

**DATE**

8/15/22

PRESENTING CLINICAL SIGNS**PATIENT**

Olive Testerman

History: Chocolate ingestion PPH #3354633 ATO in room: - P found chocolate cookies on counter, pulled them down and ate them last night ~10pm. - Overnight- seemed normal, slept with O - This am ~5-6am lethargic - ~7-8am- vomited multiple times, pacing - no obvious diarrhea Medical hx: - Last year here for about 1 week- went to Upenn and had gallbladder removed- it was not ruptured - Not on any medications - Monitoring her adrenal nodule, monitoring for cushings - Hx of liver value being "a little" elevated

SPECIES

Canine

Current Medications: Protonix, Cerenia.

Lab Results: See attached.

BREED

Beagle

Radiographs: Stomach distended- possible ingests vs other - Decreased detail cranial abdomen - Overweight

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

2/6/11

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.

WEIGHT

27.8 Pounds

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 right kidney measured 5.69 cm. Slight pyelectasia was noted in the right kidney, measuring 0.29 cm. The left kidney measured 6.28 cm. Pyelectasia in the left kidney measured 0.65 cm.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Adrenal Glands**

The **left adrenal gland** was enlarged at the cranial pole. The left adrenal gland measured 1.18 cm at the cranial pole and 0.65 cm x 2.34 cm in length at the caudal pole. Focal mineralization was noted in the cranial pole. A left adrenal nodule measured 1.32 cm x 1.22 cm. Capsular expansion was noted without capsular escape.

HOSPITAL NAMEAnimal Emergency
Hospital**REFERRING VET**

Dr. Kalwa

The **right adrenal gland** was normal in size and contour, measuring 2.18 cm x 0.53 cm at the caudal pole and 0.73 cm at the cranial pole.

INVOICE

16874

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** revealed a uniform vacuolar hepatopathy pattern with minor heterogeneous changes.

The region of the **gallbladder fossa** was unremarkable.

Gastrointestinal

The **stomach** was overdistended with chyme and dependent and suspended debris. The small intestine and colon were unremarkable. No evidence of foreign body.

Pancreas

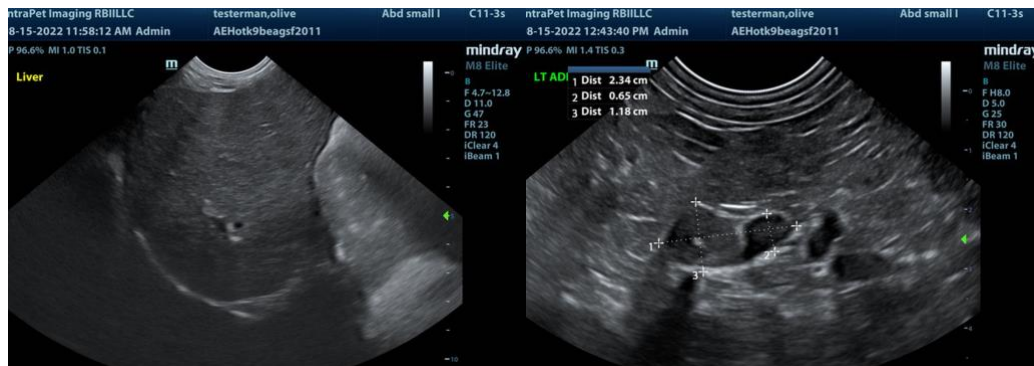
The **pancreas** revealed minor heterogeneous mixed echogenic changes. Some level of low grade pancreatitis is likely.

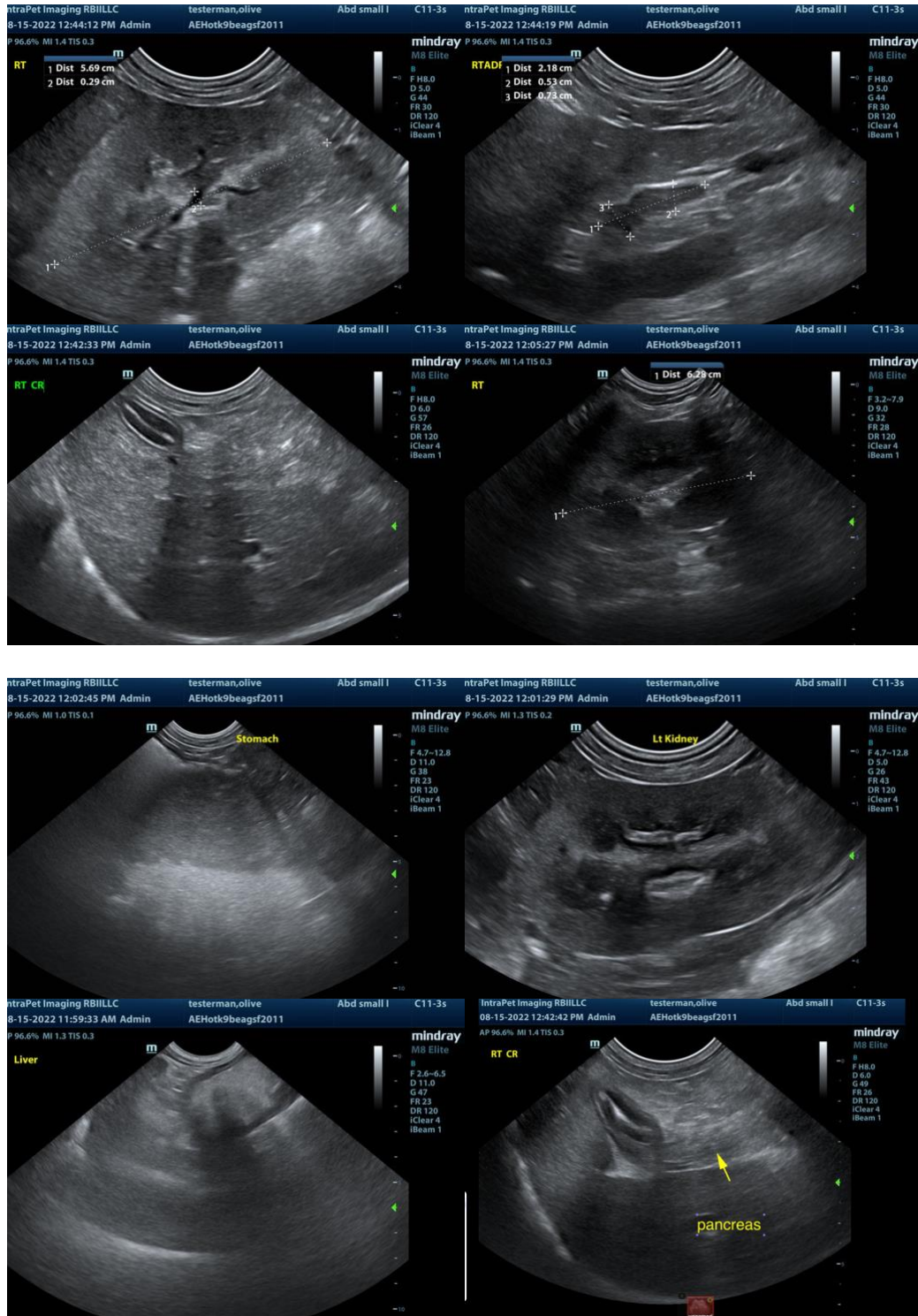
ULTRASONOGRAPHIC FINDINGS

- Retention of ingesta in the stomach
- Subjectively benign hepatopathy with remodeling
- Age-related renal changes with slight pyelectasia
- Irregularly enlarged left adrenal gland with focal mineralization, possibility of carcinoma. Hyperplasia, mineralized adenoma, pheochromocytoma are all possible.
- Heterogeneous pancreas with mixed echogenic changes, some level of low-grade pancreatitis is likely

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient history, minor pancreatitis is likely. Left adrenal work up is indicated. IV fluid support, plasma expanders and GI protectants are all indicated with recheck sonogram in 24 hours. Serial blood pressures are indicated. If hypertension is present, then urine catecholamine is indicated. Eventual left adrenalectomy may be appropriate. If the patient appears Cushingoid, then work up for adrenal dependent Cushings is indicated.





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.

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