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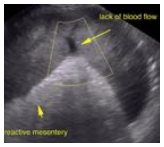
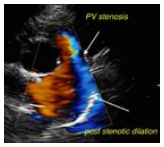
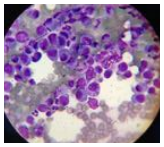
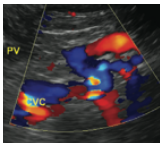
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Lucy Orgera

SPECIES
Canine

BREED
Jack Russell

SEX
Spayed female

AGE
12 years

WEIGHT
24.8 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Valeryia Shumskaya

HOSPITAL NAME
Westwood Regional VH

REFERRING VET
Dr. Hartwick

INVOICE
42704

DATE
2/10/23

PRESENTING CLINICAL SIGNS

History: Elevated liver values, had been on rimadyl on and off. - recheck chem: still elevated (improved slightly) Clinically doing okay other than arthritis. Current meds Denamarin, dasuquin, turmeric, off rimadyl for 1 month
Abnormal PE/Chem/CBC/UA Results: 1/27/23 = ALT = 613(12-118) was 732, ALPK = 1710 (5-131) was 1886, GGT = 234 (1-12) was 300 on 12/30/22, BUN 36, CR = 0.7, Phos = 6.4, SDMA = 13 (44), CBC = WNL, T4 = normal. SG: 1.029

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

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. The right kidney measured 5.0 cm. The left kidney measured 4.78 cm with non-obstructive corticomedullary mineralization.

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 1.4 x 0.46 cm at the caudal pole and 0.5 cm at the cranial pole. A right adrenal mass was noted in this patient and measured 2.37 x 2.09 cm. Capsular expansion was noted with mild, capsular inflammatory pattern. No obvious caval invasion was noted; however, an early invasion cannot be completely ruled out. CT evaluation prior to surgery would be ideal. Complete loss of architecture was noted within the right adrenal gland.

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.

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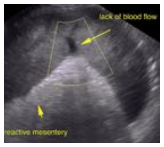
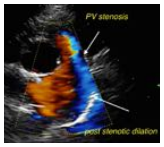
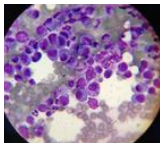
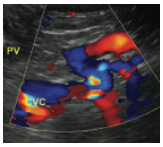

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Liver

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. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. Slight gallbladder polyps were noted, yet were not pathological.

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

Right adrenal mass. Pheochromcotyoma and carcinoma are the primary differentials. Adenoma is possible, yet less likely.

Non-specific inflammatory hepatopathy/age related hepatic changes.

Age related renal changes with non-obstructive nephrolithiasis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Serial blood pressure measurements are warranted +/- urine catecholamine if hypertension is an issue. If the patient appears Cushingoid then adrenal dependent Cushing's should be considered. Right adrenalectomy is recommended. CT is ideal prior to surgery of the abdomen and chest to assess for metastatic disease and surgical planning.

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/resources/sonopaths-teleconsultation-services-and-sdep-certification/sonopath-ct-services

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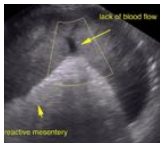
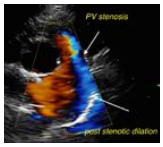
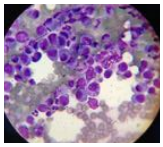
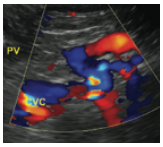

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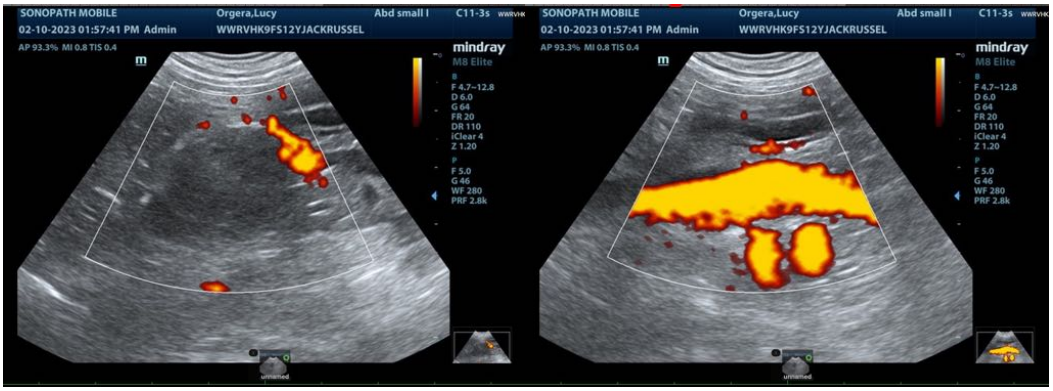

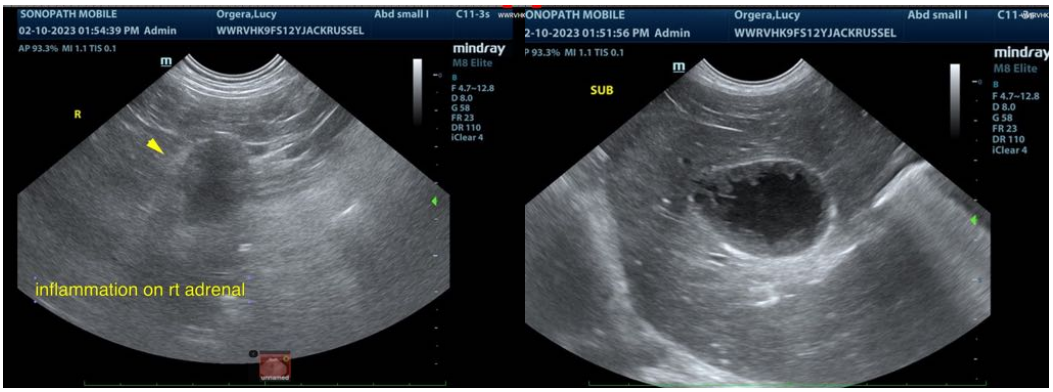

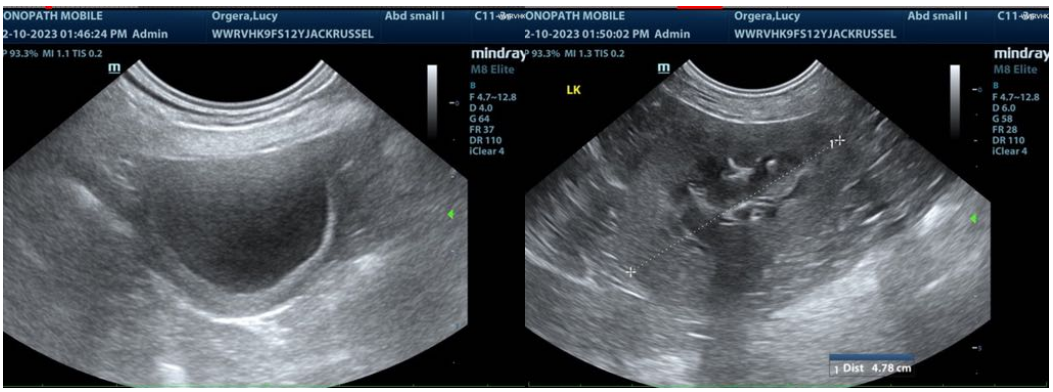

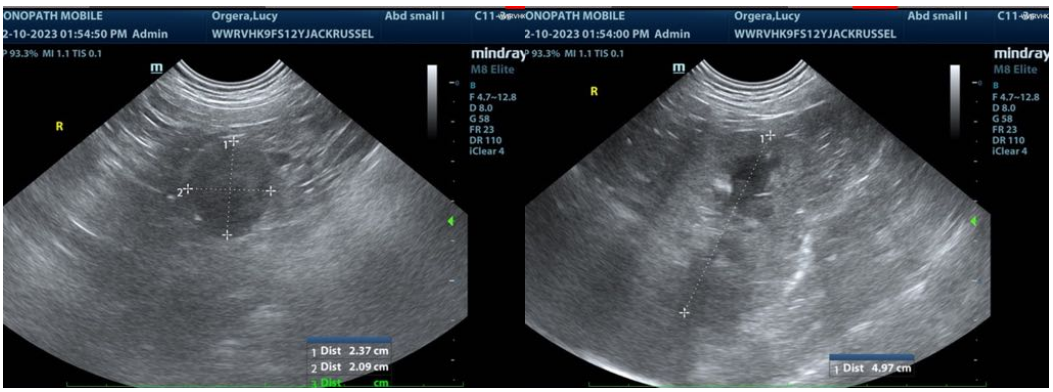

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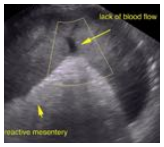
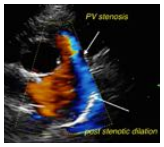
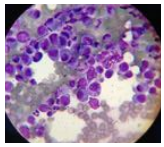
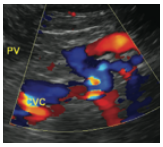

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com