



PATIENT PRESENTING CLINICAL SIGNS

Pali Brown

SPECIES

Canine

BREED

Lhasa Apso

SEX

Neutered male

AGE

15 years

WEIGHT

16.31 lbs

History: Dental calculus grade 3/3, nuclear sclerosis and iris atrophy, no other overt abnormalities on physical exam Very tense on abdominal palpation , no overt pain elicited
Abnormal PE/Chem/CBC/UA Results: BUN 33, CRE 1.2, SDMA 18.2 Recent preop labs otherwise within normal limits Current Medications Dasuquin daily, no other meds Radiographic Findings Large well-marginated globoid cranial abdominal mass with good serosal detail Primary Question/Differential to Be Answered in This Exam Suspect neoplastic, r/o benign vs. malignant

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 residual prostate was uniform and measured 0.94 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. The right kidney measured 4.34 cm. The left kidney revealed a large cyst and pyelectasia. The cyst measured 8.0 cm and was deriving from the dorsal cortex.

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Salem AH

REFERRING VET

Dr. Reed

DATE

3/28/23

Invoice

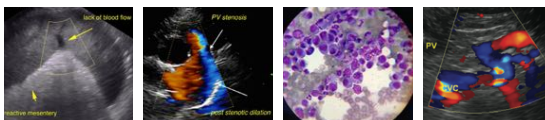
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Adrenal Glands

The left **adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.4 cm. The right adrenal gland revealed an expansive, mixed, hypoechoic mass with mineralization. The mass revealed moderate vascularity and enhanced surrounding mesentery.

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.



PATIENT *Liver*

Pali Brown 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. Occasional hyperechoic nodule was noted and measured up to 0.61 cm. Occasional cyst was noted and measured up to 0.72 cm. 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.

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.

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ULTRASONOGRAPHIC FINDINGS

Left renal cyst with pyelectasia.

IMAGING PERFORMED BY

Jenna Walsh, CVT

Mild to moderate degenerative right renal changes with right adrenal mass.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation is warranted to assess if the adrenal mass is resectable. Pheochromocytoma versus carcinoma is suspected. Serial blood pressure measurements are warranted. Urine catecholamine is indicated if the patient is Cushingoid then work-up for adrenal dependent Cushing's is indicated. Chest radiographs are warranted to assess for comorbidities.

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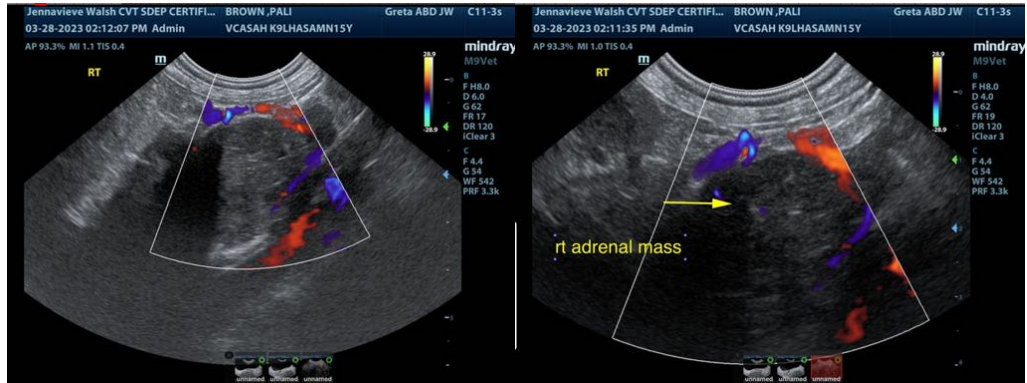
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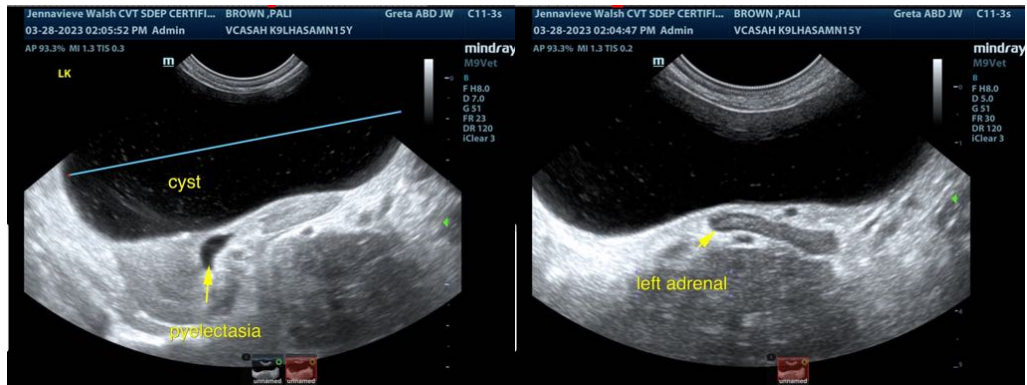
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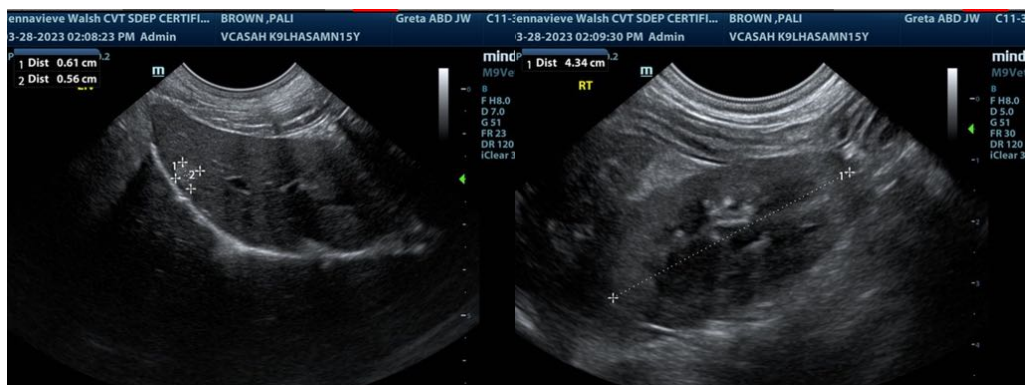
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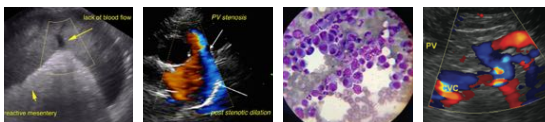
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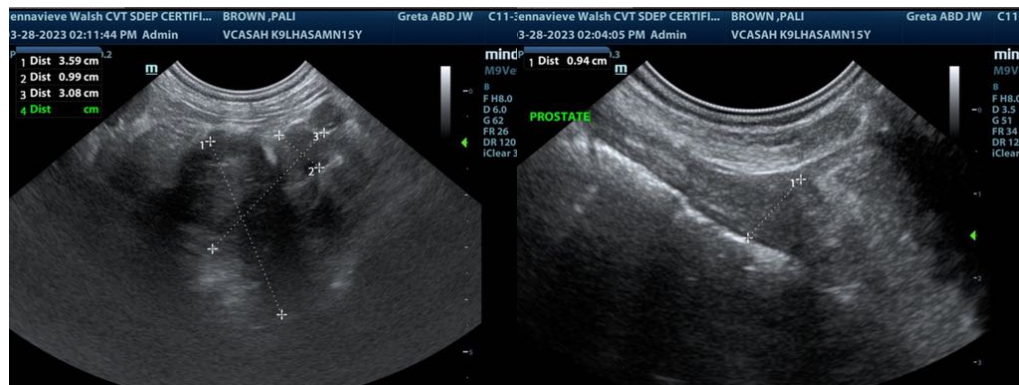
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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