



PATIENT

Nala Hofbauer

PRESENTING CLINICAL SIGNS

Distended abdomen, difficulty sitting, inappetence 1 week. No CSVD
Abnormal PE/Chem/CBC/UA Results: Abdomen distended and slightly tense. BW pending.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Rottweiler

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.

SEX

Spayed female

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.

AGE

9 years

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 7.71 cm. The left kidney measured 8.43 cm.

WEIGHT

55 kg

Adrenal Glands

The left **adrenal gland** was enlarged and measured 3.9 x 3.1 cm with capsular expansion. The left adrenal gland was irregular and nodular with mass type formation. There was no obvious vascular invasion. The right adrenal gland was at the upper limits of normal and measured 2.78 x 0.97 cm at the caudal pole and 1.28 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

Dr. Turner

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.

HOSPITAL NAME

Pennsauken AH

Liver

REFERRING VET

Dr. Torre

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.

INVOICE

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Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

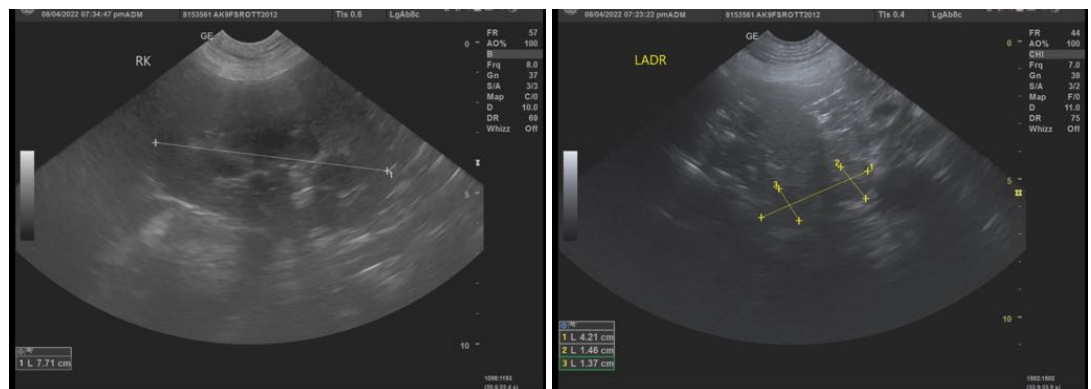
ULTRASONOGRAPHIC FINDINGS

Enlarged, irregular, nodular left adrenal mass effect. Suspect adenoma, adenocarcinoma, pheochromocytoma.

Full stomach, post prandial type presentation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left adrenal appears subjectively resectable; however, resolution did not allow for adequate assessment of vascular invasion. CT evaluation would be ideal for surgical planning. Serial blood pressure measurements are warranted. If hypertension is present then urine catecholamine is indicated. If the patient appears Cushingoid then work-up for adrenal dependent Cushing's is indicated.





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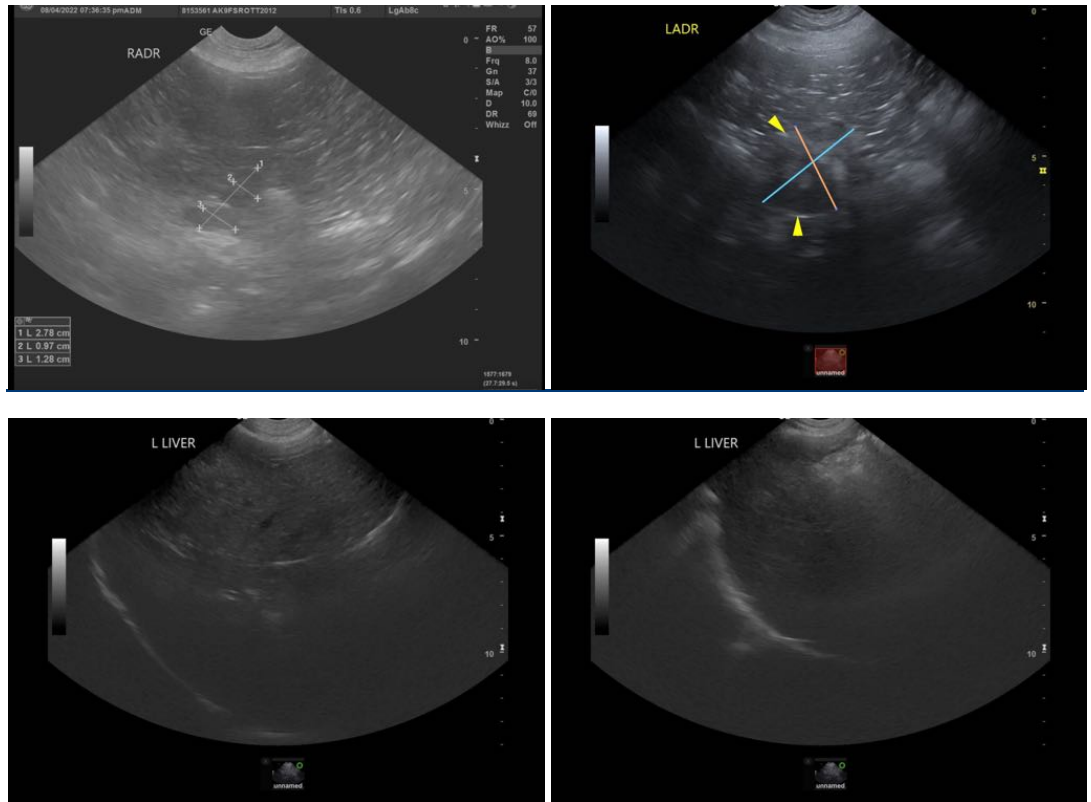
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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