



**PATIENT PRESENTING CLINICAL SIGNS**

Coco Murray History: vomitus, inappetant, lethargic, over weekend, diarrhea, abnormal abdominal radiographs  
Abnormal PE/Chem/CBC/UA Results: globulins elevated

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Mix

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

**AGE**

12 years

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 left kidney measured 4.5 cm. The right kidney measured 4.5 cm.

**WEIGHT**

16.5 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Adrenal Glands**

A left **adrenal** mass was noted and measured 3.5 x 1.7 cm at the cranial pole and 1.56 cm at the caudal pole. The left adrenal gland revealed minor, early invasion in the left phrenic vein. The right adrenal gland was normal in size and contour measuring 1.21 cm at the cranial pole and 0.7 cm at the caudal pole.

**IMAGING PERFORMED BY**

Jenn

**Spleen**

**HOSPITAL NAME**

Rockaway AH

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.

**REFERRING VET**

Dr. Harrs

**Liver**

**INVOICE**

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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,

**DATE**

8/15/23



**PATIENT**

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.

Coco Murray

**SPECIES**

***Gastrointestinal***

Canine

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable.

**BREED**

Mix

***Pancreas***

**SEX**

Neutered male

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.

**AGE**

12 years

**ULTRASONOGRAPHIC FINDINGS**

Left adrenal mass. Mild early phrenic vein invasion; however, vena cava invasion was not visualized.

**WEIGHT**

16.5 lbs

Gastroenteritis, gastritis pattern.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

CT evaluation is warranted to assess for resectability and potential for metastatic disease. Blood pressure measurements are warranted. If hypertension is an issue then urine catecholamine is indicated. Differentials for the left adrenal gland include pheochromocytoma or carcinoma. If the patient appears Cushingoid then work-up for adrenal dependent Cushing's is indicated.

**IMAGING PERFORMED BY**

Jenn

**ABOUT SONOPATH CT SERVICES:**

**SonoPath CT Services** are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at

**HOSPITAL NAME**

Rockaway AH

<https://sonopath.com/services/vetimaging/>

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**SEX**

Neutered male

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**WEIGHT**

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Eric Lindquist, DMV  
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**HOSPITAL NAME**

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**REFERRING VET**

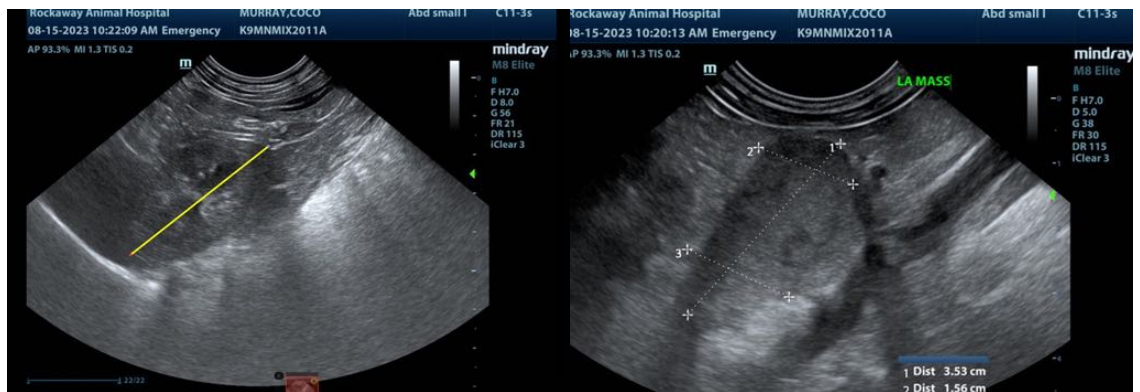
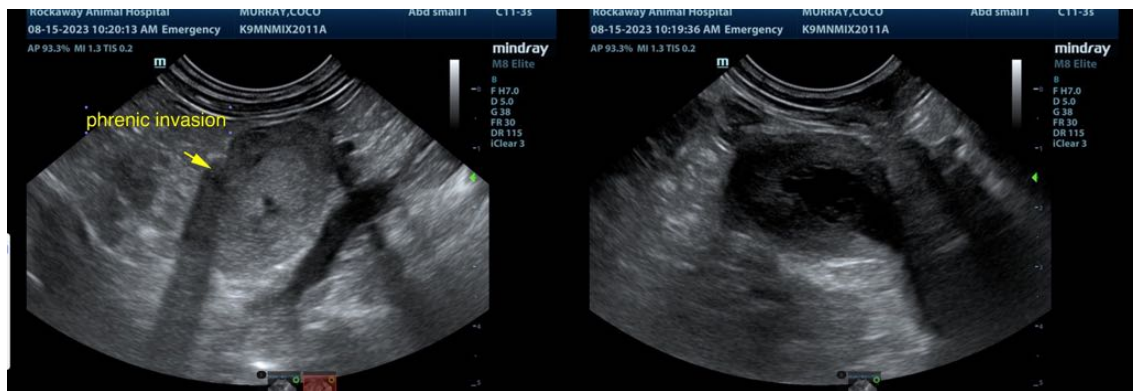
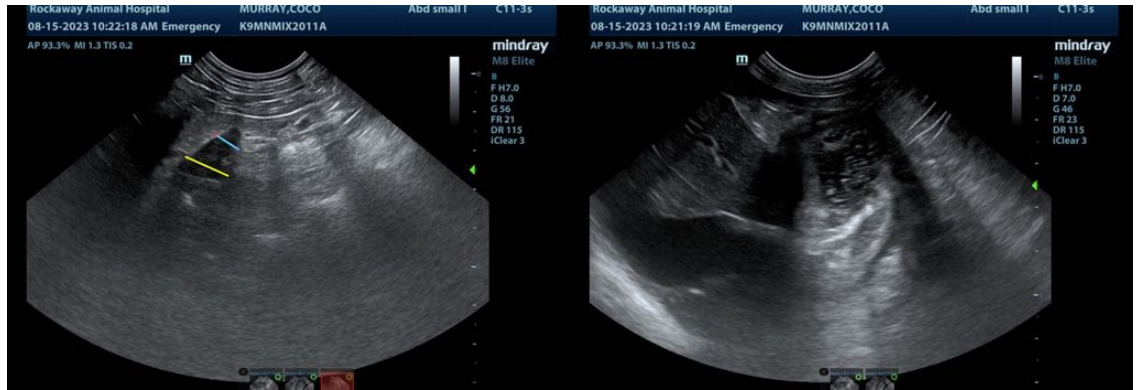
Dr. Harrs

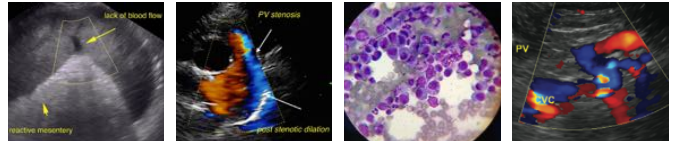
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**PATIENT**

Coco Murray

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.

**SPECIES**

Canine

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.

**BREED**

Mix

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

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