

**DATE**

9/26/22

PRESENTING CLINICAL SIGNS

History: Symptoms started yesterday. Patient ate breakfast- owner makes patient's food, so was given chicken and rice. About an hour later, owner noticed a lot of vomit in the house, initially thought it was their other dog who is bigger because it was so much volume. Then she went outside and vomited 2 more times. She has not been herself, was unsteady on her feet after the vomiting. She ate dinner normally last night but this morning, she is not interested in food or water, shaking, not wanting to lay down. Owner also reports over the past 1-2 weeks, he feels her hip area has gotten wider, like she maybe looks a little bloated.

PATIENT

Layla Lannon

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Spayed Female

Current Medications: Denamarin, Entyce, Amoxicillin, Gabapentin, Ondansetron, Metronidazole, Cerenia.

Lab Results: See attached.

Radiographs: Lat and V/D abdomen- stomach empty, generally inflamed and poor serosal detail, marked hepatomegaly. Small intestines look uniform. No obvious kidney or bladder stones.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

AGE

9/23/09

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 were noted. Ureteral papillae were normal.

WEIGHT

25.4 Pounds

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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. Pyelectasia was present in the kidneys. Pyelectasia in the left kidney measured 0.67 cm. The right kidney measured 4.45 cm. The left kidney measured 5.18 cm. Pyelectasia in the left kidney measured 0.48 cm.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal Emergency
Hospital**Adrenal Glands**

An expansive, irregular and nodular mass was noted in the **left adrenal gland**. A nodule at the caudal pole of the left adrenal gland measured 1.44 cm. A mass in the cranial pole of the left adrenal gland measured 2.8 cm. The entire left adrenal gland measured 3.68 cm x 2.24 cm at the cranial pole and 1.17 cm at the caudal pole.

REFERRING VET

Dr. Goessling

A **right adrenal gland** mass was also noted, measuring 2.5 cm with capsular expansion and irregular contour. The cranial pole of the right adrenal gland revealed a 2.2 cm x 2.03 cm mass. The caudal pole of the right adrenal gland measured 0.71 cm. Capsular expansion was noted without capsular escape.

INVOICE

17461

Spleen

The **spleen** was swollen with irregular contour.

Liver

The **liver** was mildly swollen with irregular contour and revealed coarse architecture and increased portal markings. A hypoechoic nodule was noted in the right cranial liver, measuring 9.0 mm.

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 **pancreas** revealed undulating contour and hypoechoic parenchyma, suggestive for some level of pancreatitis.

Other

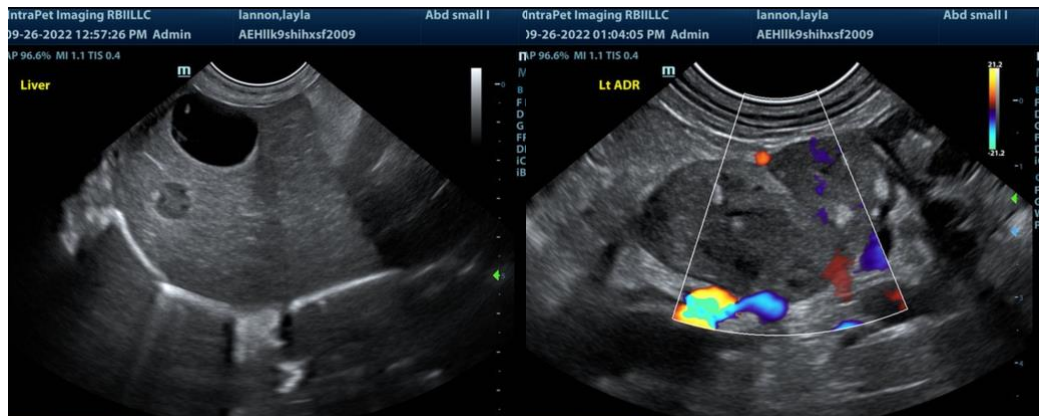
A rapid view of the **chest** revealed variable lung consolidations with normal cardiac volume and contractility.

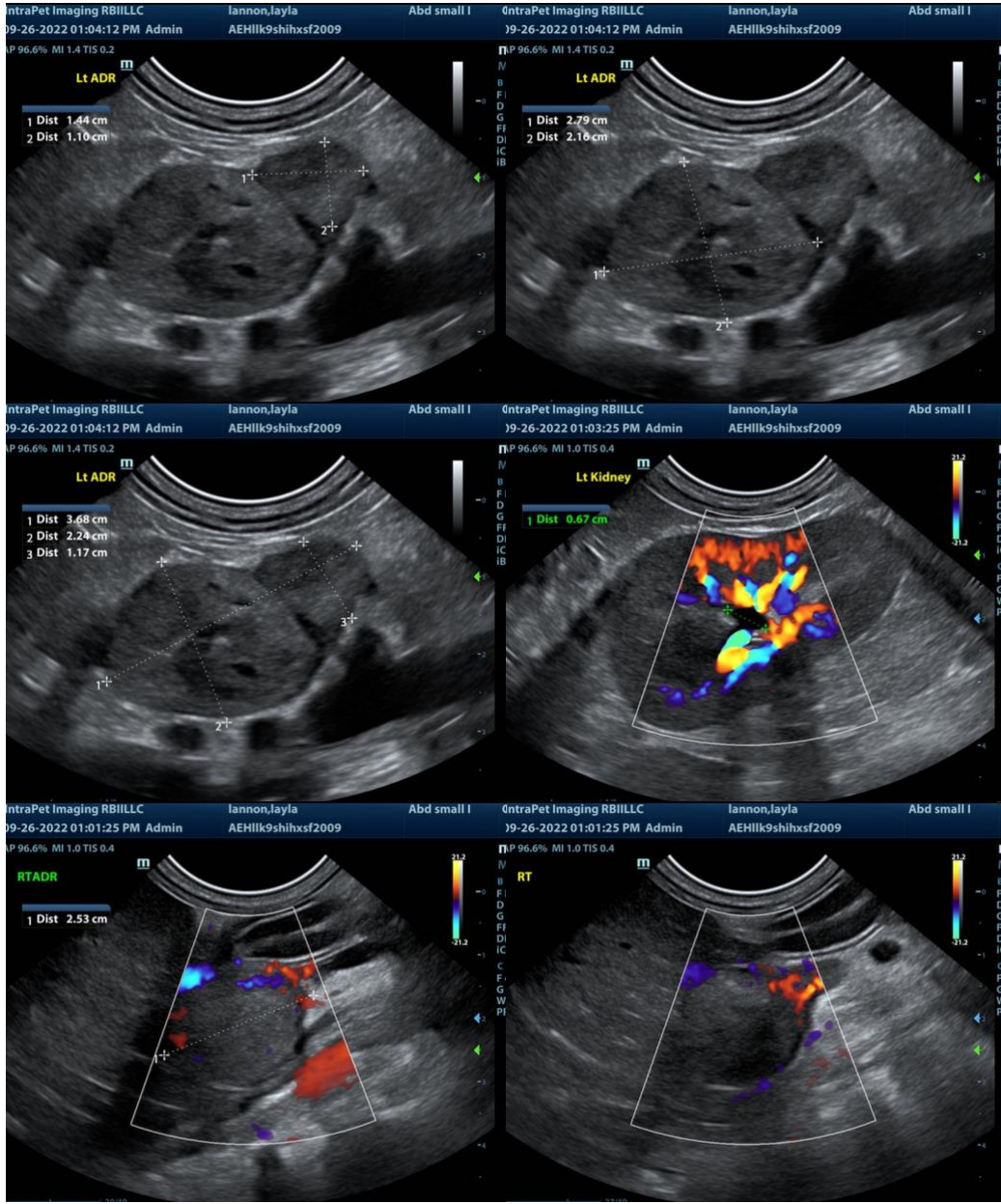
ULTRASONOGRAPHIC FINDINGS

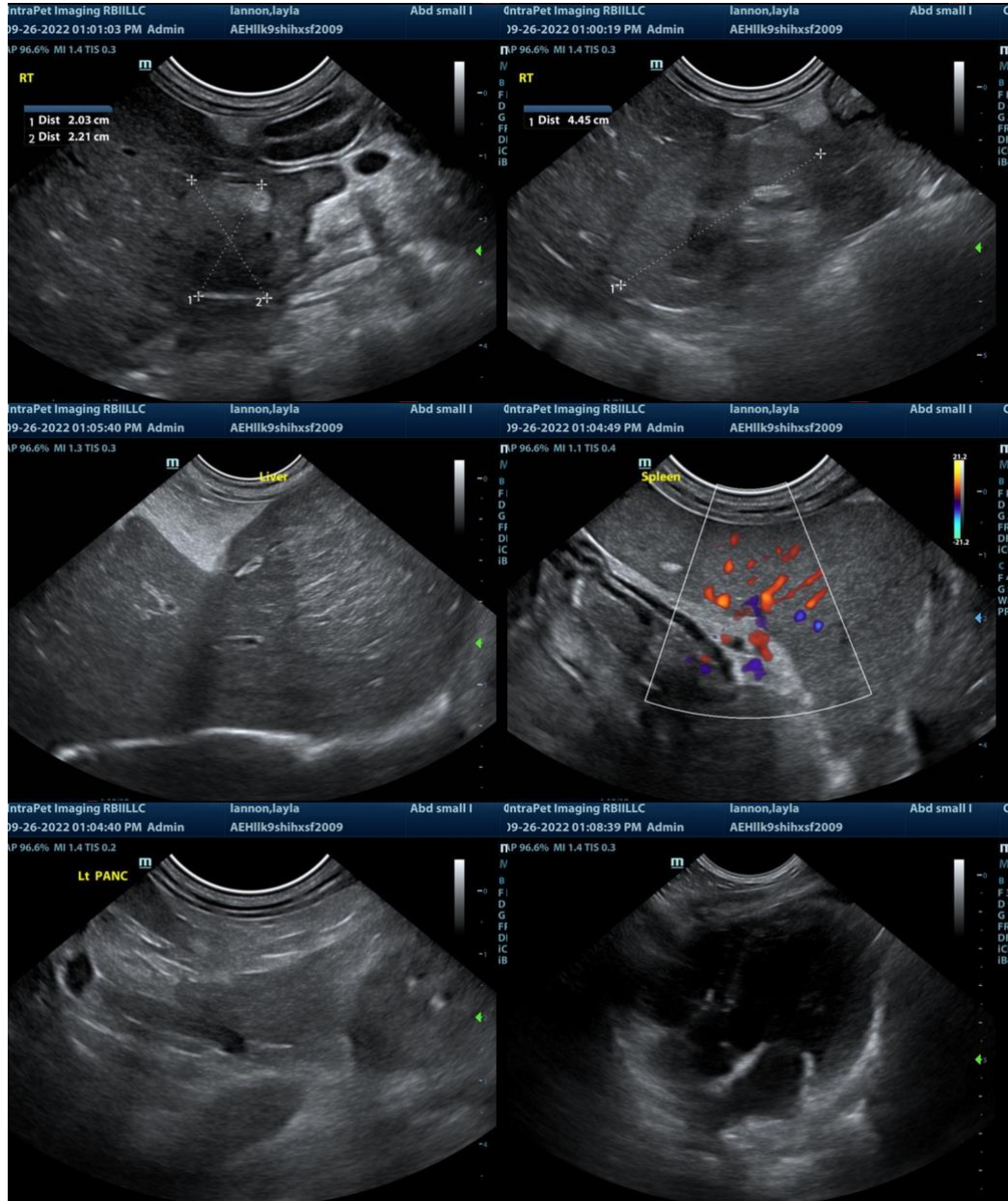
- Swollen irregular spleen and liver with nodular changes in the liver
- Bilateral adrenal masses, likely adenomas. Adenocarcinoma or pheochromocytoma on either adrenal gland is possible. No evidence of vascular invasion.
- Hypoechoic pancreas with undulating contour, suggestive for some level of pancreatitis
- Variable lung consolidations
- Age-related renal changes with pyelectasia

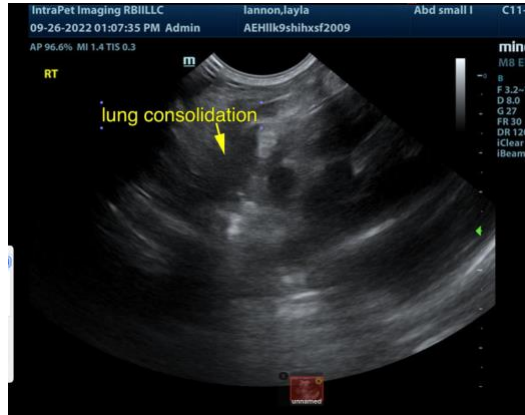
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen and liver is warranted. Leptospirosis titers is warranted. Full adrenal work up is warranted to assess for pheochromocytoma or adenocarcinoma. There are multiple issues in this patient, sampling is essential, starting with the spleen and liver. FNA of the lung consolidations with cytology and culture are also warranted. Metastatic disease versus pneumonia/pneumonitis/lung necrosis. Guarded prognosis.









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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