



PATIENT

Hershey Philbert

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered male

AGE

10 years

WEIGHT

34 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Signal Hill AH

REFERRING VET

Dr. Lebouldus

INVOICE

39639

DATE

9/27/22

PRESENTING CLINICAL SIGNS

History: Follow up to assess adrenal mass on right adrenal. Original scan July 27 2022. Invoice 31980 (adrenal mass measured 2.23 x 2.0 cm without capsular escape)

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.

Adrenal Glands

The right **adrenal gland** mass was similar in size and appearance to the prior sonogram at 2.23 x 2.69 cm. The caudal pole of the right adrenal gland measured 0.78 cm. The mass derived from the cranial pole. The right adrenal mass is echogenic, expansive and poorly vascular. This is strongly suggestive for adenoma. Atypical carcinoma or pheochromocytoma is possible, yet less likely. The left adrenal gland revealed a nodular cranial pole at 1.36 cm and the caudal pole measured 0.95 cm. The left adrenal gland revealed swollen contour measuring 1.12 cm at the caudal pole and 0.94 cm at the cranial pole. The left adrenal gland appears similar to the prior sonogram.

Spleen

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.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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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.

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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.

AGE

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ULTRASONOGRAPHIC FINDINGS

Nodular left adrenal gland, progressed right adrenal gland adenoma type mass. No vascular invasion.

WEIGHT

34 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Right adrenalectomy would be ideal in this patient. However, depending on the clinical status of the patient assessment for hypertension +/- urine catecholamine is warranted. If the patient appears Cushingoid an argument could be made for either right adrenal dependent or pituitary dependent Cushing's disease with benign adenoma on the right. However, the mass has grown 10% in size on the right. The left adrenal gland has been stable.

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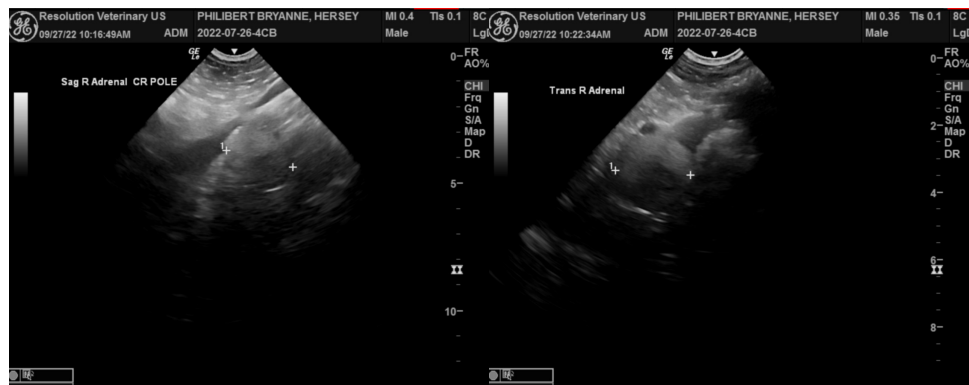
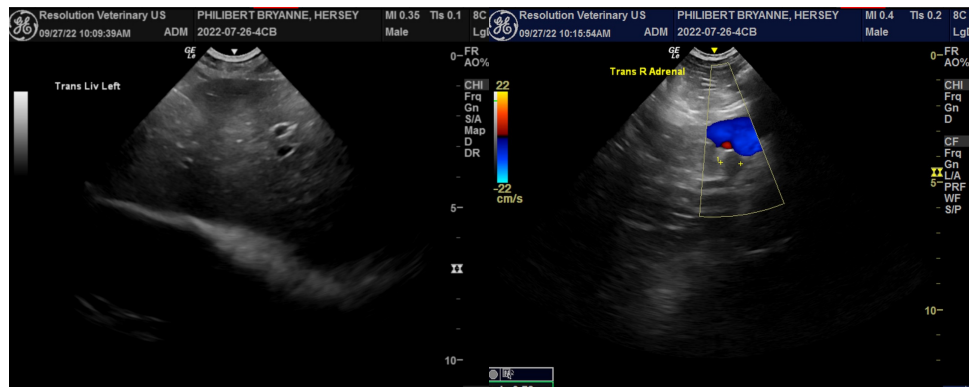
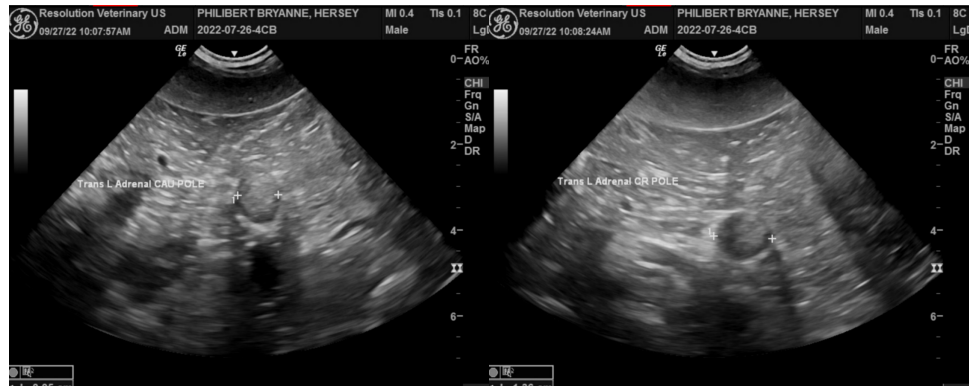
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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