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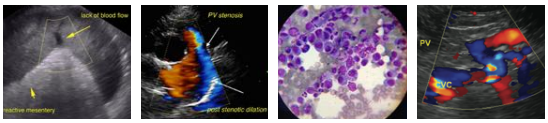

imagine SOUND LLC.
IMAGING PERFORMED BY
dbimaginesound@gmail.com 917-647-431

PATIENT

Milly Martinez

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed female

AGE

13 years

WEIGHT

10 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Denise Bruno, LVT, RDMS

HOSPITAL NAME

Mobile Vet Unit

REFERRING VET

Dr. Nachamie

INVOICE

32519

DATE

8/23/22

PRESENTING CLINICAL SIGNS

History: Elevated liver enzymes, diarrhea Known adrenal enlargement on Vetoryl 10mg Bid. Heart problems - on heart medications - Echo pending. Labs attached.

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. Minor pyelectasia was noted. The left kidney measured 4.39 cm with pinpoint mineralization. The right kidney measured 4.54 cm.

Adrenal Glands

The left **adrenal gland** revealed a hypoechoic expansive nodule that measured 1.73 x 1.17 cm and occupied the cranial and mid body of the left adrenal gland. A hypoechoic, cyst was noted and measured 0.5 cm at the caudal medial aspect of the left adrenal gland. The entire left adrenal gland measured 2.6 x 1.37 cm. The right adrenal gland measured 1.89 x 0.62 cm at the caudal pole and 0.52 cm at the cranial pole.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. Hyperechoic lipogranulomatous type changes were noted. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** revealed passive congestion hepatic pattern with dilated vena cava and hepatic veins. Increased portal markings were noted. The gallbladder was unremarkable. There were no overt masses.

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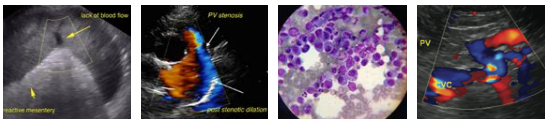

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Gastrointestinal

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

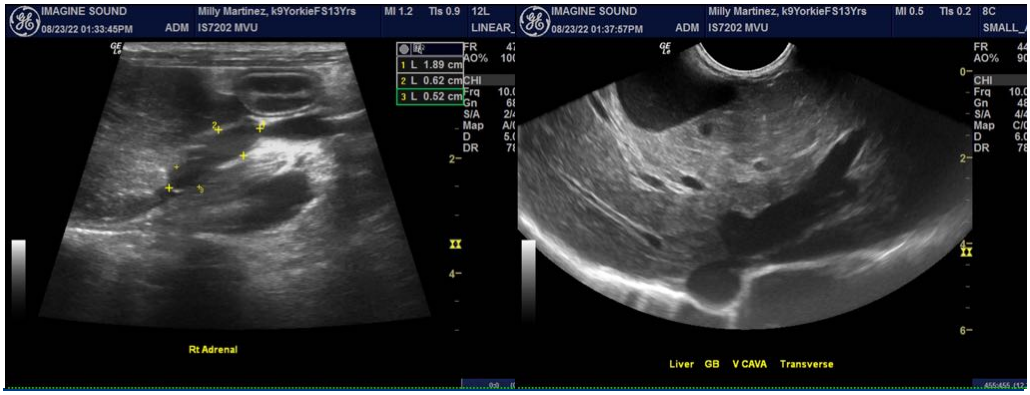
Passive congestion liver pattern, concern for thoracic disease playing a role in the hepatic presentation.

No ascites was noted at this time. However, this is most consistent with vacuolar hepatopathy and nodular hyperplasia with passive congestion.

Expansive left adrenal gland, early mass effect. Carcinoma, pheochromocytoma, and pronounced hyperplasia is possible, yet less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Thoracic radiographs and echocardiogram are recommended. I strongly recommend left adrenalectomy. The phrenic vein may be slightly invaded. Given the Cushingoid history and Vetoryl treatment I am concerned for left adrenal dependent Cushing's disease. Left adrenalectomy should be considered; however, thoracic work-up is indicated given the passive congestion pattern.



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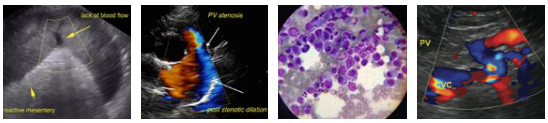

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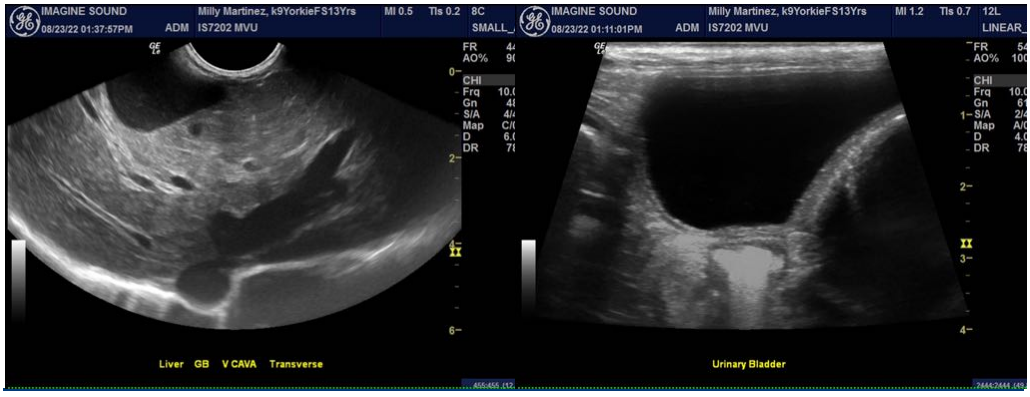

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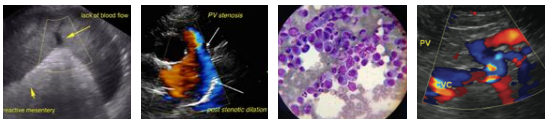

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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