



PATIENT

Molly Santucci

SPECIES

Canine

BREED

Lab Plotthound Mix

SEX

Spayed female

AGE

11 years

WEIGHT

62 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Myers

HOSPITAL NAME

Hershire AH

REFERRING VET

Dr. Gallisdorfer

INVOICE

76408

DATE

8/2/23

PRESENTING CLINICAL SIGNS

History: Pt initially presented with moderate UTI issues several months ago, recheck urine twice post infection first morning urine still revealed lower spgr than expected at 1.022 along with persistent proteinuria, bw performed ALP currently is 807 - had been 600 2 years prior, ALT mildly increased at 240 stable over a 2 yr period, renal values normal. Performed LDDS test results not consistent with Cushing's. ultrasound recommended.

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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 7.7 cm. The right kidney measured 6.0 cm.

Adrenal Glands

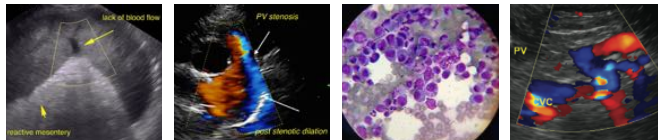
A uniformly enlarged left adrenal mass was noted in this patient and measured 2.6 cm at the caudal pole x 2.2 cm at the cranial pole. There was capsular expansion without capsular escape noted. There was deviation of the left renal artery was noted. The right adrenal gland was visualized in part and appeared unremarkable.

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** revealed coarse architecture with increased portal markings. Isoechoic, non-disruptive nodular changes were noted along with occasional parenchymal cysts. The gallbladder was 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.

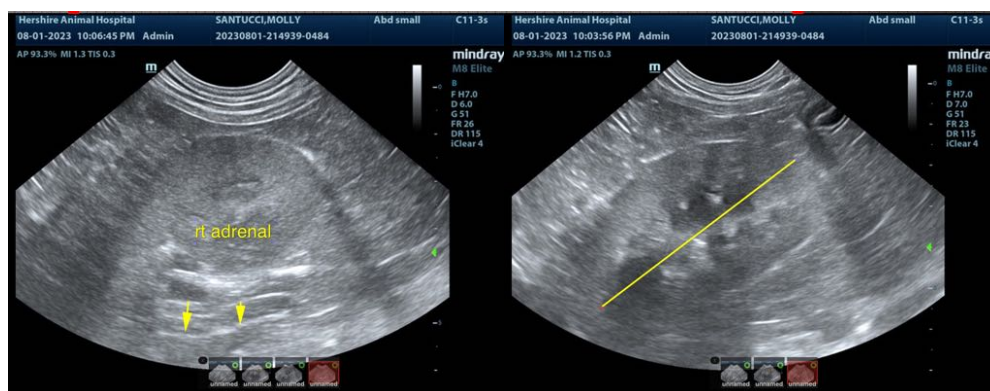
ULTRASONOGRAPHIC FINDINGS

Enlarged left adrenal gland. Differentials include adenoma, adenocarcinoma, pheochromocytoma.

Non-specific hepatic remodeling. Non-specific low-grade hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left adrenal gland mass appears resectable. Given the negative LDDST underlying pheochromocytoma, non-functional carcinoma or adenoma should be considered. Serial blood pressure measurements are warranted. If hypertension is an issue then urine catecholamine is indicated. Emerging Cushing's is a potential. Left adrenomegaly is a possible option in this patient along with liver biopsy.





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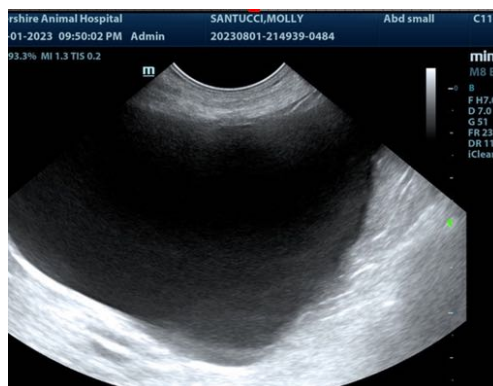
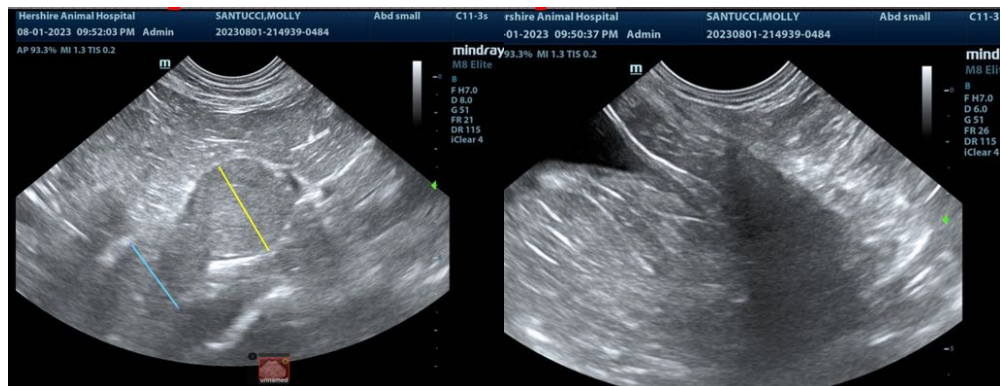
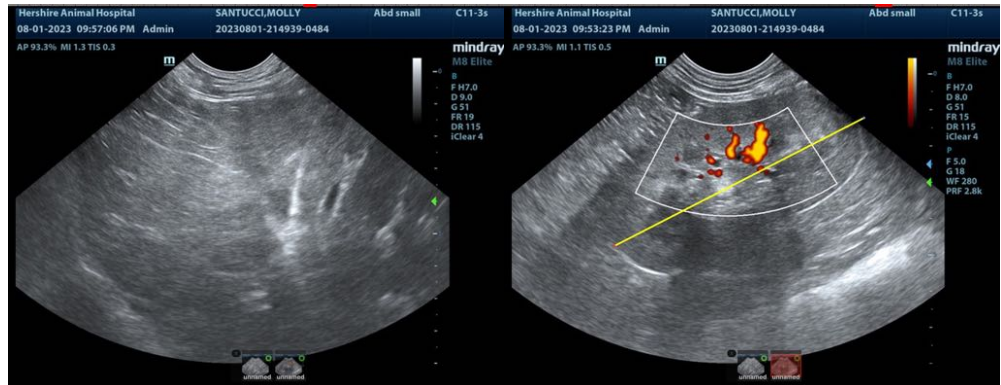
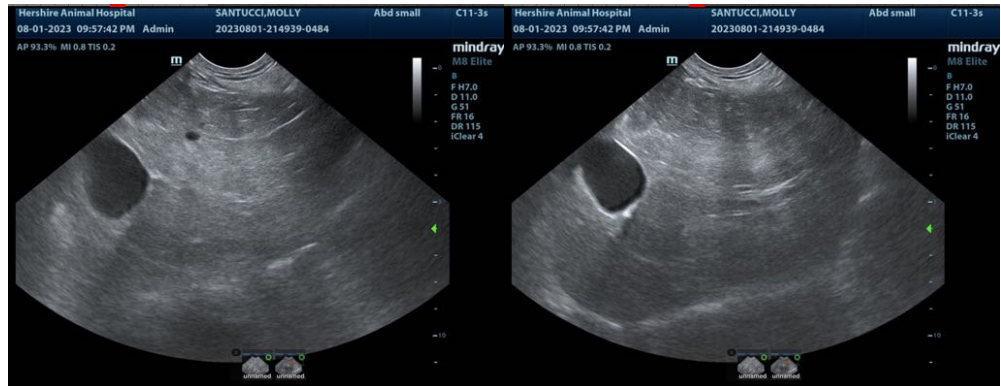
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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