



PATIENT

Rooney Till

SPECIES

Canine

BREED

English Bulldog

SEX

Spayed female

AGE

Spayed female

WEIGHT

42.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Animal General on
Hudson

REFERRING VET

Dr. Tierney

INVOICE

43456

DATE

3/22/23

PRESENTING CLINICAL SIGNS

History: ALT and ALP elevated. On palpation, cranial organomegaly believed to be palpated. Patient is PU/PD.

Abnormal PE/Chem/CBC/UA Results: ALT 186 and ALP 455. USG 1.017.

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 **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 6.54 cm. The left kidney measured 5.87 cm.

Adrenal Glands

The right **adrenal gland** comprised a mass that measured 6.86 x 3.34 cm with caval invasion to approximately 1.5 cm. The left adrenal gland comprised a mass as well with envelopment of the vena cava and aorta extending into the sublumbar space.

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 enlarged with coarse architecture and mildly heterogenous. The vena cava was dilated with a passive congestion pattern that measured 1.8 cm. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. The hepatic lymph nodes were mildly enlarged and rounded measuring up to 1.0 cm.



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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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Free Abdomen

Free fluid was noted in the abdomen.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

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Adrenal mass involving left and right adrenal glands. Possible two separate masses or invasion of the left adrenal mass into the right with caval invasion. Potential seeding into the thoracic vena cava with passive congestion liver pattern. Pheochromocytoma is likely.

Nodular hepatic changes.

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Age related abdominal changes.

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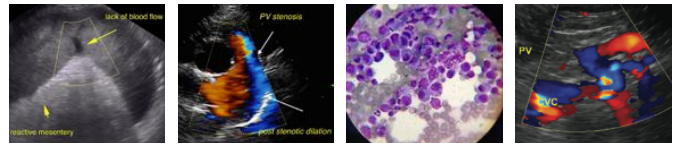
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The adrenal glands cannot be differentiated from each other and appear to involve both adrenal glands. Invasion into the vena cava was present with nodular changes in the deep vena cava. Seeding of the mass into the deep vena cava with secondary passive congestion is likely the underlying cause. Nodular changes in the liver may represent metastatic disease. There is a strong potential for metastatic disease. Serial blood pressure measurements are warranted. Urine catecholamine is warranted as well as chest radiographs +/- echocardiogram to assess the right heart for seeding of the adrenal mass or other causes of passive congestion.



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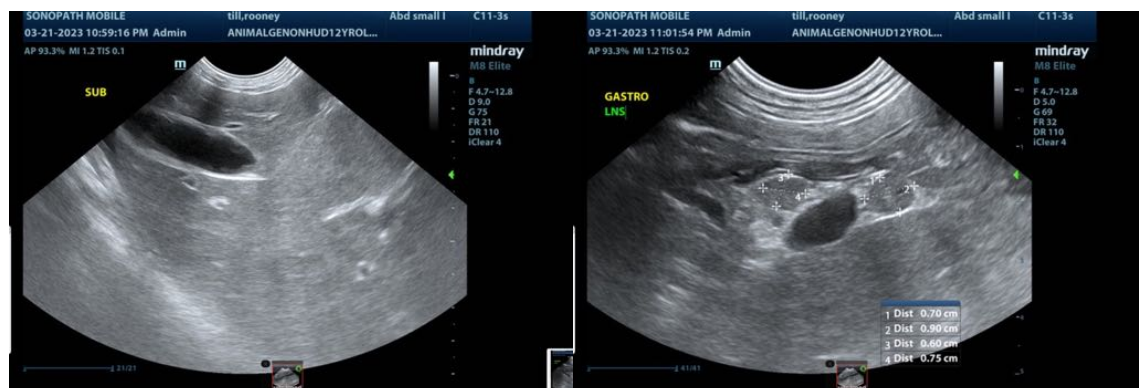
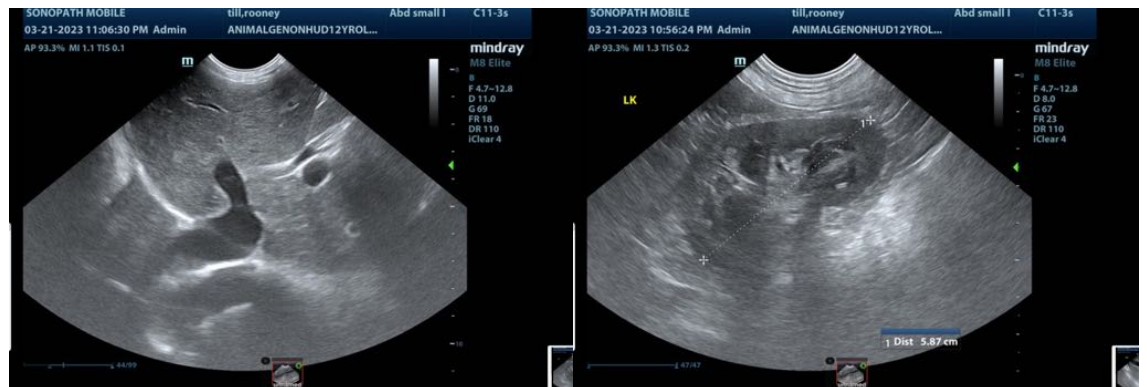
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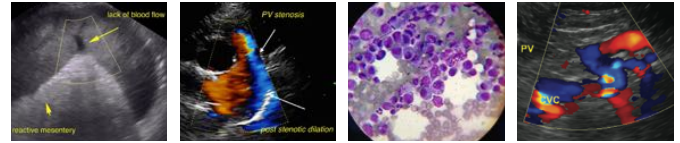
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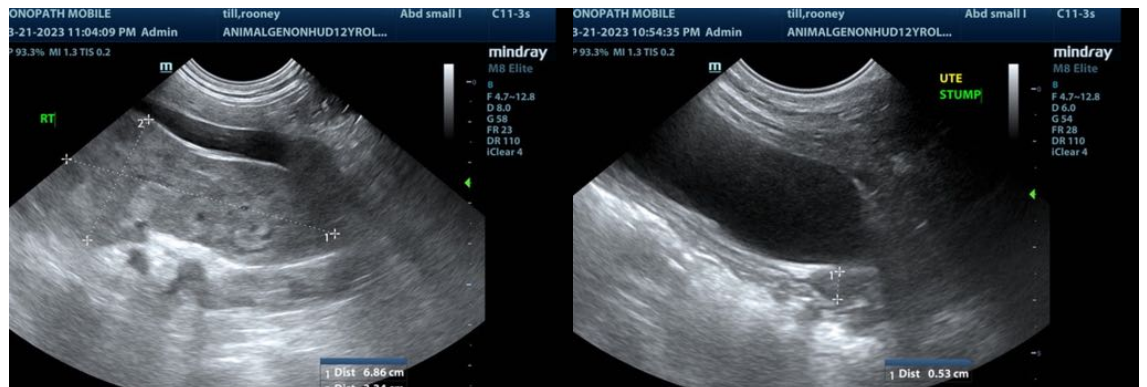
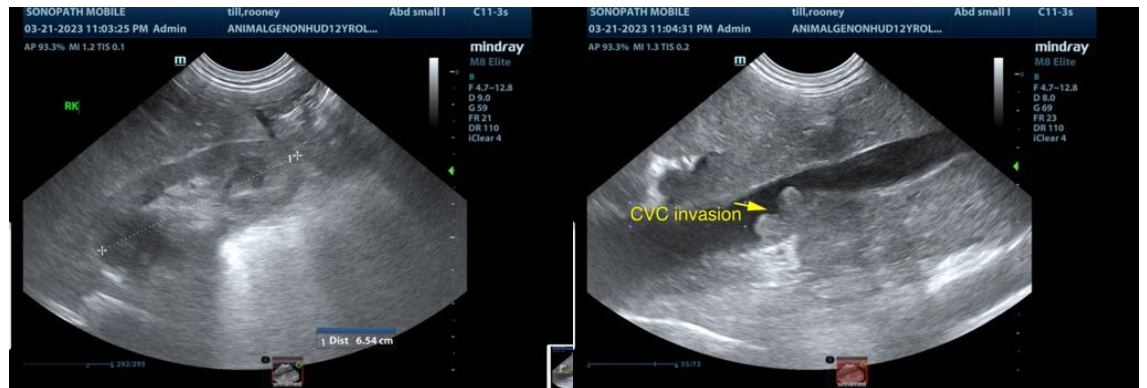
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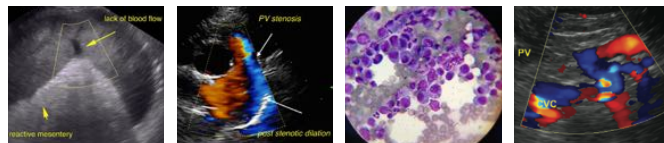


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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