

PATIENT

Sora Clayton

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed female

AGE

13 years

WEIGHT

60 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Leal

HOSPITAL NAME

Wellesley AH

REFERRING VET

Dr. Leal

INVOICE

76415

DATE

8/2/23

PRESENTING CLINICAL SIGNS

History: Pt presented for evaluation of PU/PD, panting all the time, muscle atrophy, pot belly, thin skin, and recurrent UTIs. An ACTCH stim was performed today with an abdominal ultrasound to assess for hyperadrenocorticism.

Abnormal PE/Chem/CBC/UA Results: CBC: WNL Chem: Alb 2.6 (L), Creat 1.9 (H), K 3.3 (L) UA: USG 1.004, WBC 4+, rods

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 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 left kidney measured 7.06 cm. The right kidney measured 6.57 cm.

Adrenal Glands

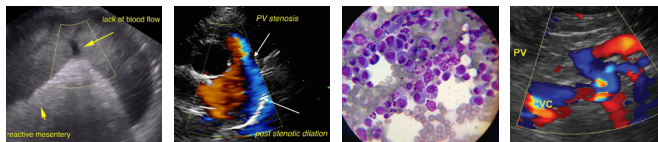
The left **adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.1 x 0.69 cm. The right adrenal gland was heterogenous, irregular and mineralized. The right adrenal gland measured 2.93 x 1.54 cm at the cranial pole and 1.0 cm at the caudal pole. Early invasion of the vena cava was noted by the right adrenal gland.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. A target type splenic nodule was noted. The nodule was hypoechoic, expansive and measured 2.0 cm with heterogenous parenchymal changes elsewhere. 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.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. A 4.2 x 3.4 cm, mixed, hyperechoic nodule/mass was noted. A separate, hyperechoic nodule measuring 3.8 x 3.3 cm was noted adjacent to the diaphragm. The remainder of the liver revealed heterogenous, parenchymal changes. Vascular and



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biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident. The transdiaphragmatic view revealed lung consolidation.

Gastrointestinal

The stomach revealed shadowing material and measured up to 4.3 cm with linear shadowing material noted and was surrounded by other shadowing material within the stomach. If the patient was n.p.o. at the time of the sonogram I would be strongly concerned with gastric foreign matter.

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

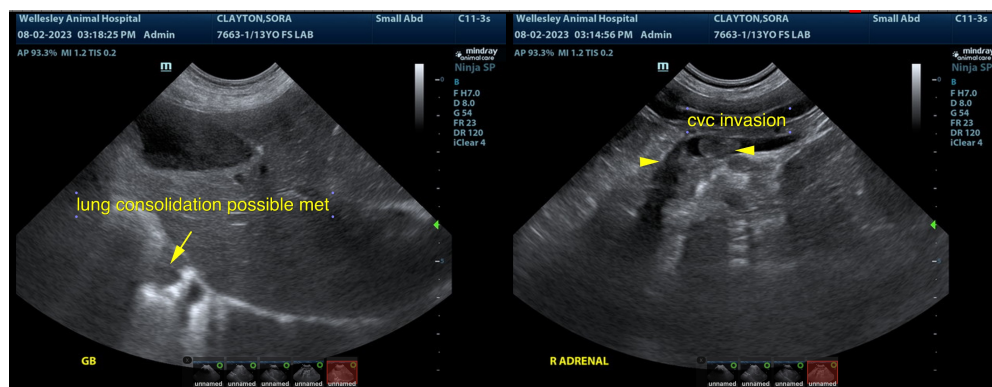
Two separate expansive hepatic nodules/masses.

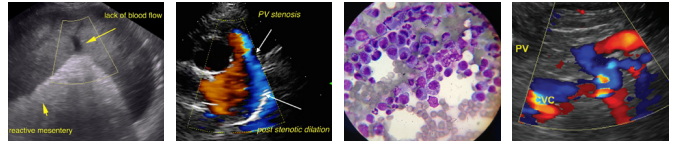
Splenic nodule/mass.

Mineralizing, irregular, right adrenal gland. Strong concern for carcinoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of all three structures would be ideal in this patient. Abdominal and chest CT evaluation would be warranted. Justification to right adrenalectomy, splenectomy and liver biopsies can all be considered. Right adrenal carcinoma or less likely pheochromocytoma. The splenic and hepatic lesions could be metastatic. Chest radiographs are warranted. Prognosis is guarded to poor. The splenic and hepatic lesions could be completely incidental and unrelated to the right adrenal gland; however, direct metastatic is also possible.





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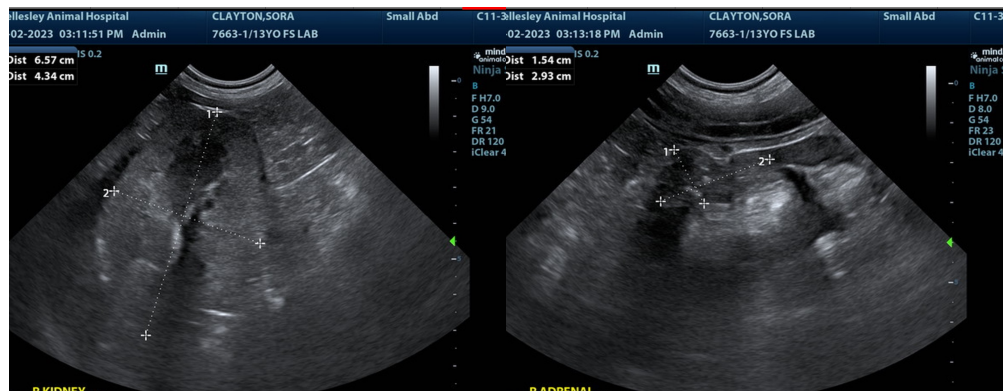
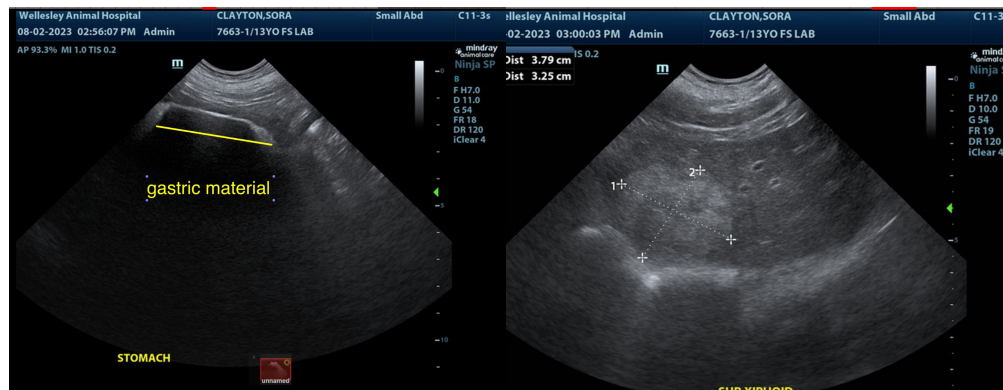
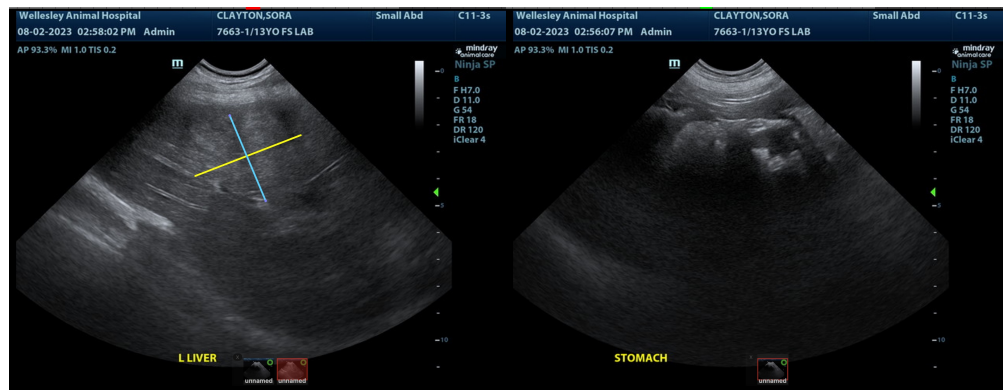
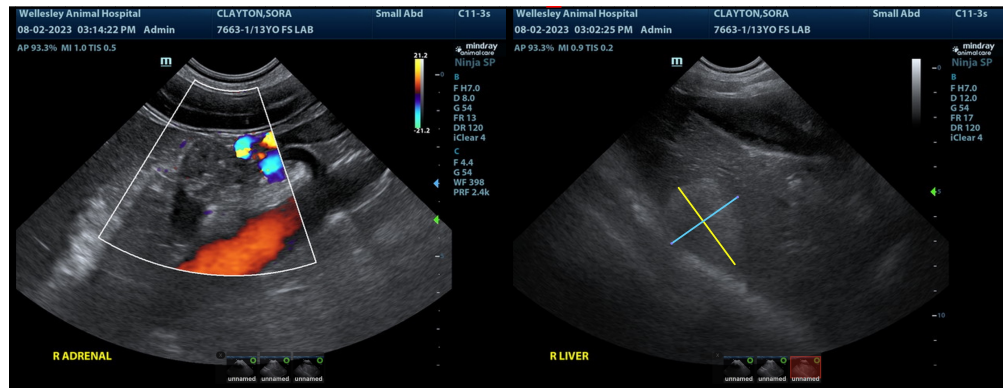
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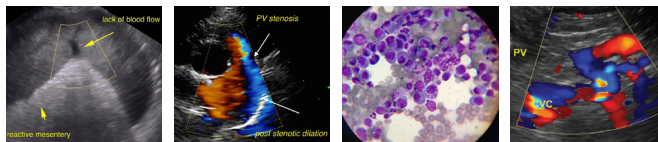
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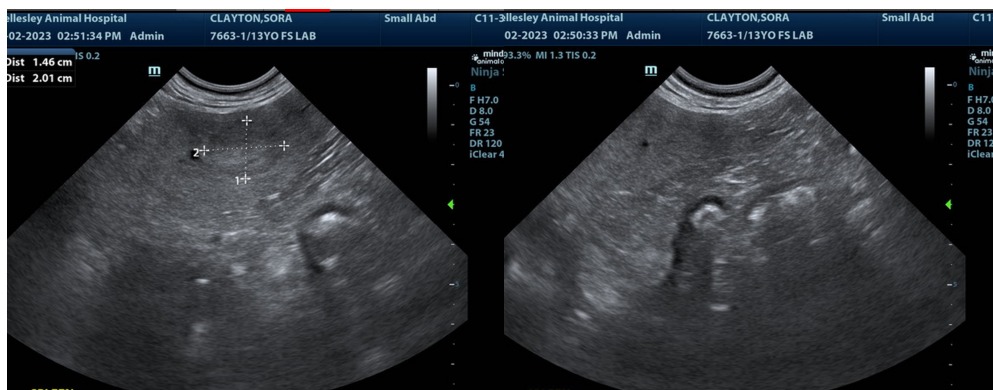
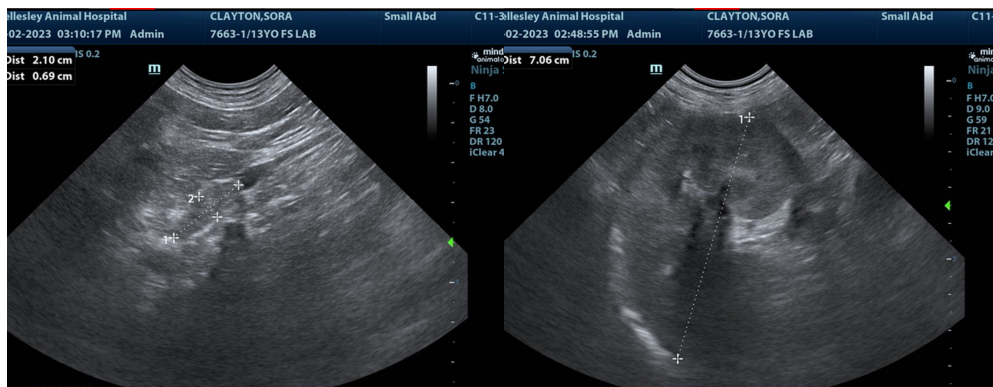
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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