

PATIENT

Scooter Ankeny

SPECIES

Canine

BREED

Cattle Dog

SEX

Neutered male

AGE

11 years

WEIGHT

41 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

The Veterinary
Hospital

REFERRING VET

Dr. Johnson

DATE

5/2/22

Invoice

30070

PRESENTING CLINICAL SIGNS

Abnormal lab work picked up on wellness care, patient is clinically normal. Primary Question/Differential to Be Answered in This Exam: etiology of elevated ALT / Alk phos. Abnormal PE/Chem/CBC/UA Results: 4/26 - CBC - stress leukogram, otherwise NSF. Chem - Cholesterol > 450 but triglycerides effectively normal at 131, Alk phos high at 943, ALT high at 444. 3/25 - CBC - WNLs, good hemogram (Hct 33.0%), good leukogram (WBC 9.07k with slight lymphopenia 0.44k), good thrombogram (plt 480k with low MPV 7.6). Comprehensive Plus - Slight hyperphosphatemia 5.1, elevated ALT/ALKP at 493/913, CHOL high at >450. Lytes - WNLs T4 - WNLs at 1.5. SDMA - High at 17. HWT add on - Negative x4.

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 measured 0.7 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 6.42 cm.

Adrenal Glands

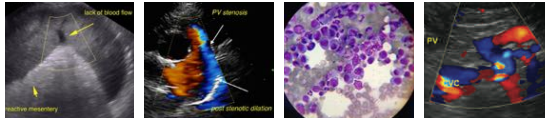
The left adrenal gland revealed a mass that measured 3.05 x 1.88 cm at the caudal pole and 0.75 cm at the cranial pole. The right adrenal gland was mildly enlarged and measured 3.24 x 1.39 cm at the cranial pole and 0.8 cm at the caudal pole.

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 was noted.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and



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subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

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Gastrointestinal

Retention of ingesta was noted in the stomach, some of which was shadowing. Small foreign matter cannot be ruled out. The intestines were 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.

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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.

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Free Abdomen

A mixed, hypoechoic, undifferentiated 7.4 x 2.9 cm mass was noted in the sublumber space. This may be related to the left adrenal gland.

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Eric Lindquist, DMV,
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ULTRASONOGRAPHIC FINDINGS

Uniformly enlarged right adrenal gland. Most consistent with hyperplasia.

Left adrenal mass. Differentials include carcinoma, pheochromocytoma, and potentially large adenoma as well as pronounced hyperplasia.

Hypoechoic, undifferentiated sublumber mass.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The margins are very ill-defined upon the sublumber mass. Coagulation panel and FNA of the sublumber mass would be indicated for further definition. The prognosis is guarded. Abdominal CT would be ideal in this patient. However, coagulation panel, blood pressure measurements and FNA is indicated.

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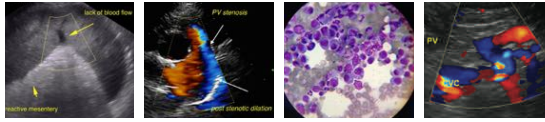
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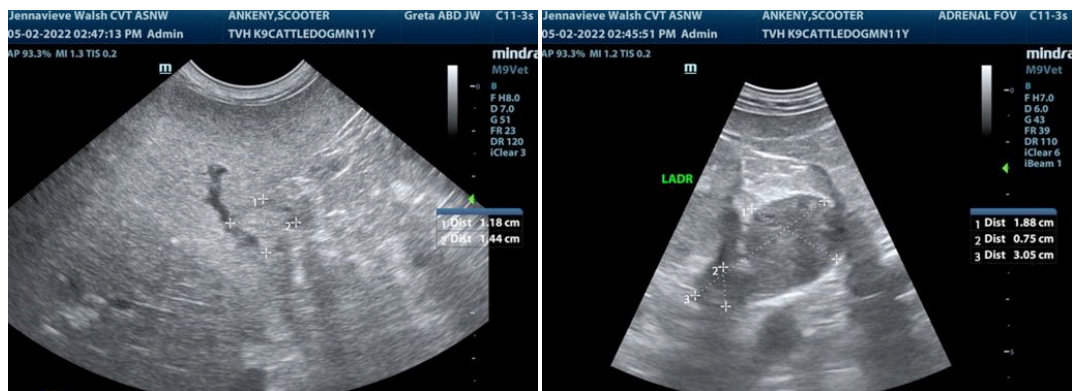
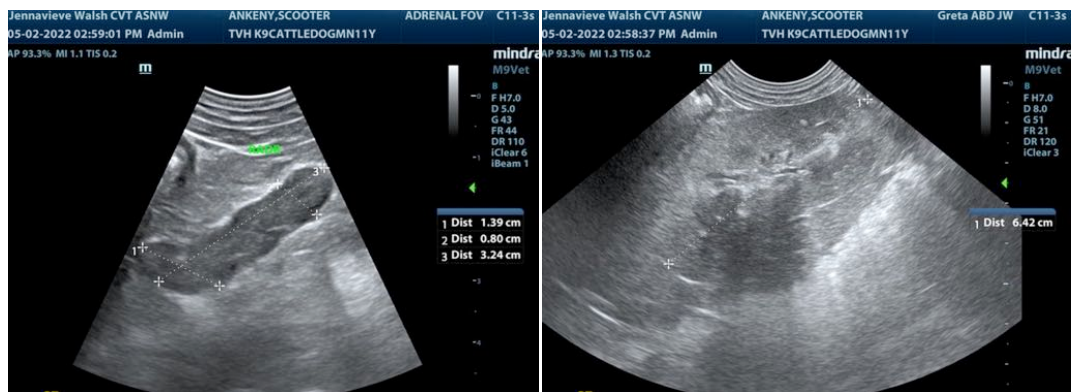
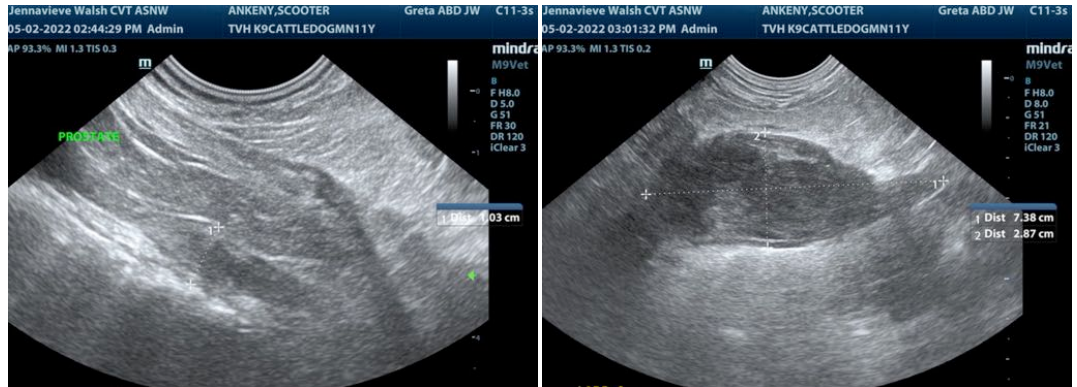
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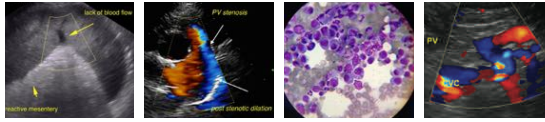
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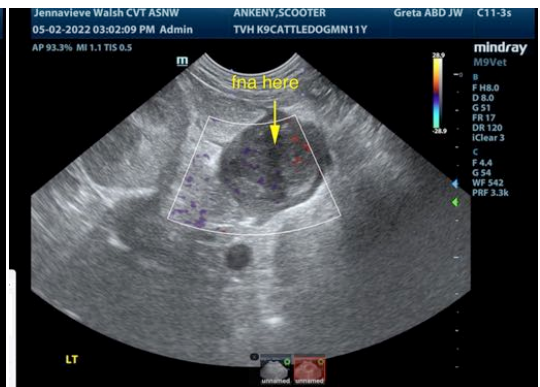
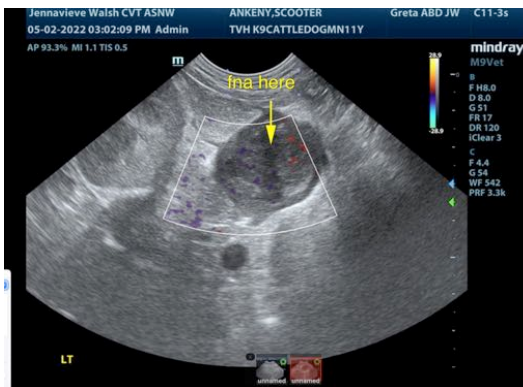
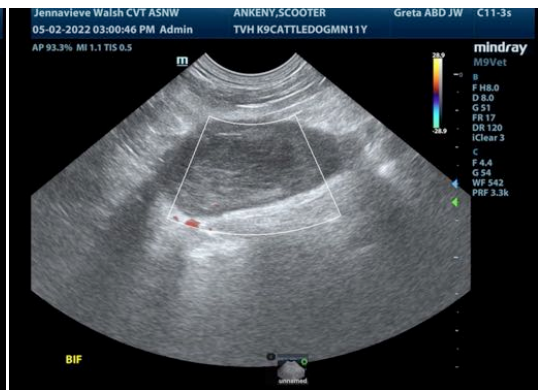
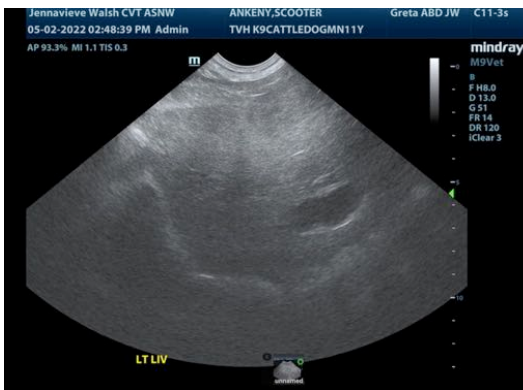
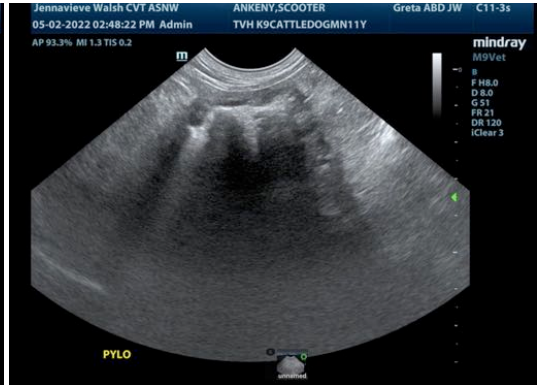
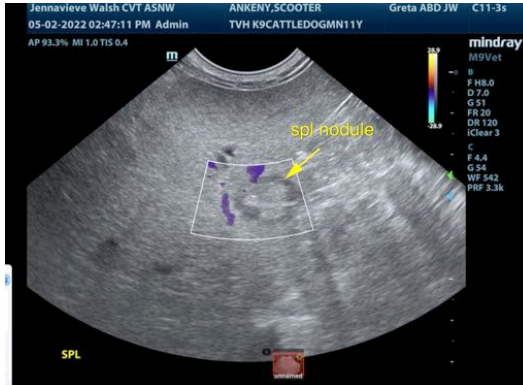
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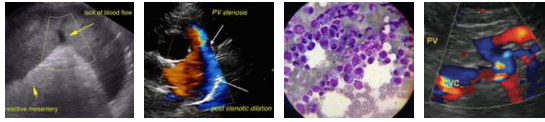


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS

CEO of Sonopath.com



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Eric.Lindquist@SonoPath.com

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