



PATIENT

Magic Logio

SPECIES

Canine

BREED

West Highland Terrier

SEX

Spayed Female

AGE

14 Years

WEIGHT

18.75 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Bergen County VC

REFERRING VET

Dr. Halloran

INVOICE

25261

DATE

9/9/21

PRESENTING CLINICAL SIGNS

Lethargic, icteric, pheochromocytoma, history of hypertension, enlarged intrabdominal lymph node. 7/15/20 - Right adrenal tumor vena cava invasion, left adrenal tumor. Current meds: Dasuquin, prazosin.

Abnormal PE/Chem/CBC/UA Results: ALP >2000, ALT 345, GGT 19, T. bili 2.6, chol. 362, HCT 26, reic 131.9, WBC 21.91, neuts 15.

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 **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. The left kidney measured 5.43 cm. The right kidney measured 5.26 cm with cortical cysts.

Adrenal Glands

A highly vascular 3.45 cm x 3.52 cm **right adrenal** mass was noted. Surrounding free fluid noted and some vascular invasion into the vena cava to approximately 1.5-2.0 cm cranially. The **left adrenal gland** was mineralized and irregular, measuring 1.47 cm x 0.78 cm.

Spleen

The **spleen** was uniformly enlarged with relatively uniform parenchyma without evidence of masses. The capsule was mildly swollen. This is most consistent with hypersplenism and reactive hyperplasia deriving from splenic white or red pulp. However, early infiltrative disease, such as lymphoma or mast cell neoplasia can, at times, present in this manner but not suspected. 25g US-guided FNA would be best in order to ensure only reactive hyperplasia is present. If clinical signs fit with potential neoplasia or mast cell disease, then Benadryl injection (1 mg/pound IM) 15 minutes prior to FNA would be recommended.

Liver

The **liver** presented coarse architecture, swollen irregular contour, and increased portal markings with moderate remodeling. Macronodular changes noted. The gallbladder presented multiple calculi and sand, a grouping of which measured 1.34 cm. No overt post-hepatic obstruction noted despite the multiple gallbladder calculi.

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

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The **pancreas** revealed heterogeneous, mixed echogenic changes with irregular contour.

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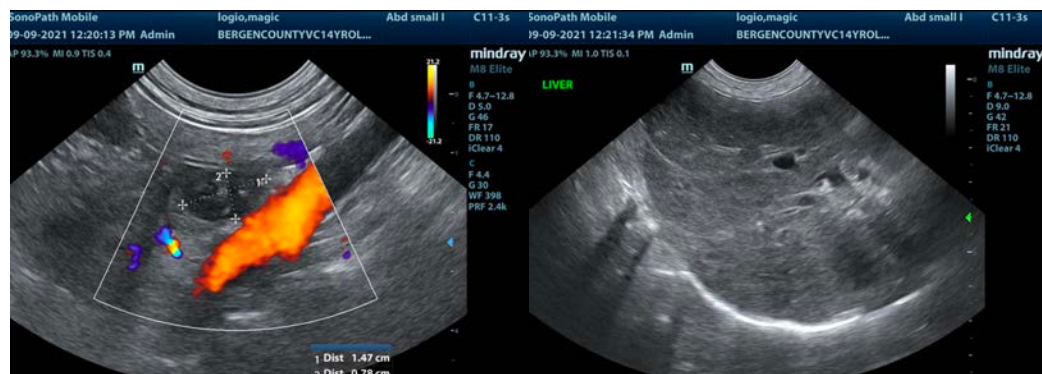
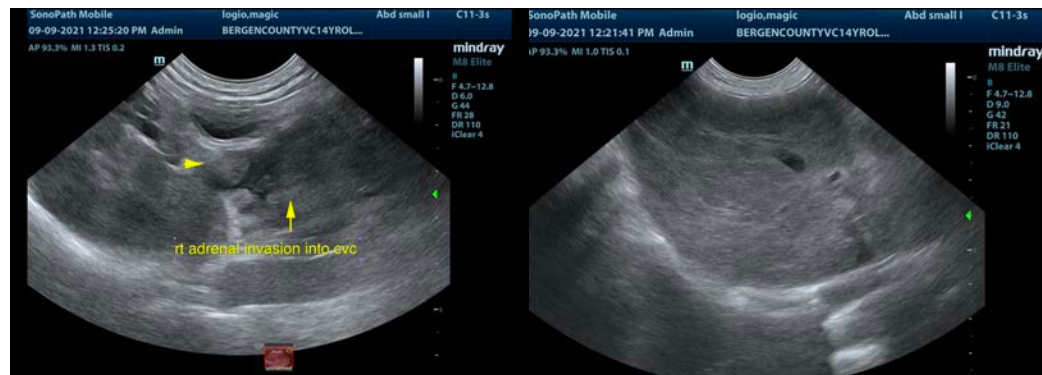
Dr. Halloran

ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenal tumors – large on the right with caval invasion, mineralized on the left
- Swollen, irregular hepatic contour with nodular changes and remodeling
- Gallbladder calculi
- Swollen spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are multiple issues in this patient. There is a potential for underlying infiltrative pattern in the spleen and liver such as round cell neoplasia. However, metastatic disease owing to primary adrenal tumor is also possible. Ultrasound guided FNA of the spleen and liver warranted as a cursory evaluation regarding the immediate liver failure. Prognosis is extremely guarded. Chronic inflammatory hepatopathy with hepatic failure possible. Gallbladder calculi are likely incidental. The common bile duct appeared to be normal at 4.0 mm. Pheochromocytoma or adenocarcinoma possible in either adrenal presentation.



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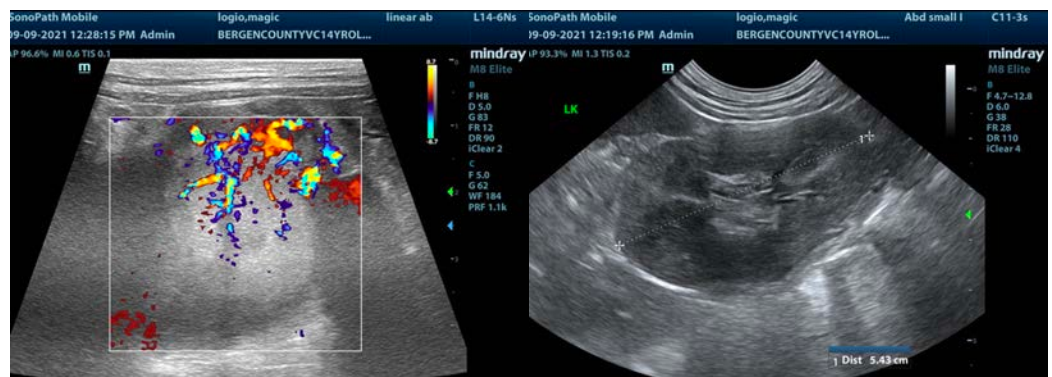
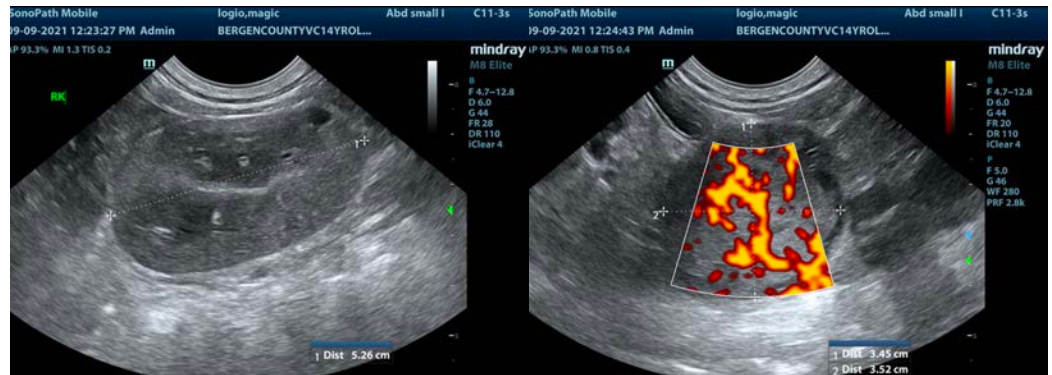
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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