

**DATE**

9/30/21

PRESENTING CLINICAL SIGNS

PUPD. Suspect HAC. R/O radiolucent cystic calculi, bladder neoplasia, other.

Current Medications: Galliprant 20 mg SID

Lab Results: Isosthenuria. Elevated ALT

PATIENT

Date of Previous IntraPet Ultrasound: No previous

Sedation: not needed

Lucky Pena

Stat Report: not requested

SPECIES

Canine

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.

BREED

Poodle Mix

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight, non-obstructive mineralization was noted. The left kidney measured 4.89 cm with a 0.29 cm calculus.

SEX

Neutered male

AGE

2007

WEIGHT

19.6 lbs

Adrenal Glands

The left **adrenal gland** was uniformly enlarged, hypoechoic and measured 3.38 x 1.29 cm at the caudal pole and 1.4 cm at the cranial pole. The right adrenal gland was uniform and measured 2.28 x 0.67 cm at the caudal pole and 0.7 cm at the cranial pole.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**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.

HOSPITAL NAME

Bay Country VH

Liver**REFERRING VET**

Dr. Bauer

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. Hypoechoic, ill-defined, nodular changes were noted in the left liver. The nodules measured 3.47 x 1.9 cm and 3.09 x 2.3 cm. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele. However, the sludge appears to be mildly excessive. No adjunctive inflammation was noted.

INVOICE

92116

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

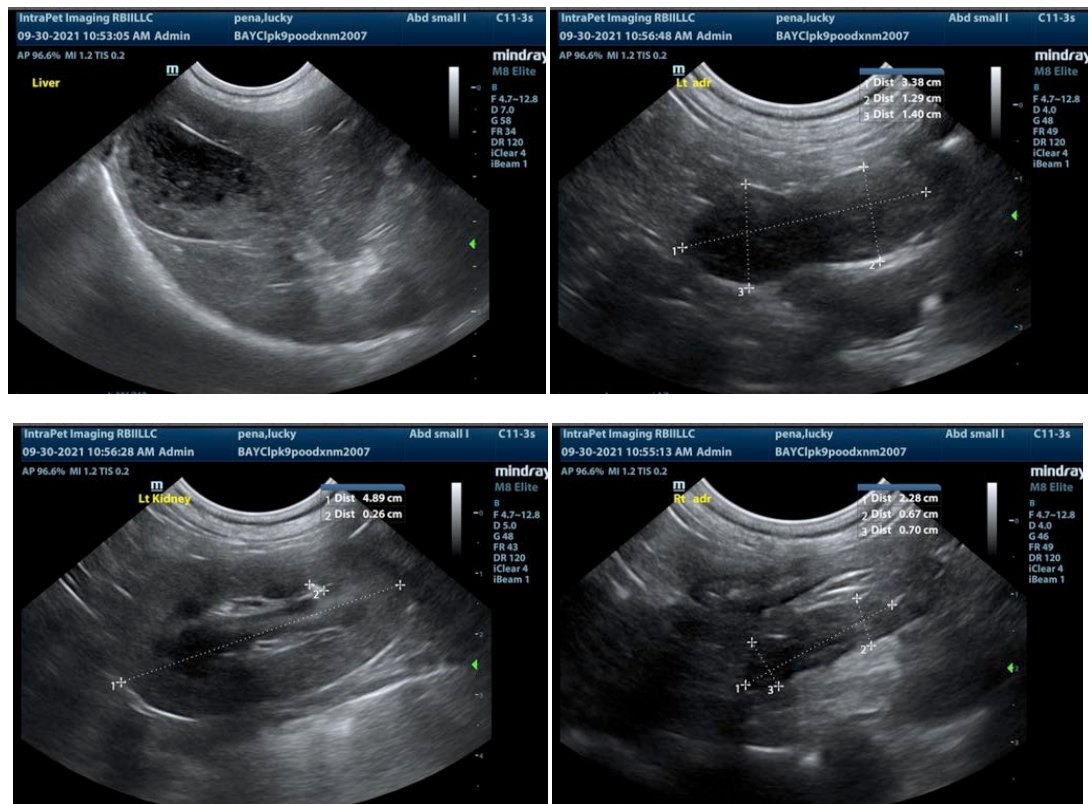
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

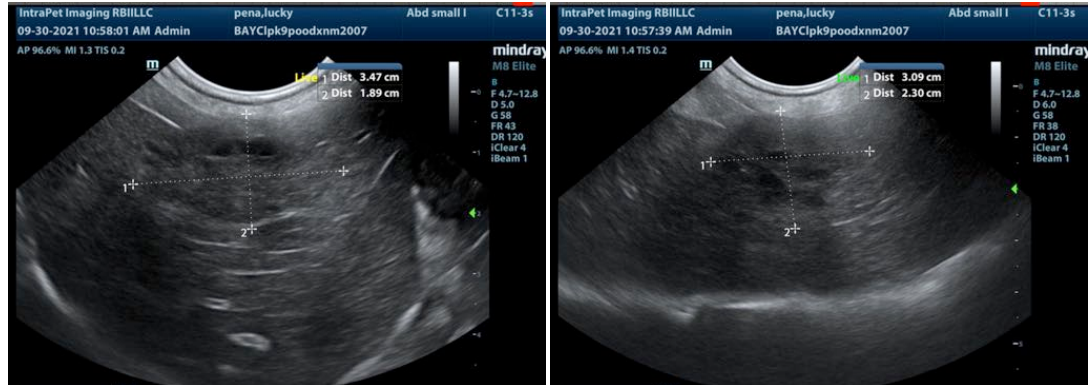
ULTRASONOGRAPHIC FINDINGS

Enlarged, hypoechoic left adrenal gland.
Hypoechoic, ill-defined hepatic nodules.
Age related renal changes with mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend serial blood pressure measurements to assess for hypertension related to the left adrenal gland. Left adrenal differentials include pheochromocytoma, adenoma, adenocarcinoma or hyperplasia. The liver changes are consistent with possible metastatic disease from the left adrenal gland or hyperplasia. Abscessation is less likely with a minor potential for carcinoma. Sampling of the parenchymal portions is recommended. Urine catecholamine is warranted. If the patient appears Cushingoid then work-up for adrenal dependent Cushing's is indicated.





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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