

**PATIENT**

Shyanne Day

**PRESENTING CLINICAL SIGNS**

History: Elevated liver values. Current meds: Denamarin  
Abnormal PE/Chem/CBC/UA Results: Alt 251; Alp 515; Ca 8.6; Mag 1.4; PSL 173

**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**

German Shepherd

**SEX**

Spayed female

**AGE**

7 years

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 6.25 cm. The left kidney measured 6.85 cm.

**WEIGHT**

**Adrenal Glands**

The right **adrenal gland** revealed a mineralized mass that measured 4.0 x 2.56 cm and was encapsulated. The left adrenal gland measured 2.36 x 0.59 cm at the cranial pole and 0.45 cm at the caudal pole. The mineralized mass impinged upon the vena cava, but did not appear to overtly invade it. This appears potentially resectable.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**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**

Animal Hospital of  
Roxbury

**REFERRING VET**

Dr. Elia

**Liver**

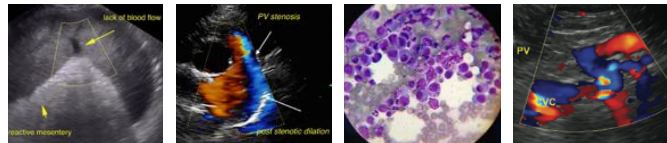
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Slightly increased portal markings were noted. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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**Gastrointestinal**

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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**

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**

Mineralized right adrenal mass. Carcinoma, pheochromocytoma and pronounced adenoma all possible.

**AGE**

7 years

Benign hepatopathy.

**WEIGHT**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

CT with contrast is indicated for surgical planning and right adrenalectomy along with liver biopsy after chest radiographs and blood pressure measurements. If the patient appears Cushingoid then work-up for Cushing's is indicated. Alternatively direct exploratory surgery could be performed with right adrenalectomy; however, typically CT with contrast is preferred prior to surgical intervention. If systolic blood pressure is greater than 160 then urine catecholamine is indicated to assess for pheochromocytoma.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**ABOUT SONOPATH CT SERVICES:**

**SonoPath CT Services** are offered at the [Blairstown Animal Hospital](http://Blairstown Animal Hospital). Blairstown animal hospital is just a 30-minute drive west on route 80 from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at

**IMAGING PERFORMED BY**

Shari Reffi, CVT

<https://sonopath.com/resources/sonopaths-teleconsultation-services-and-sdep-certification/sonopath-ct-services>

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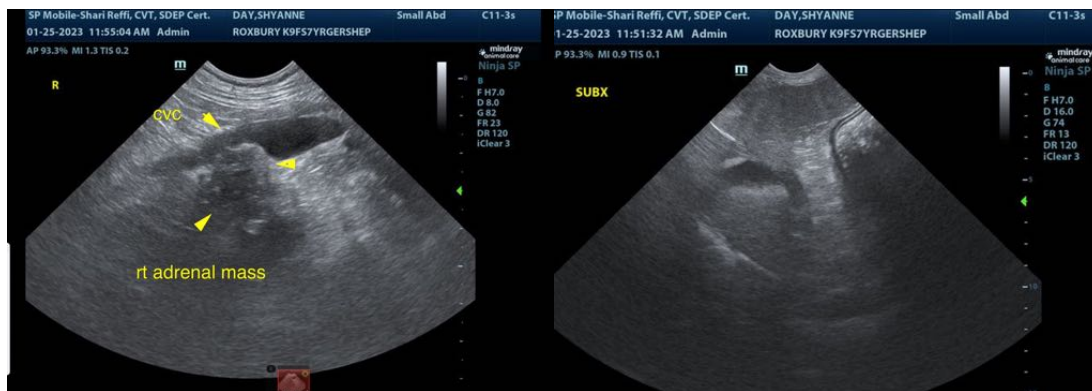
Dr. Elia

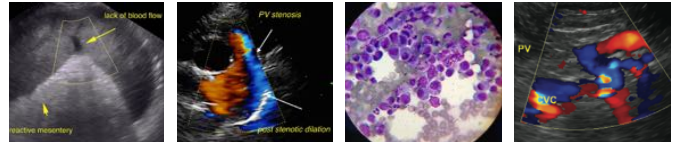
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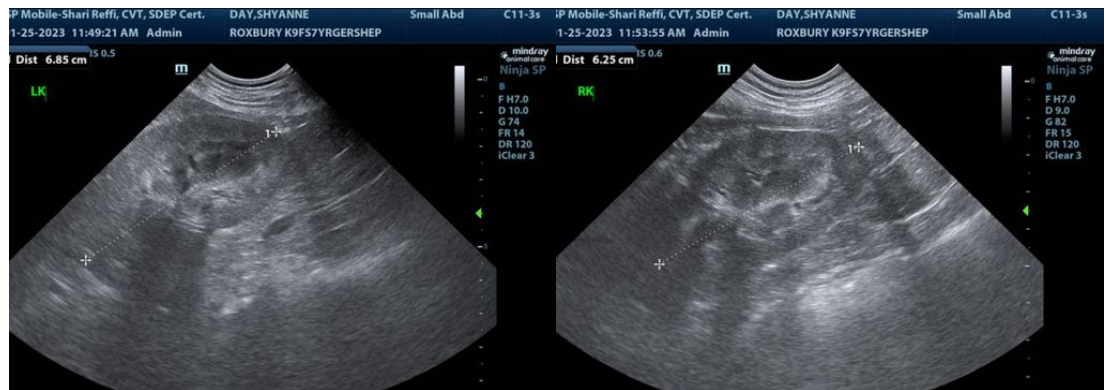
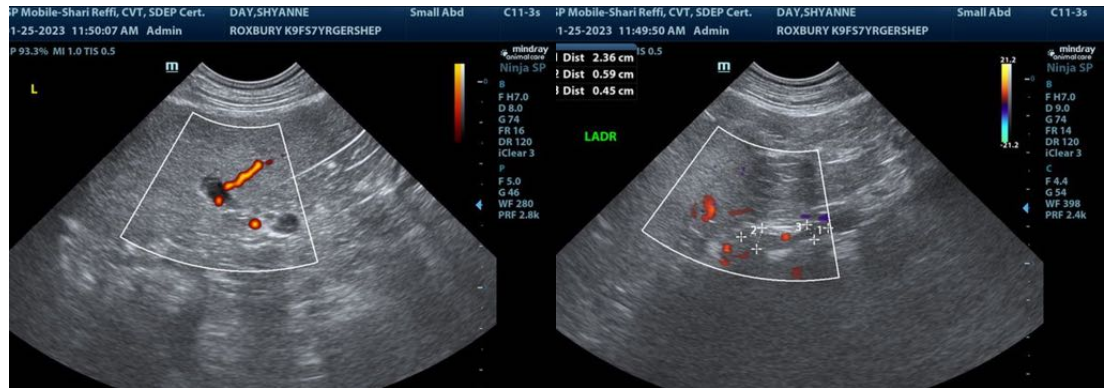
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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