



PATIENT

Brownie Shockley

PRESENTING CLINICAL SIGNS

History: Hx of elevated liver values. Decreased appetite. Current meds: Denamarin 225mg sid
Abnormal PE/Chem/CBC/UA Results: 12/8/22 ALT 191, ALP 633

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

Shepherd Mix

SEX

Spayed female

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. Slight mineralization was noted in the kidneys. The left kidney measured 5.86 cm. The right kidney measured 4.95 cm.

AGE

14 years

WEIGHT

42.2 lbs

Adrenal Glands

The right **adrenal gland** was enlarged and measured 2.37 x 1.72 cm. The right adrenal gland was somewhat rounded. Capsular expansion was noted without capsular escape or vascular invasion. The right adrenal gland loses structural detail, yet appears resectable. The left adrenal gland was enlarged and heterogenous measuring 3.7 x 1.56 cm and 0.3 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

HOSPITAL NAME

Mount Olive VH

REFERRING VET

Dr. Jones

Liver

The left **liver** revealed a complex, cystic, irregular mass that measured 8.1 x 6.5 cm. The mass occupied the left medial liver and expanded medially. The mass impinged upon the portal hilus; however, the common bile duct, gallbladder and portal vein were free of evident pathology. Other heterogenous changes were noted in the liver with mildly increased portal markings. There is some remodeling in the remainder of the liver; however, the echotexture of the remainder of the liver does not appear similar to the primary mass.

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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.

ULTRASONOGRAPHIC FINDINGS

Enlarged right adrenal gland. Differentials include pheochromocytoma or adenocarcinoma, adenoma less likely.

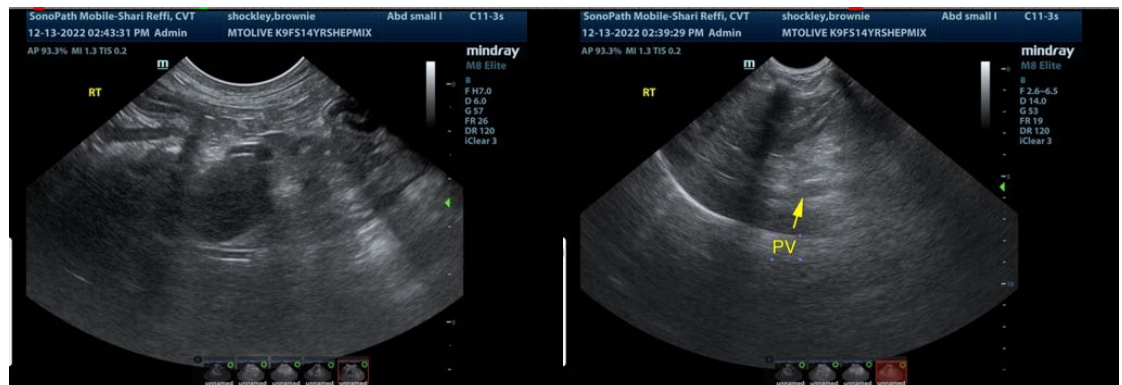
Left hepatic mass. Differentials include biliary carcinoma versus necrotic hepatoma or non-neoplastic mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT of the abdomen with contrast is indicated for surgical planning with left liver lobectomy and right adnrelaectomy. Serial blood pressure measurements are recommended to assess any hypertension related to the right adnrela gland. Chest radiographs are warranted if not already preformed.

ABOUT SONOPATH CT SERVICES:

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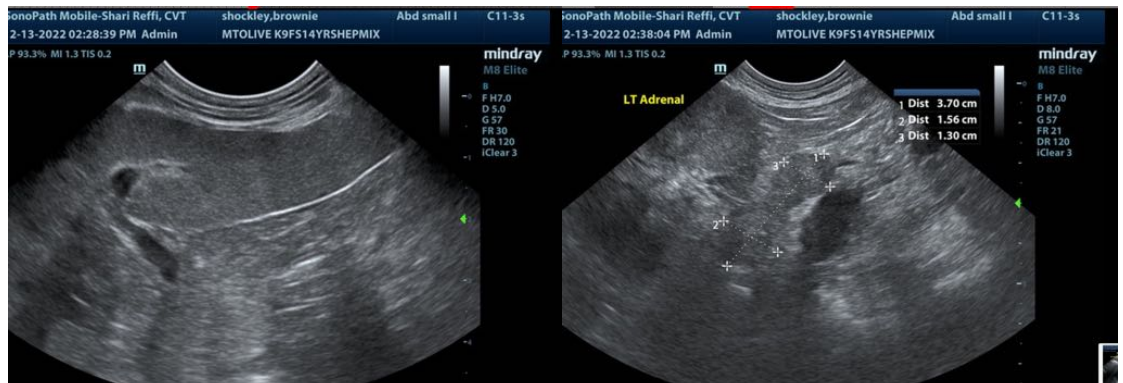
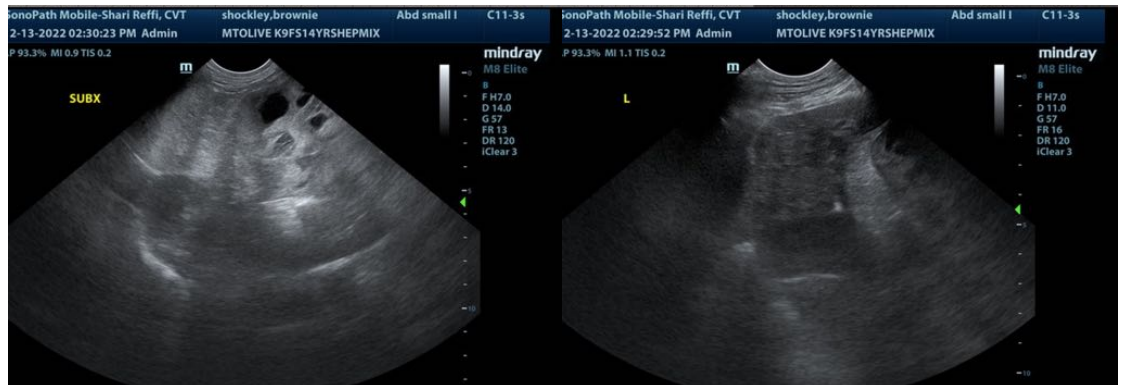
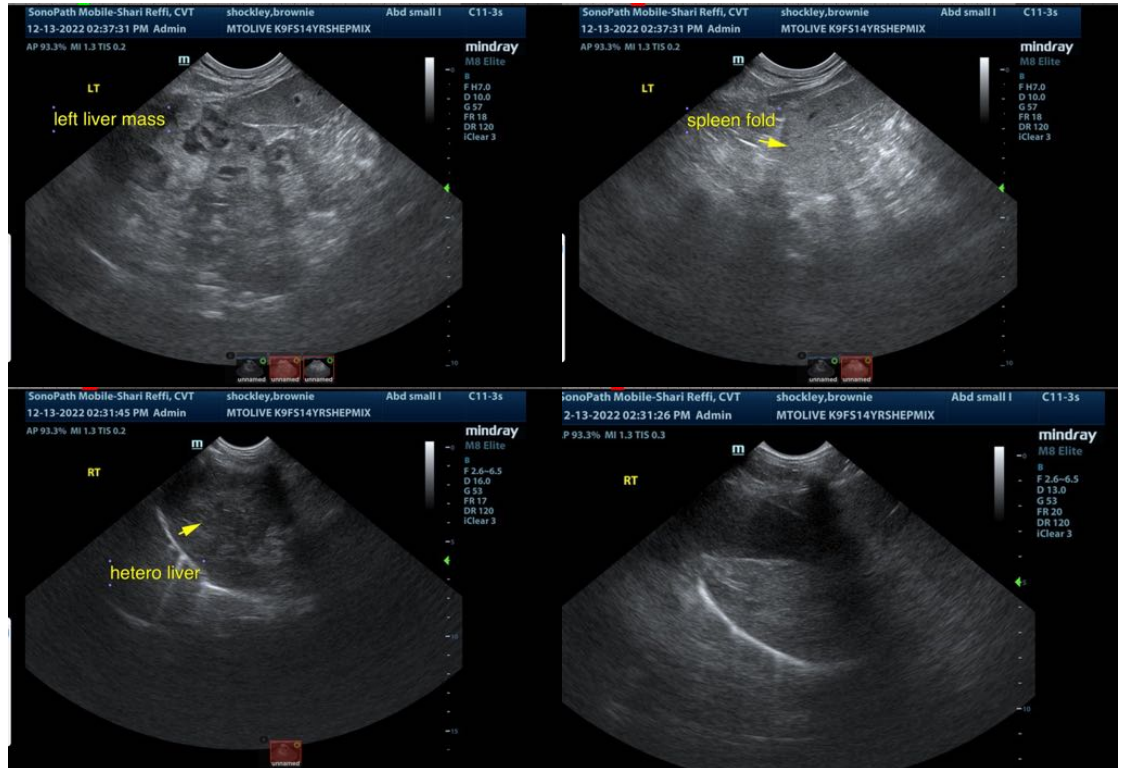
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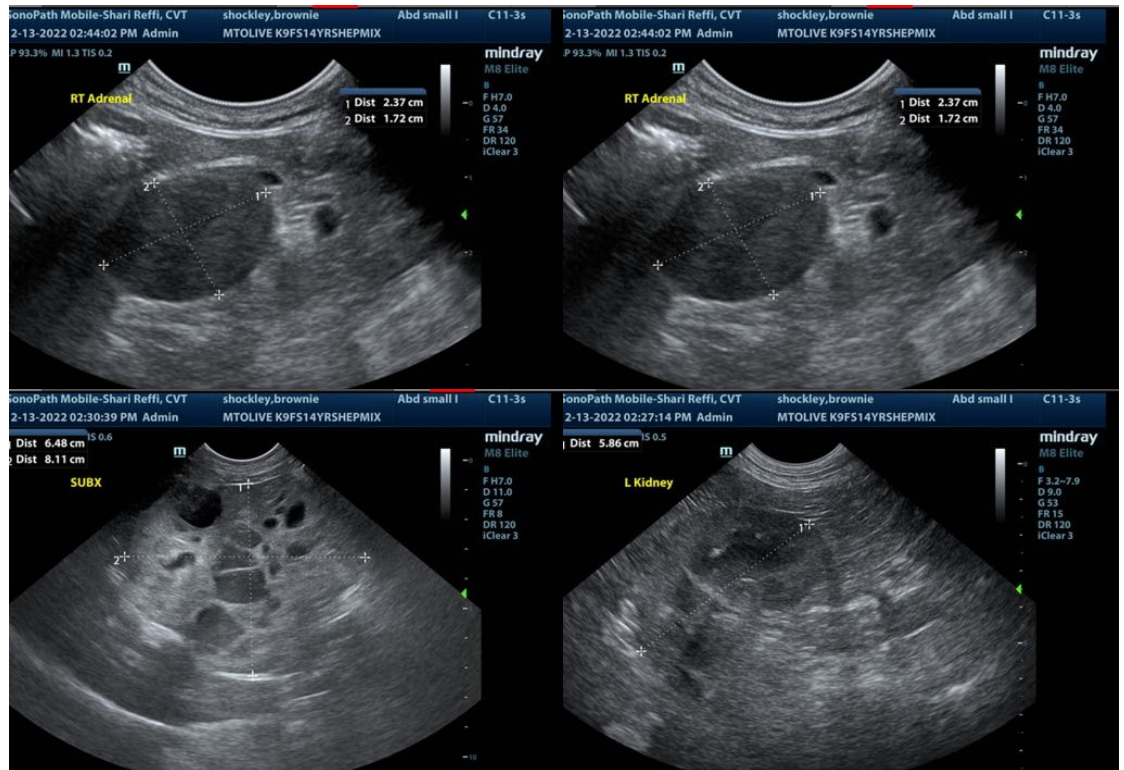
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Info@SonoPath.com