



PATIENT

Tommy Bjelis

PRESENTING CLINICAL SIGNS

History: PU/PD, history of Cushing's. Current meds: Trilostane 15mgs am, 10mgs pm.
Abnormal PE/Chem/CBC/UA Results: ALT 254, Alk. Phos. 4188. U/A: pH 7.5, USG 1.006.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Maltese

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.

SEX

Neutered male

The residual prostate was uniform and measured 0.84 cm.

AGE

13 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 left kidney measured 4.52 cm. The right kidney measured 5.12 cm.

WEIGHT

18 lbs

Adrenal Glands

The left **adrenal gland** comprised a 4.65 x 2.79 cm mass that was expansive, irregular and peripherally inflamed, yet moderately vascular. The right adrenal gland appeared to be small likely owing to negative feedback and mildly heterogenous.

INTERPRETED BY

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

Spleen

IMAGING PERFORMED BY

Kelly Vazquez, CVT

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

Animal General on Hudson

REFERRING VET

Dr. Freedman

Liver

The **liver** presented multi-focal, expansive, mixed hypoechoic and hyperechoic nodules that measured up to 1.4 cm and an overt mixed hypoechoic 6.1 x 6.4 cm mass as well as expansive, isoechoic nodules and masses that measured 4.86 cm. The pathology is multi-focal and non-resectable. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

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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.

SPECIES

Canine

BREED

Maltese

SEX

Neutered male

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.

AGE

13 years

Free Abdomen

The iliac trifurcation revealed a sublumber lymph node mass that measured 1.97 cm.

WEIGHT

18 lbs

ULTRASONOGRAPHIC FINDINGS

Aggressive left adrenal mass with metastatic pattern to the liver and iliac lymph nodes.

Age related spleen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multi-centric neoplasia is likely deriving from the left adrenal gland. Likely functional carcinoma. FNA of the liver and iliac lymph nodes +/- left adrenal can all be considered for further definition.

IMAGING PERFORMED BY

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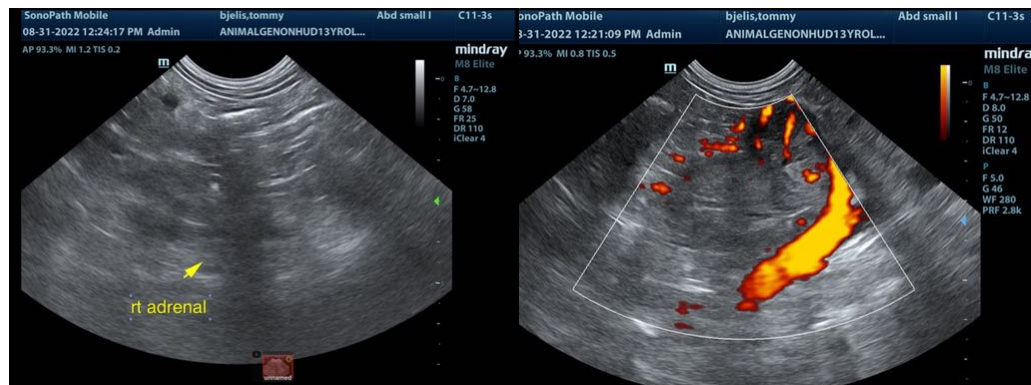
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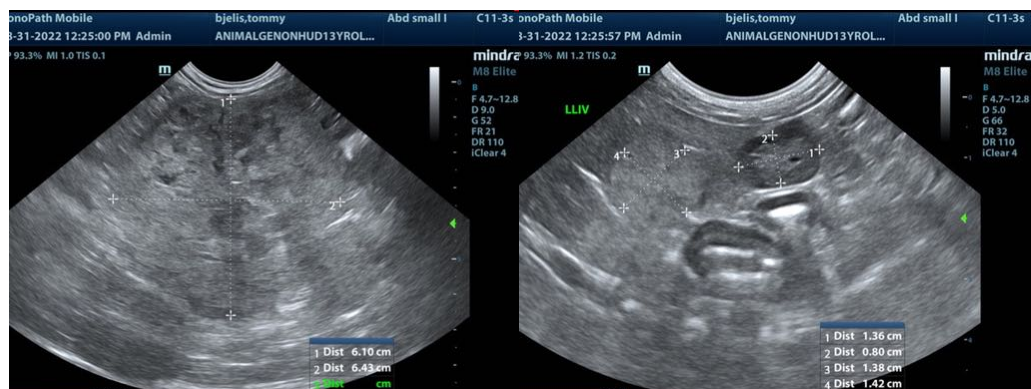
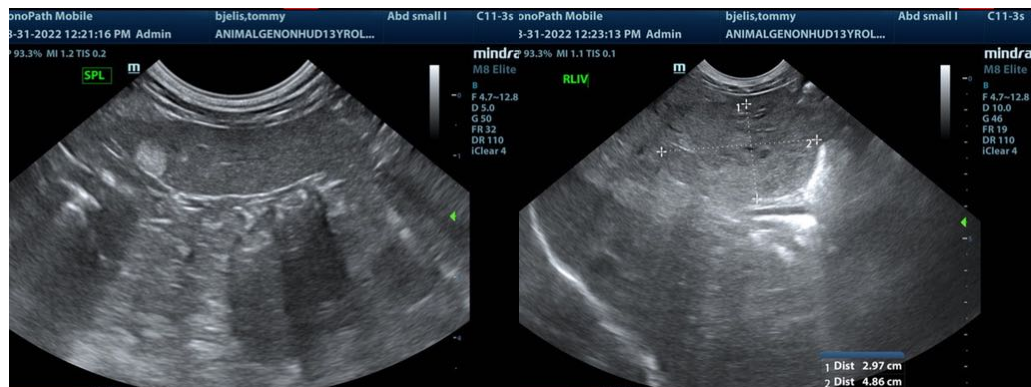
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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