



**PATIENT**

Cowgirl Guy

**SPECIES**

Canine

**BREED**

Beagle Cross

**SEX**

Spayed female

**AGE**

13 years

**WEIGHT**

51 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Waffle

**HOSPITAL NAME**

Torch Lake VC

**REFERRING VET**

Dr. Waffle

**INVOICE**

75977

**DATE**

7/7/23

**PRESENTING CLINICAL SIGNS**

History: Presented for mass removal. Presurgical bloods showed elevated liver values. O notes no abnormalities at home.

Abnormal PE/Chem/CBC/UA Results: BCS 9/9 ALT- 153 ALP- 617

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 5.5 cm. The left kidney measured 6.0 cm.

**Adrenal Glands**

The left adrenal gland was enlarged, heterogenous, irregular and encapsulated measuring 3.91 x 1.12 cm at the cranial pole and 2.19 cm at the caudal pole. The right adrenal gland was mildly enlarged and measured 2.33 x 0.9 cm.

**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.



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**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.

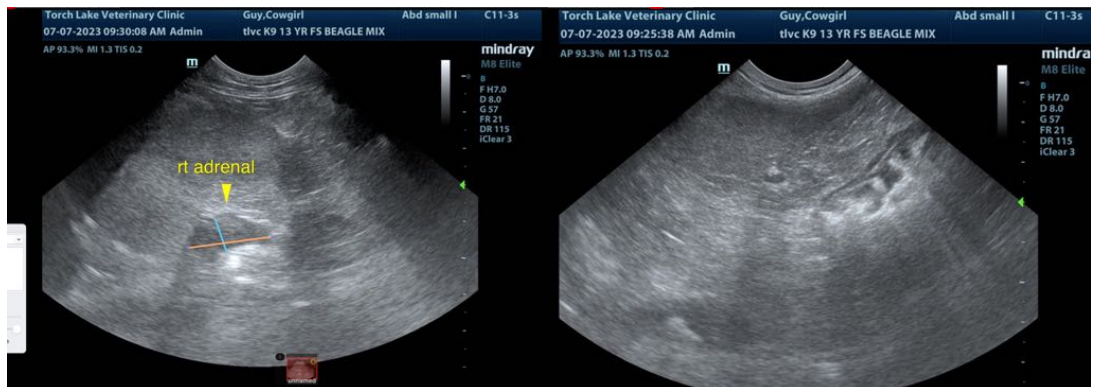
**ULTRASONOGRAPHIC FINDINGS**

Enlarged left adrenal gland. Adenoma, adenocarcinoma, pheochromocytoma are all possible.

Benign hepatic presentation.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If the urine specific gravity is less than 1.020 then work-up for adrenal dependent Cushing's is indicated. Serial blood pressure measurements are indicated. If hypertension is an issue then urine catecholamine is indicated. The left adrenal gland appears eventually resectable.





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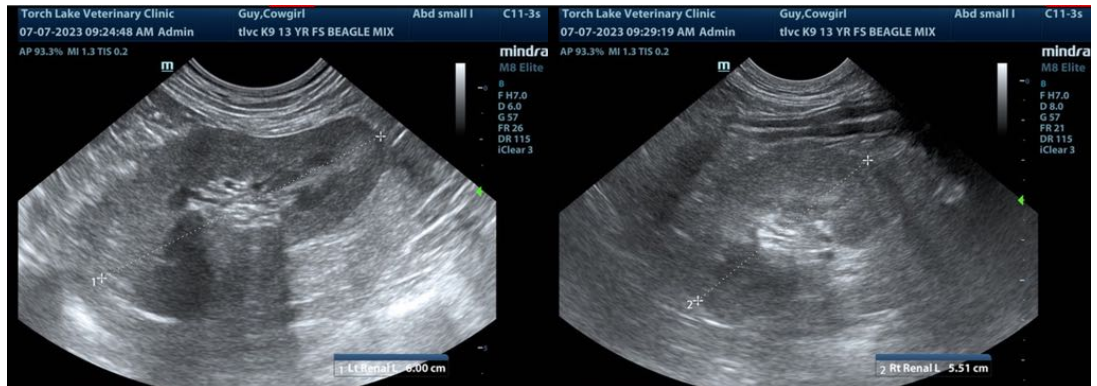
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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