



PATIENT PRESENTING CLINICAL SIGNS

Cali Messina
Hyporexia, weight loss.
ALP 2000, GGT 39, HCT 29.0 non-regenerative.

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

11 years

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. Small calculus was noted in this patient and was non-obstructive measuring 0.95 cm with acoustic shadowing. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

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 left kidney measured 6.19 cm.

INTERPRETED BY

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Adrenal Glands

The left adrenal gland was uniform and measured 1.82 x 0.9 cm. A right adrenal mass was noted in this patient and measured 3.94 x 2.6 cm with local invasion of the phrenic vein and vena cava to approximately 2.0 cm and measured 0.92 cm in width. Caval invasion measured 1.6 cm. There was no obvious metastatic disease.

HOSPITAL NAME

Franklin Lakes AH

Spleen

The **spleen** was enlarged and irregular with heterogenous parenchymal changes and scalloping contour. There is a strong concern for infiltrative disease.

REFERRING VET

Dr. Hudson

Liver

The **liver** was swollen with irregular contour and increased portal markings. The gallbladder and common bile duct were unremarkable. The cystic and common bile ducts were normal. Mild hepatic lymphadenopathy was noted.

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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.



PATIENT *Pancreas*

Cali Messina

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

BREED

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Invasive right adrenal gland. Pheochromocytoma versus carcinoma. Swollen irregular spleen and liver. Strong concern for infiltrative disease/round cell neoplasia. However, hyperplasia and reactive hepatopathy is possible.

SEX

Spayed female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Serial blood pressure measurements and urine catecholamine is warranted if hypertension is present to assess for pheochromocytoma. Ultrasound-guided FNA of the spleen and liver is indicated after coagulation panel evaluation. If the spleen and liver are free of significant pathology then right adrenalectomy is warranted or CT with contrast. Chest radiographs are warranted to assess for comorbidities.

AGE

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ABOUT SONOPATH CT SERVICES:

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SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at <https://sonopath.com/services/sonopath-ct-services>

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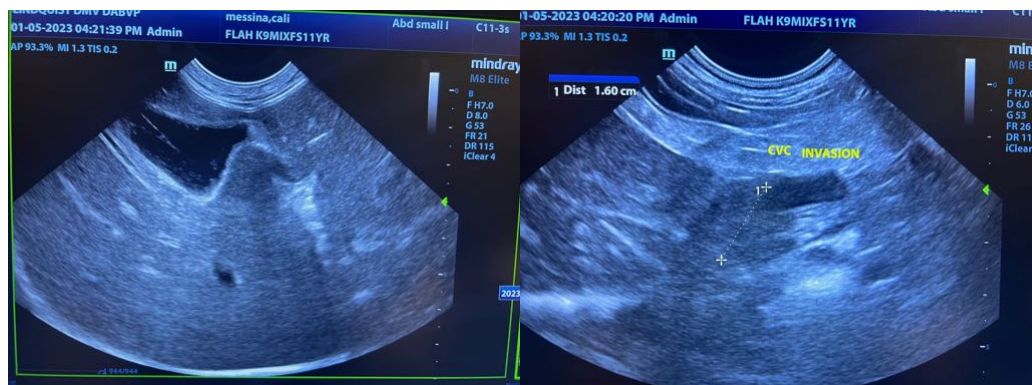
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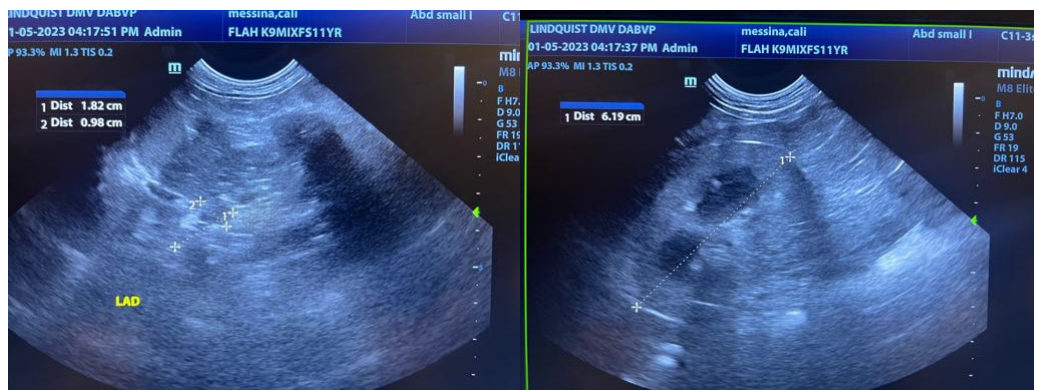
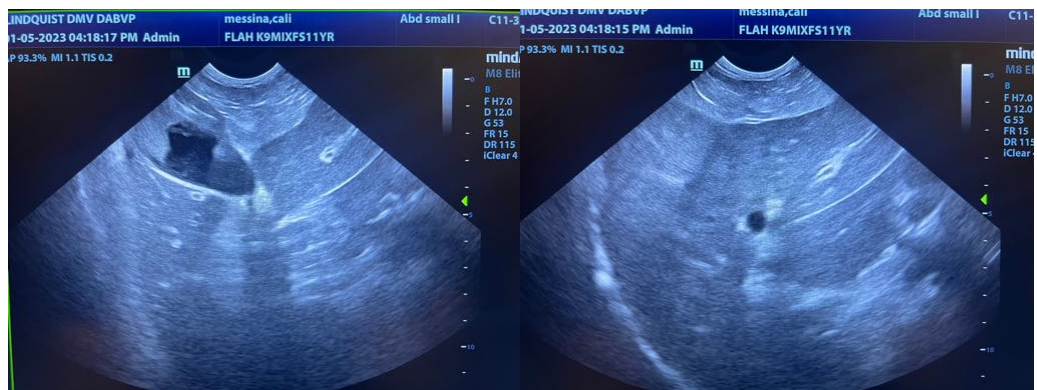
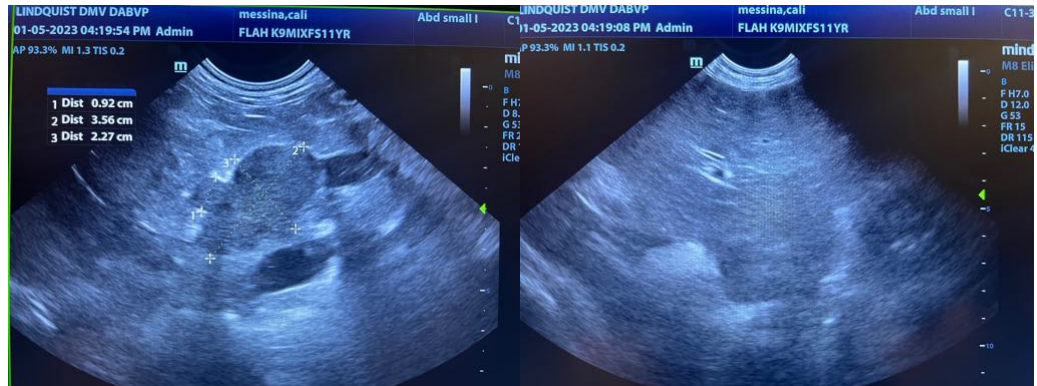
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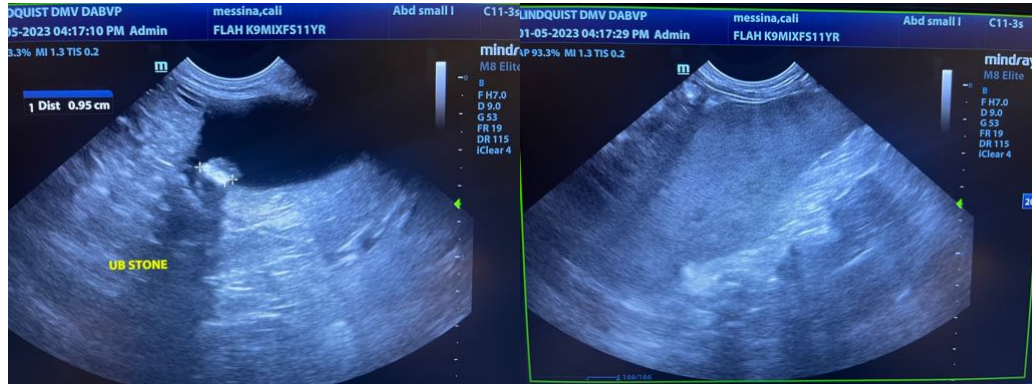
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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