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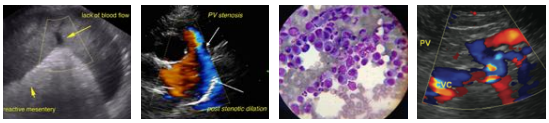

imagine SOUND LLC.
IMAGING PERFORMED BY
dbimaginesound@gmail.com 917-647-4318

PATIENT

Kyra Lefkowitz

SPECIES

Canine

BREED

Poodle

SEX

Spayed female

AGE

2008

WEIGHT

32.8 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Denise Bruno, LVT, RDMS

HOSPITAL NAME

Farview AC

REFERRING VET

Dr. Mosaad

INVOICE

32625

DATE

8/29/22

RESENTING CLINICAL SIGNS

History: Unresolved GI issues. On + off diarrhea. Current Meds: Tylan EOD, Pepcid Bid, Cerenia Sid. 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 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 right kidney measured 5.65 cm. The left kidney measured 5.58 cm.

Adrenal Glands

The right **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 right adrenal gland measured 2.24 x 0.53 cm at the caudal pole and 0.53 cm at the cranial pole. The left adrenal gland was enlarged, heterogenous and mildly irregular with a hyperechoic nodule at the caudal pole. The caudal pole measured 0.9 cm and the cranial pole measured 0.62 cm and 2.09 cm in length.

Spleen

The **spleen** revealed slight, hypoechoic, small, target type nodules that measured 0.48 cm at the cranial pole. The remainder of the spleen was unremarkable with a subtle, hypoechoic nodule that measured 0.42 cm.

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.

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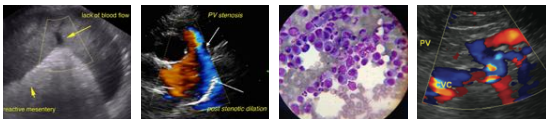

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Gastrointestinal

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

Splenic nodules.

Prominent left adrenal gland.

Otherwise, unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Differentials for the left adrenal gland include hyperplasia, emerging carcinoma or pheochromocytoma is possible. Serial blood pressure measurements are warranted +/- urine catecholamine. If hypertension is present then splenic nodules are likely hyperplasia with a possibility of emerging hemangiosarcoma or round cell neoplasia. FNA of both lesions are rerecommended. Diarrhea or underlying occult parasitism, food intolerance/inflammatory bowel without structural disruption. Intestinal dysbiosis, stress related diarrhea and enterotoxins are likely. Probiotics may be appropriate with diet change with a hydrolyzed geriatric diet. A recheck sonogram is recommended in a month regarding them spleen and left adrenal gland +/- FNA of the splenic lesions.

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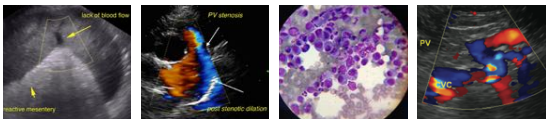

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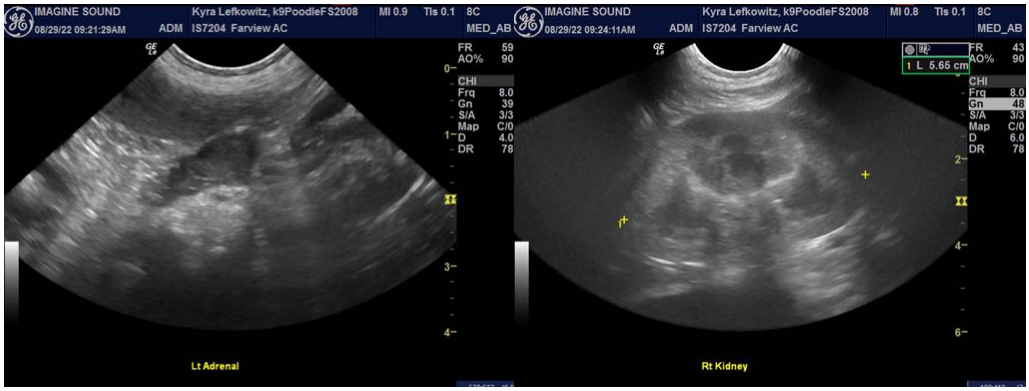

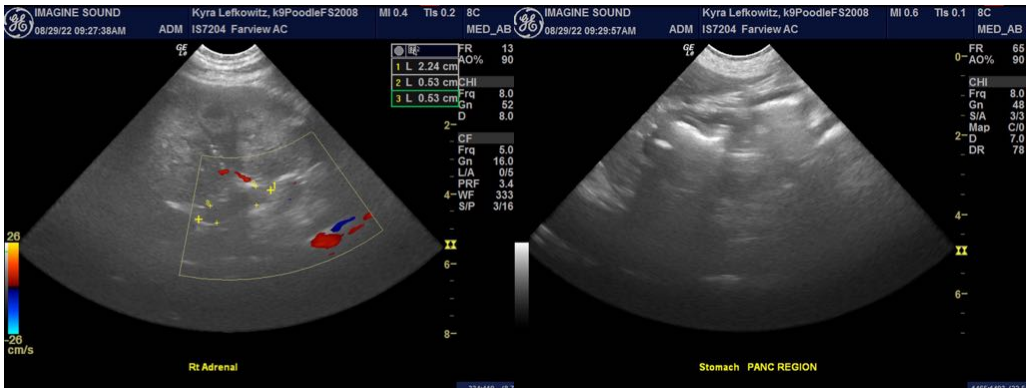

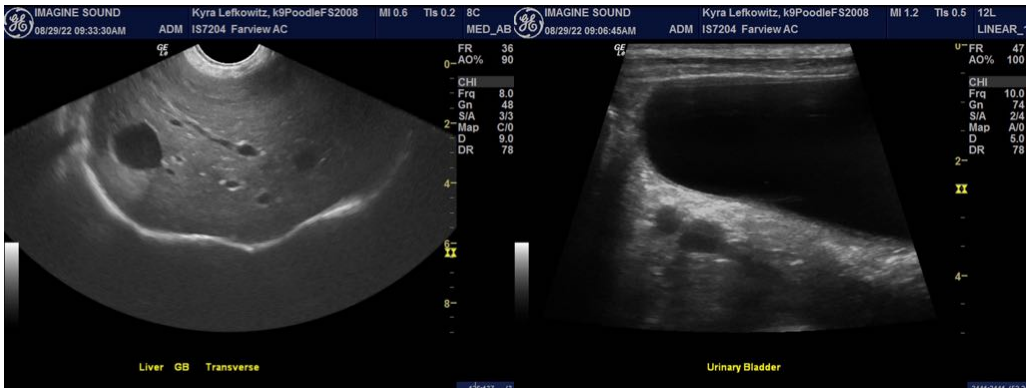

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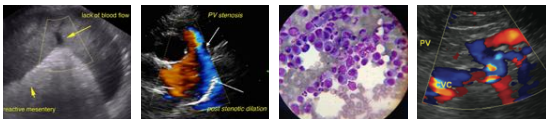

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com