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Clinical Sonography & Telecytology
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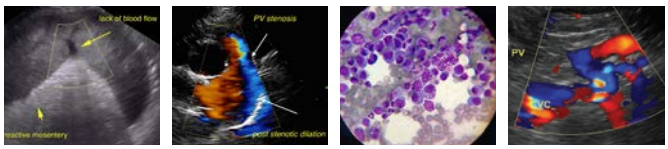

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1-800-838-4268 info@sonopath.com

PATIENT
Maple Junkins

SPECIES
Canine

BREED
Lab X

SEX
Spayed Female

AGE
8 Years

WEIGHT
50 Pounds

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Ebersole

HOSPITAL NAME
Scanvet

REFERRING VET
Dr. Allen

INVOICE
25217

DATE
9/7/21

PRESENTING CLINICAL SIGNS

History of urinary accidents in the house and PU/PD. Appetite and energy level normal. Examined at the specialty clinic/emergency clinic on 7/18.
Abnormal PE/Chem/CBC/UA Results: PE: slt underweight, otherwise WNL. CBC: WBC 4.73k, mildly low Lymphs and Eos. CHEM: ALT 137, ALP 273. U/A (cysto) SG 1.002, pH 7, Protein NEG. UCCR: 145 H

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. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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. The right kidney measured 6.3 cm. The left kidney measured 6.0 cm.

Adrenal Glands

The caudal pole of the **left adrenal gland** was expansive and nodular with remodeling. The left adrenal gland measured 2.65 cm x 1.65 cm at the caudal pole and 0.82 cm at the cranial pole. The **right adrenal gland** was heterogeneous and nodular, primarily at the cranial pole. measuring 2.14 cm x 0.79 cm at the caudal pole and 0.99 cm at the cranial pole.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were 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.

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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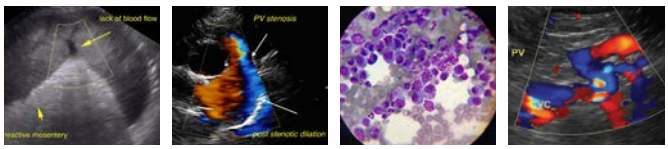

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Pancreas

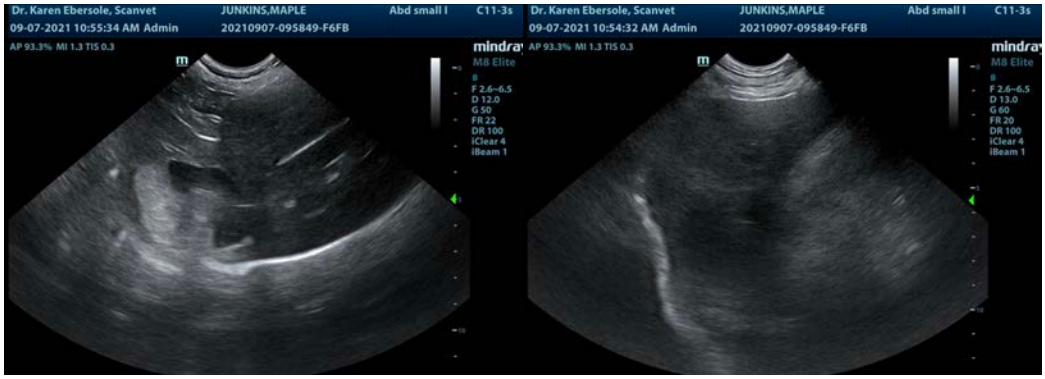
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

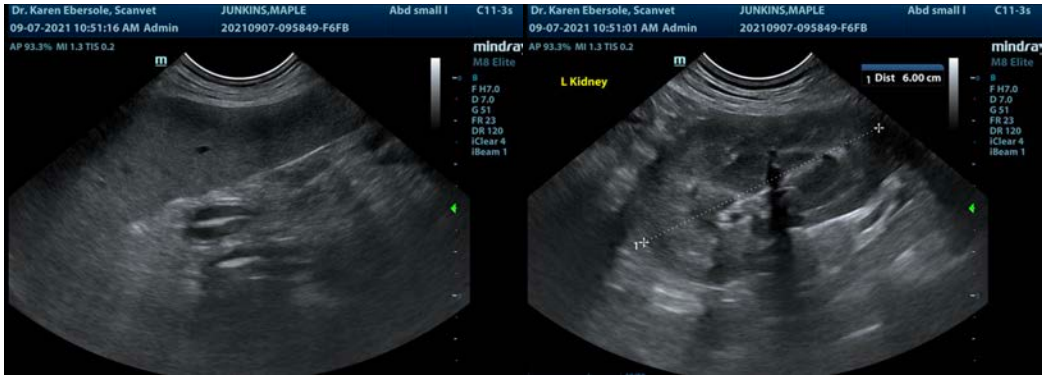
ULTRASONOGRAPHIC FINDINGS

- Bilateral nodular adrenal glands – bilateral hyperplasia or adenomas probable, potential for emerging pheochromocytoma or adenocarcinoma. Primary concern is with the left adrenal.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

LDDST is warranted given the elevated UCCR and hyposthenuria. If the LDDST is consistent with adrenal dependent Cushing's, then left adrenalectomy would be recommended. Severe blood pressure is warranted. Urine catecholamine would be idea to rule out the possibility of pheochromocytoma, which can also create elevated UCCR and PU/PD. The left adrenal does appear resectable. No obvious evidence of caval or phrenic vein invasion.





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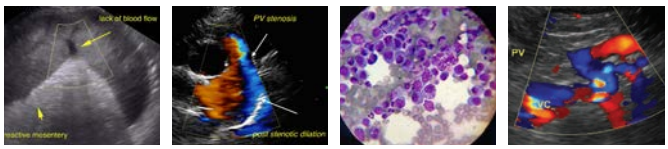

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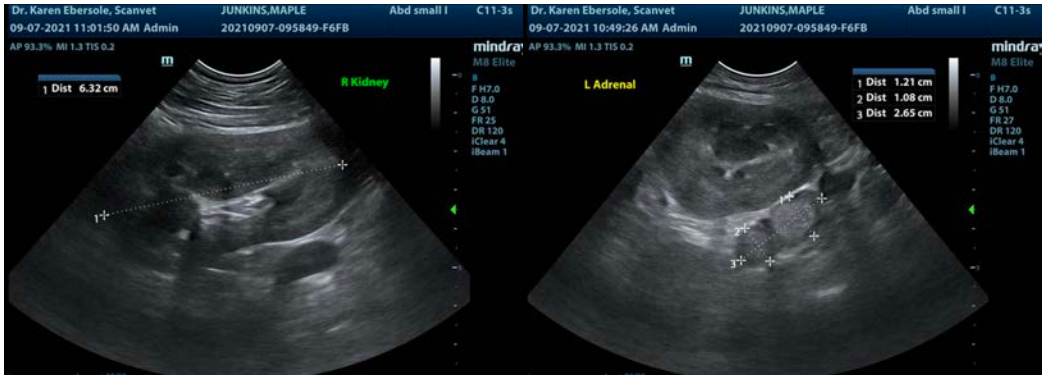

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com