



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Hazel Noonan

SPECIES
Canine

History: New heart murmur noted. Weight loss of 1lb over past 6 months. Slower on walks and picky with her food. Trying different food options, but will eat things for a day or two then stop. On Trilostane 5mg AM and 2.5mg PM (started in 2019). On Soloxine 0.1mg BID since 2015.

Abnormal PE/Chem/CBC/UA Results: PE: Grade 3/6 systolic heart murmur, moderate to severe
BUN 48, Glob 4.6, ALP 301, Chol 113 L. ACTH Stim (5/21, on Trilostane) 1.6 Pre, 2.8 Post. T-4 and TSH normal. Electrolytes WNL. U/A SG 1.029.

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Jack Russell

Urinary System

SEX
Spayed Female

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.

AGE

16 years

The **kidneys** revealed moderate degenerative changes with pyelectasia. The left kidney measured 3.42 cm. The right kidney measured 3.96 cm with pelvic mineralization.

WEIGHT

10 lbs

Adrenal Glands

The left **adrenal gland** is progressively enlarged and measured 0.97 x 1.35 cm at the caudal pole. The left adrenal gland measured 2.17 x 0.95 cm at the caudal pole and 0.57 cm at the cranial pole. The right adrenal gland was normal size and contour measuring 1.07 cm at the cranial pole and 0.7 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

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.

HOSPITAL NAME

Scanvet

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and 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.

REFERRING VET

Dr. Kaltsas

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Gastrointestinal

DATE

8/24/21

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



PATIENT

demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

Canine

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.

BREED

Jack Russell

ULTRASONOGRAPHIC FINDINGS

SEX

Progressively enlarged left adrenal gland.

Spayed Female

Progressive degenerative renal changes with pyelectasia and mineralization.

Age related hepatic changes.

AGE

16 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

10 lbs

Pheochromocytoma, adenoma and adenocarcinoma are all possible. I recommend serial blood pressure measurements +/- urine catecholamine in this patient. Full urinary work-up is warranted if not already performed. If any inflammatory sediment is present then urine culture is indicated. The left adrenal gland has grown by approximately 20-30% from the prior sonogram.

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DABVP, Cert. IVUSS

IMAGING PERFORMED BY

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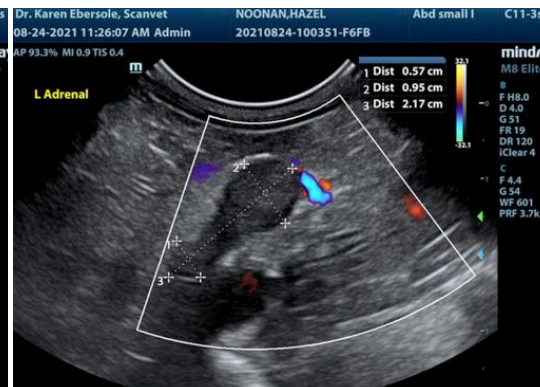
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SEX

Spayed Female

AGE

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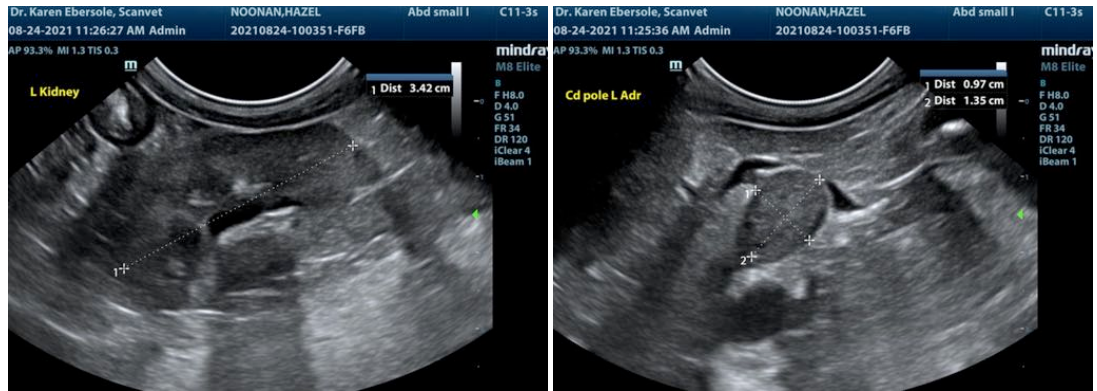
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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