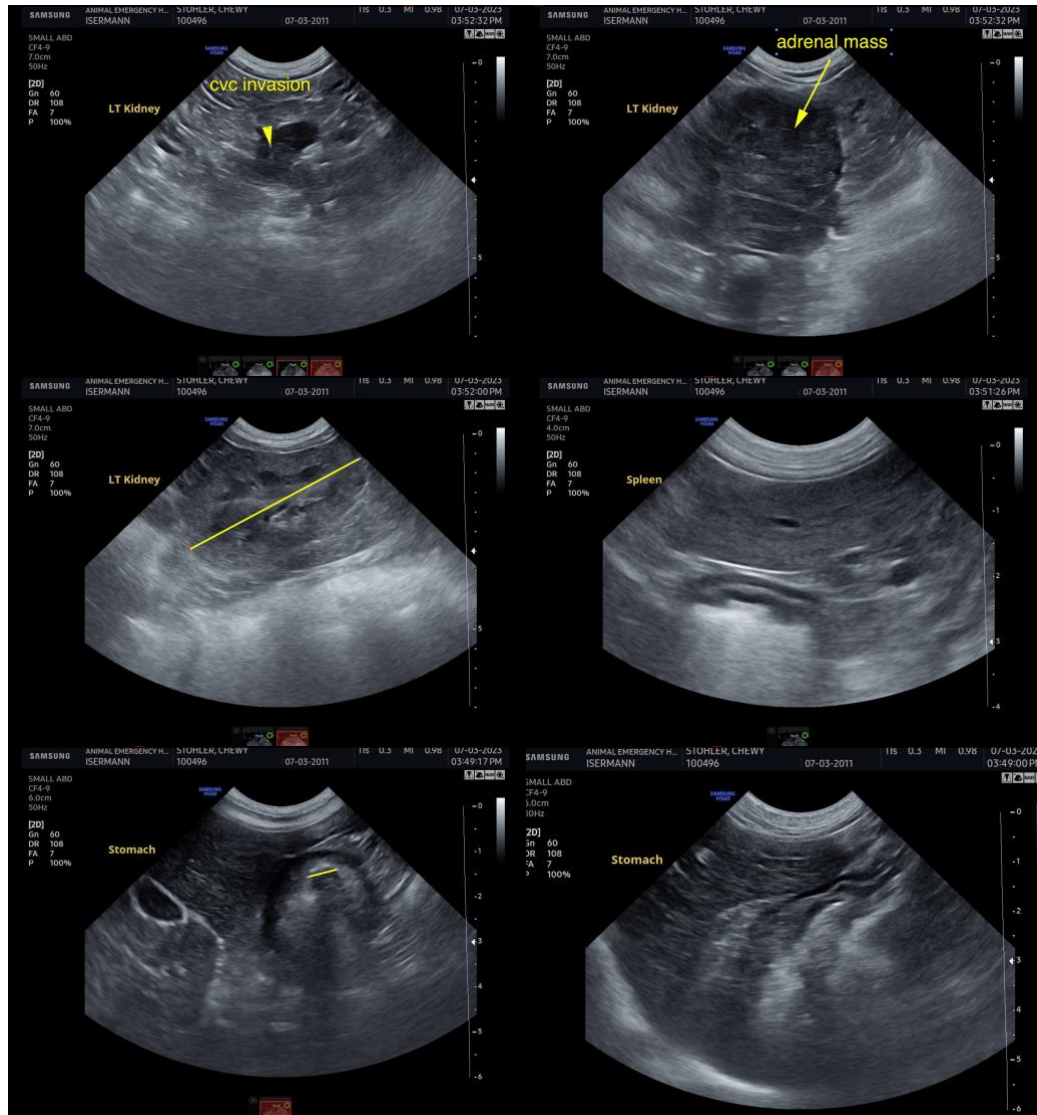
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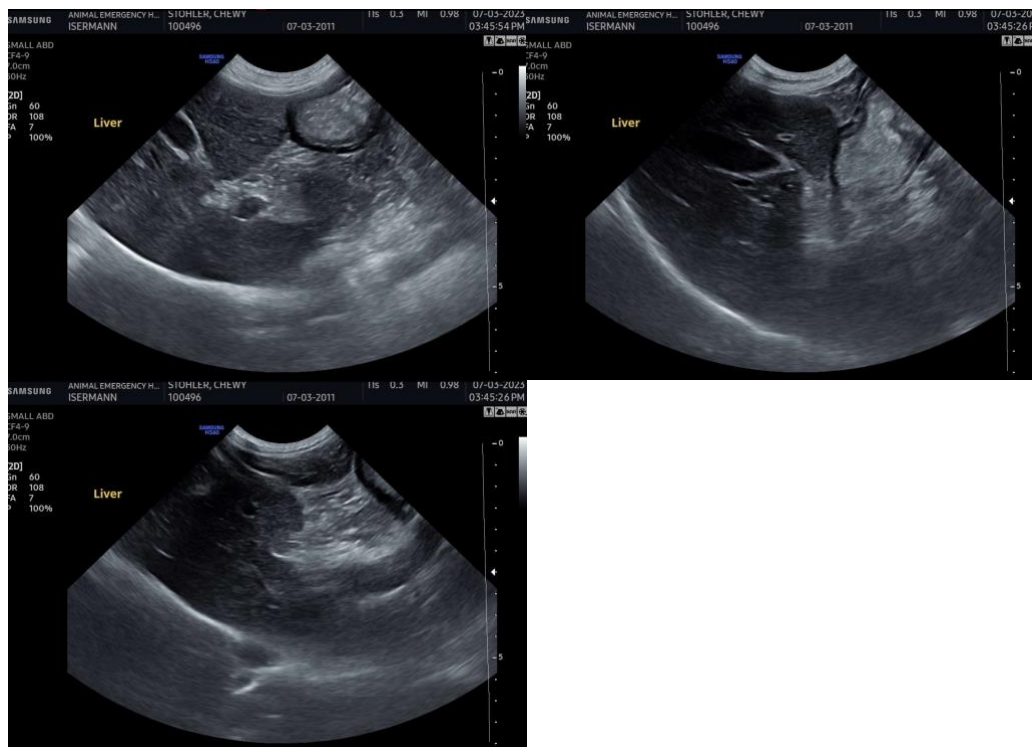
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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