



PATIENT PRESENTING CLINICAL SIGNS

Jericho Rauchtut

History: Recheck AUS. History of recent pitting edema in hindlimbs. FNA of liver and spleen performed based on prev. report. Current meds: Metronidazole 500mg bid, Thyrotabs 1.0mg bid, Methocarbamol 500mg 1.5 T bid, Gabapentin 300mg 2T bid

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: RBC : 9.04 H Hematocrit : 59.5 H Hemoglobin : 21.4 H Reticulocytes : 118 H Reticulocyte Hemoglobin : 24.4 L Lymphocytes : 610 L Eosinophils : 32 L CHEM : Glucose : 61 L Albumin : 2.2 L Albumin:Globulin Ratio : 0.6 L ALP : 844 H Cholesterol : 490 H Creatinine Kinase : 226 H TT4 = 2.5 U/A : USG 1.004 UPC ratio = 5.0 Repeat fasted BG = 69, T4 2.5,

BREED

Lab/Pyrenees

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered male

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.

AGE

11 years

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 8.55 cm. The right kidney measured 7.8 cm.

WEIGHT

118 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The right adrenal gland was enlarged and measured 3.45 x 1.96 cm at the caudal pole and 1.6 cm at the cranial pole. The left adrenal gland was normal in size and contour measuring 2.29 x 0.31 cm at the caudal pole and 0.4 cm at the cranial pole. The caval thrombus was persistent and measured 4.74 x 2.35 cm.

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Long Valley AH

Spleen

The **spleen** was heterogenous with subtle, micronodular changes and minor swelling. FNA of the spleen was performed without complication.

REFERRING VET

Dr. Earl

Liver

INVOICE

31505

The **liver** was persistently enlarged with increased portal markings and moderate remodeling. The gallbladder wall was slightly echogenic and stable.

DATE

7/7/22



PATIENT

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.

SPECIES

Canine

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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.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Persistently enlarged right adrenal gland, heterogenous.

AGE

11 years

Vena cava thrombus, potential relationship between the vena cava thrombus and right adrenal gland.

Micronodular spleen.

WEIGHT

118 lbs

Hepatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

The right adrenal gland was further visualized in this patient compared to the prior sonogram and there was some loss of structural detail, uniform swelling. Direct connection from the right adrenal gland to the vena caval thrombus cannot be made; however, I cannot rule out a small connection. CT would be recommended for further definition.

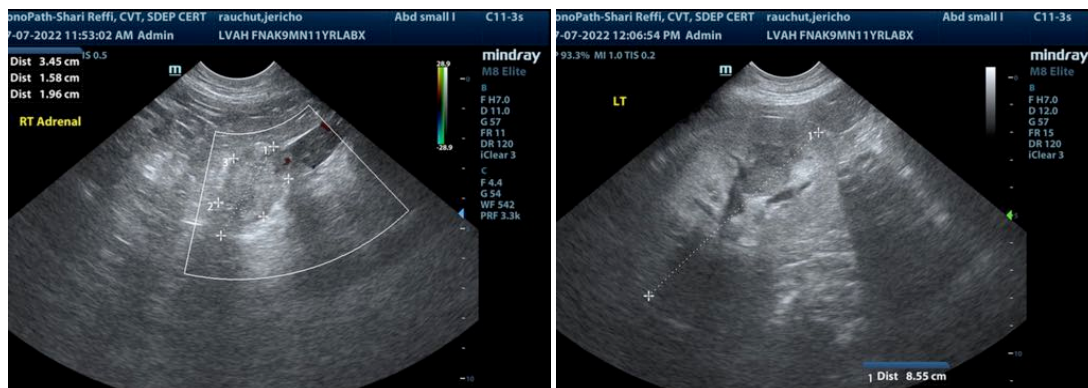
IMAGING PERFORMED BY

Shari Reffi, CVT

Blood pressure measurements +/- urine catecholamine is indicated in this patient. Concurrent non-specific, protein losing nephropathy may be related to the right adrenal pathology.

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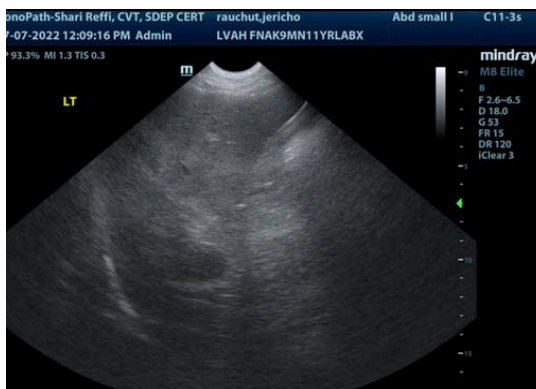
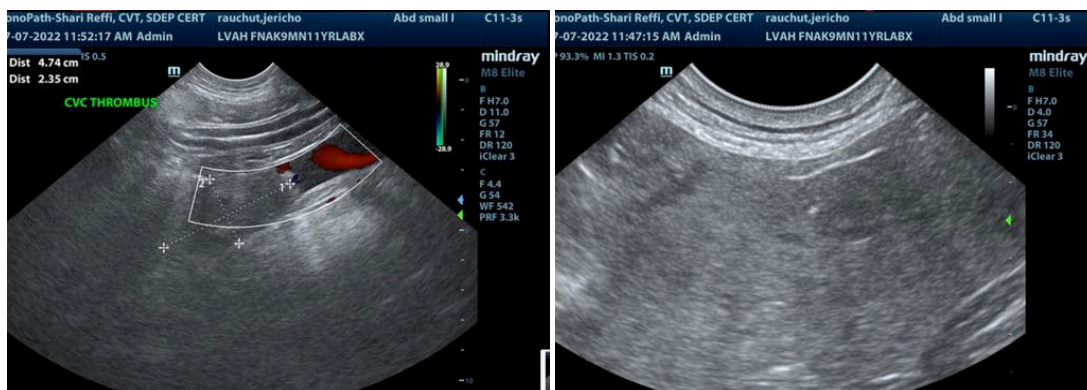
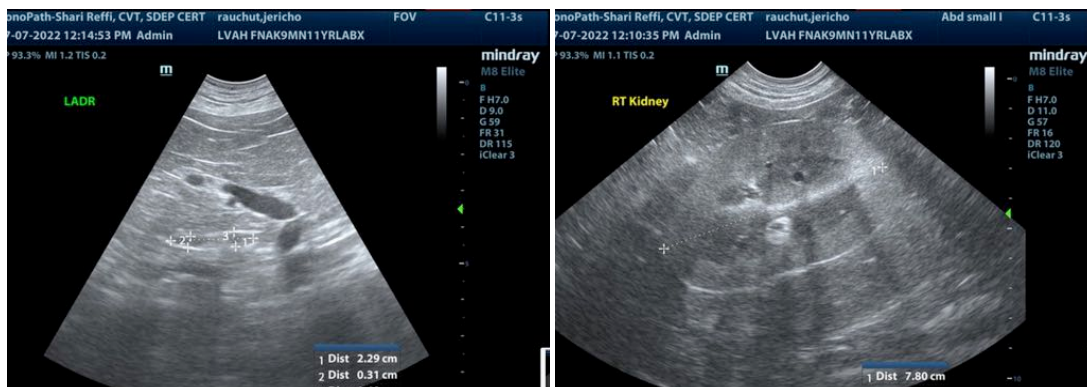
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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