



**PATIENT PRESENTING CLINICAL SIGNS**

Roscoe Grant  
History: met check; on doxy and gabapentin  
TP 8.1, ALT 174, ALKP 225, Ca 15.8, trig 468

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**  
*Urinary System*

Canine

**BREED**

Mix

**SEX**

Neutered male

**AGE**

13 years

**WEIGHT**

N/A

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Diane McFadden, RVT

**HOSPITAL NAME**

Andover

**INVOICE**

91307

**DATE**

8/18/21

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 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 5.29 cm. The left kidney measured 5.26 cm.

**Adrenal Glands**

The left **adrenal gland** was enlarged and mildly heterogenous measuring 3.24 x 0.99 cm at the caudal pole and 0.7 cm at the cranial pole. The right adrenal gland was uniform enlarged measured 2.0 x 0.55 cm at the caudal pole and 1.26 cm at the cranial pole.

**Spleen**

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.

**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.

**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.



**PATIENT**

*Pancreas*

Roscoe Grant

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.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

Bilateral adrenal hypertrophy, hyperplasia likely with a minor potential for emerging left adrenal neoplasia given the irregular contour.

Mix

Otherwise, geriatric abdomen.

**SEX**

Neutered male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is no evidence of metastatic disease. Adrenal work-up would be warranted if the patient appears Cushingoid.

**AGE**

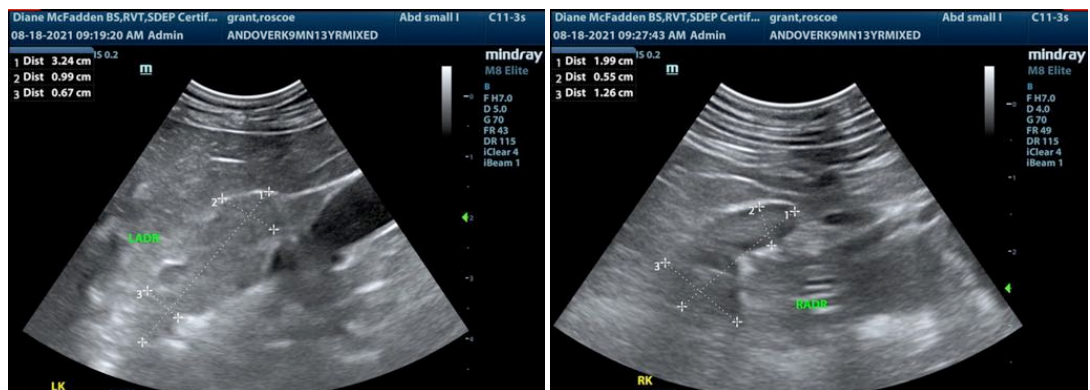
13 years

**WEIGHT**

N/A

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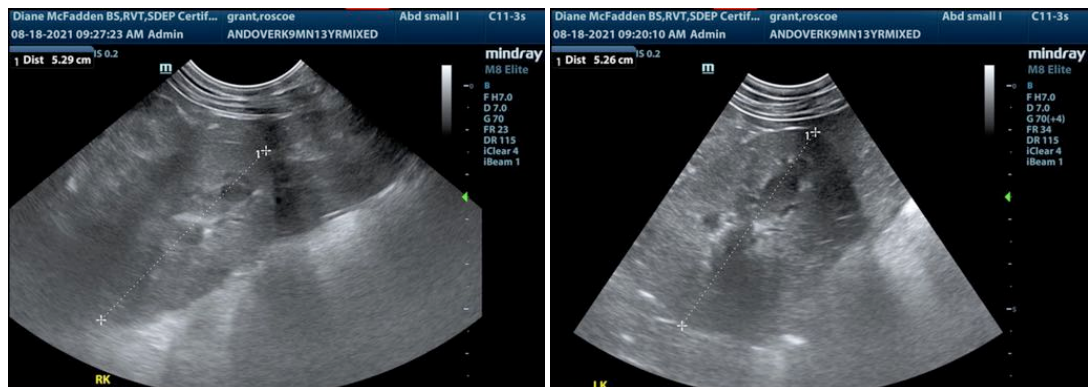


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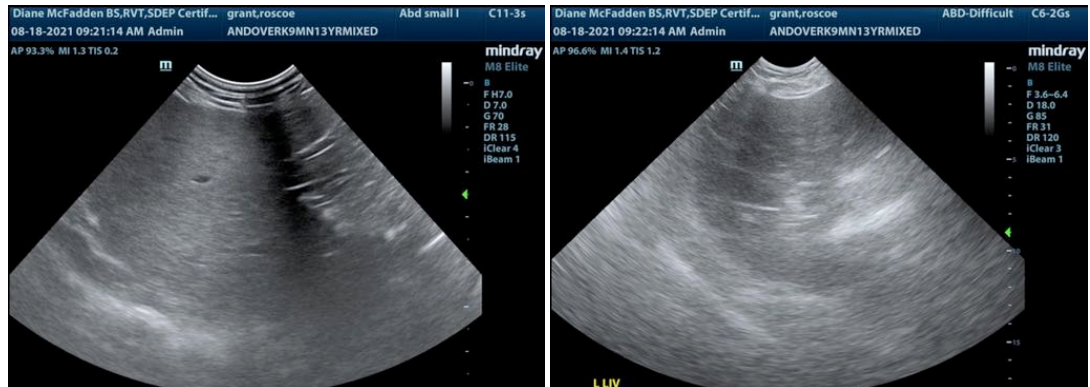
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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