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DATE

9/29/22

PATIENT

Milly Fields

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

3/27/11

WEIGHT

19 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Alexander AH

REFERRING VET

Dr. Alexander

INVOICE

41774

PRESENTING CLINICAL SIGNS

Presented for groomer finding urinary stones on fur, but noted to have absent heart sounds and increased resp sounds and effort.

Current Medications: None.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented multiple calculi embedded in the bladder and pelvic urethra. The largest calculus measured 0.75 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 and no evidence of pelvic dilation was present. Occasional cortical cysts noted in both kidneys. Right kidney cyst measured 0.62 cm. Calculi noted up to 0.25 cm. The right kidney measured 4.9 cm.

Adrenal Glands

The **right adrenal gland** was enlarged, irregular, and nodular, measuring 2.43 cm x 1.45 cm at the caudal pole and 1.26 cm at the cranial pole.

A **left adrenal** mass was noted, mineralized, deriving from the cranial pole.

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 were noted.

Liver

The **liver** presented heterogeneous parenchymal changes with dilated hepatic veins and vena cava. The gallbladder was unremarkable.

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. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Other

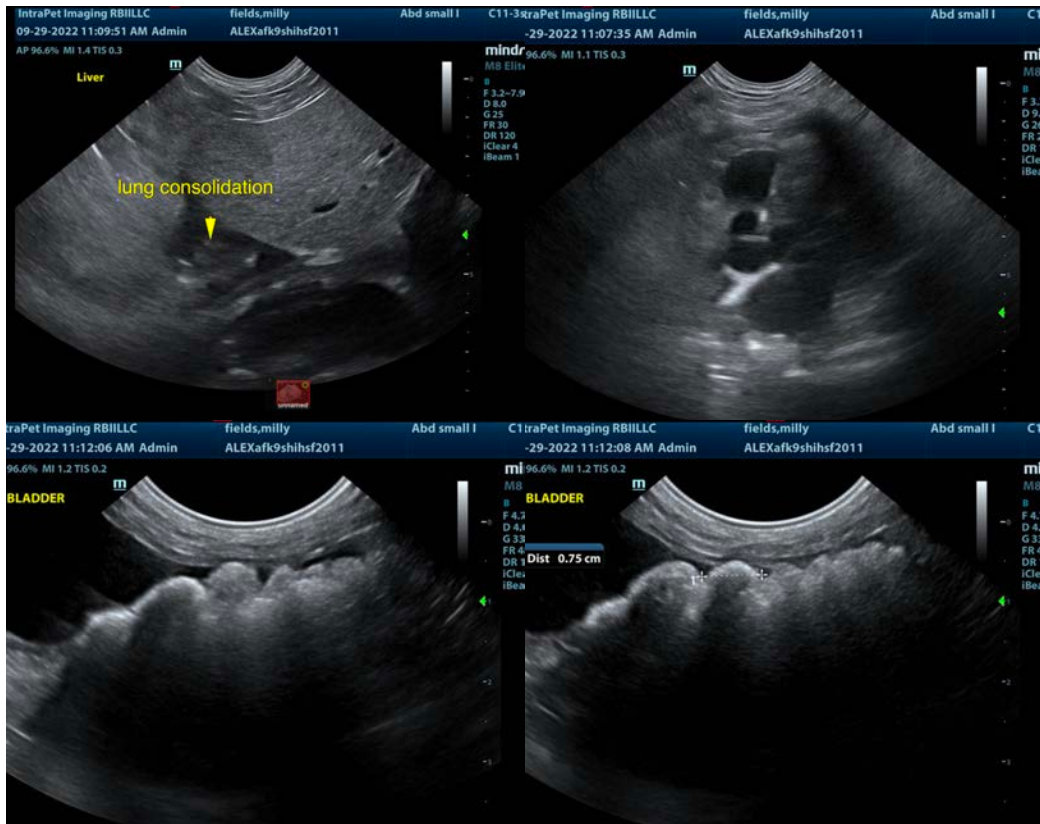
Pleural effusion noted through the diaphragm. Rapid view of the heart revealed no evident pathology. Normal volume and contractility. Lung consolidations noted through the diaphragm with irregular contour and areas of mineralization, strongly suggestive for carcinoma.

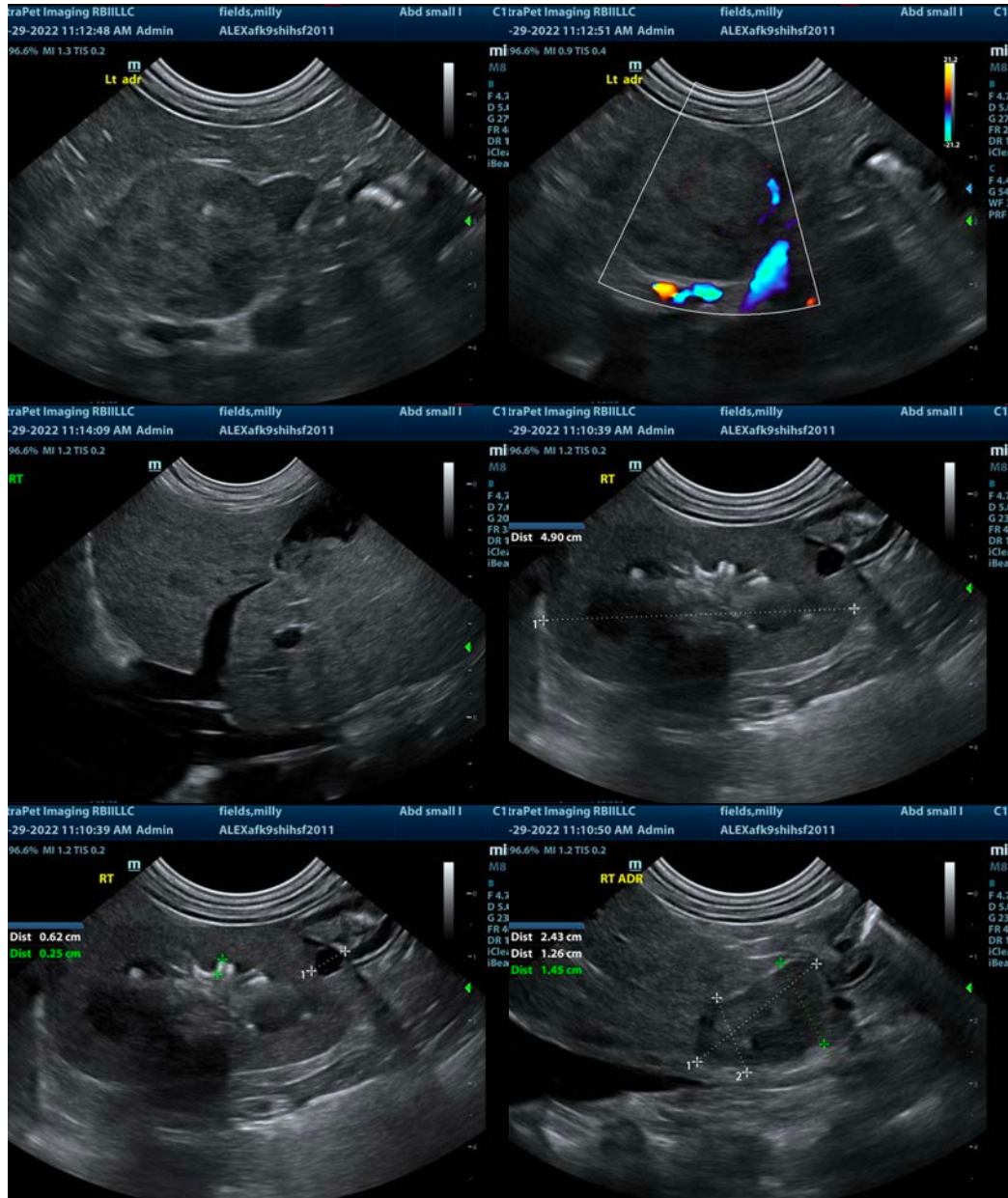
ULTRASONOGRAPHIC FINDINGS

- Right adrenal nodule
- Left adrenal mass
- Multiple bladder calculi
- Heterogeneous liver
- Age related renal changes with mineralization
- Pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Concern for thoracic neoplasia in this patient with possible vascular obstructive pattern around the vena cava causing passive congestion. This may be related to or completely dependent of the adrenal presentation. Adrenal differentials include adenoma, adenocarcinoma, pheochromocytoma for either adrenal. Pleurocentesis and chest CT warranted. If the patient is able to be stabilized, then cystotomy would be warranted. However, I'm concerned for thoracic neoplasia. Blood pressure measurements warranted as well, given the adrenal presentation.





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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