

PATIENT PRESENTING CLINICAL SIGNS

Hershey Cardoso

History: diagnosed with diabetes mellitus on 5/4/23; has been on prozinc since then. Began to show poor glycemic control, pu/pd in the past 2 weeks. Prozac increased from 4 units to 5 units bid.

SPECIES

Abnormal PE/Chem/CBC/UA Results: 7/28/23 fructosamine 464; UA: calcium oxalate 3+, USPG 1.013

Canine

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

Maltese

SEX

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. Grouping of calculi were noted in the bladder and measured 1.5 cm with acoustic shadowing. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

Neutered male

Slight prostate urethra mineralization was noted.

AGE

10 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.7 cm.

WEIGHT

13.7 lbs

Adrenal Glands

INTERPRETED BY

A right **adrenal** mass was noted in this patient and measured 3.5 x 2.0 cm at the caudal pole and 1.6 cm at the cranial pole. The left adrenal gland was normal in size and contour measuring 1.56 x 0.51 cm at the caudal pole and 0.53 cm at the cranial pole.

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Spleen

Diane McFadden, RVT

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.

HOSPITAL NAME

Ridge Road AH

REFERRING VET

Dr. Pathak

Liver

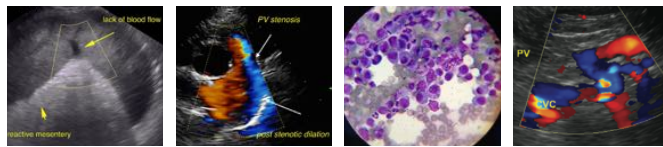
INVOICE

46664

DATE

8/17/23

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. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



PATIENT

Gastrointestinal

Hershey Cardoso

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

SEX

Neutered male

AGE

10 years

ULTRASONOGRAPHIC FINDINGS

Right adrenal mass.

WEIGHT

13.7 lbs

Bladder calculi.

Minor renal calculi were noted and were non-obstructive.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Differentials on the right adrenal mass include pheochromocytoma, adenocarcinoma, large adenoma is technically possible. The right adrenal mass appears resectable and no overt evidence of invasion was noted. Capsular expansion was noted without capsular escape. I strongly recommend CT evaluation for surgical planning as the right adrenal gland does impinge upon the vena cava. Therefore, early invasion cannot be completely ruled out. Serial blood pressure measurements are warranted. Right adrenalectomy, cystotomy with normal and retrograde flush of the urinary tract is indicated.

IMAGING PERFORMED BY

Diane McFadden, RVT

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/vetimaging/>

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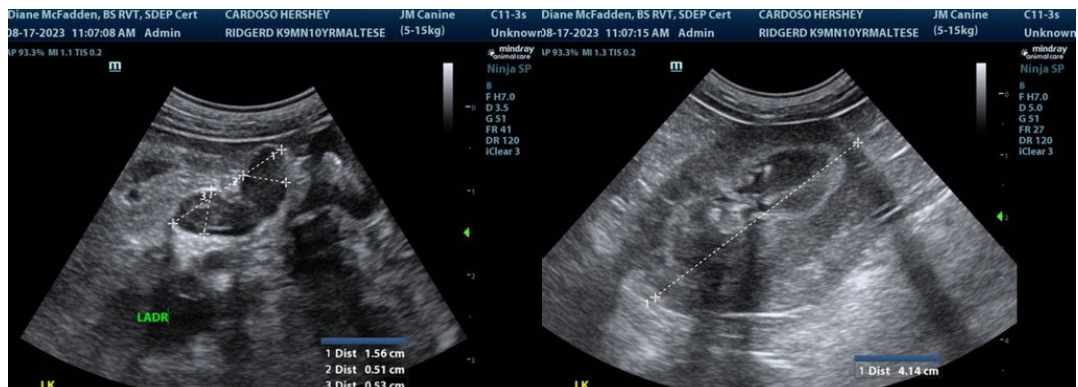
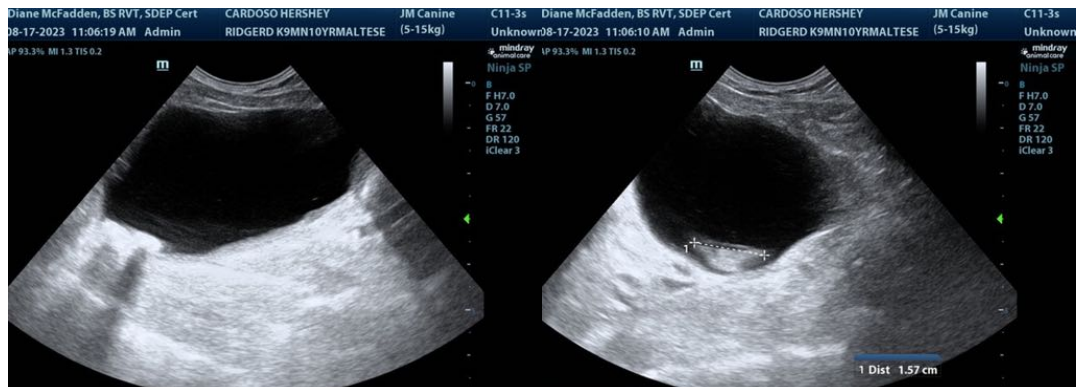
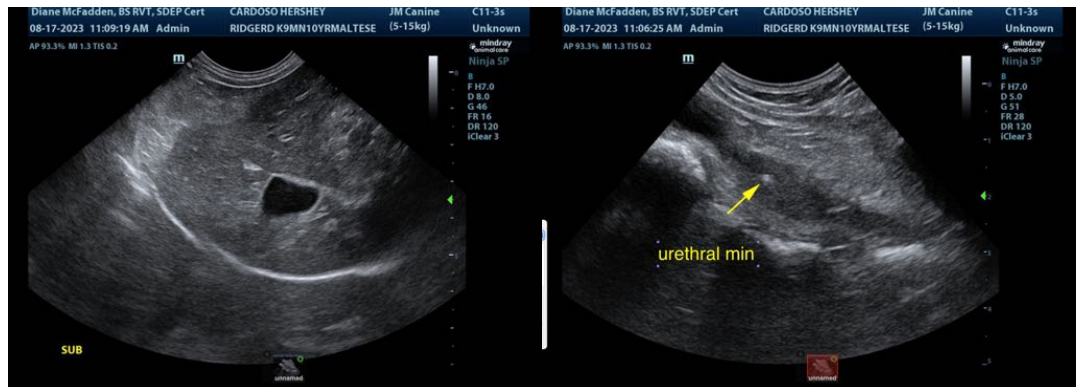
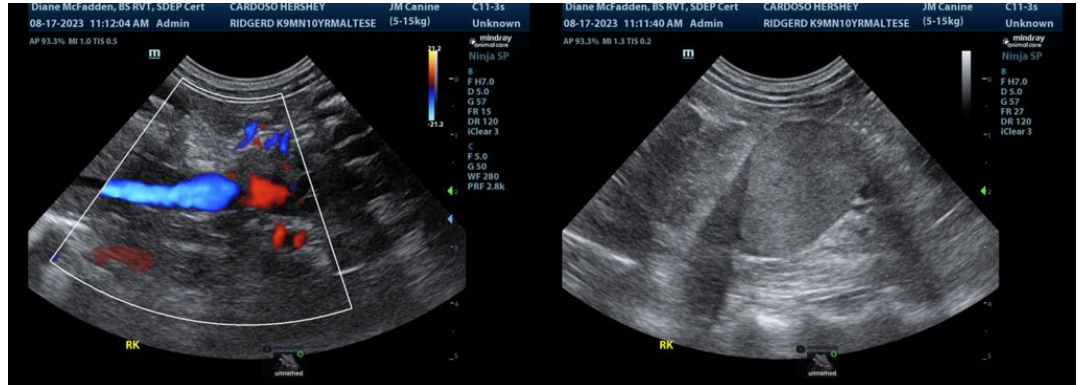
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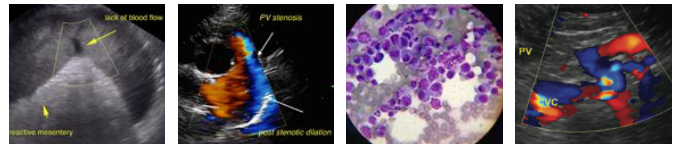
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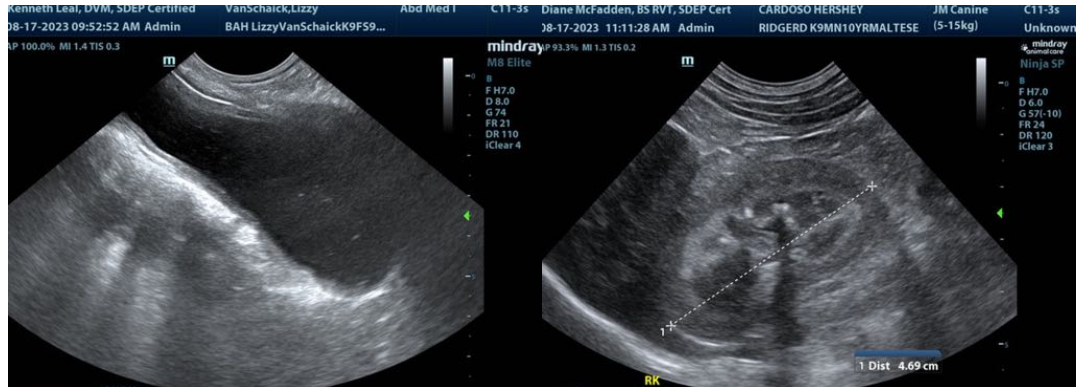
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Info@SonoPath.com