

**PATIENT PRESENTING CLINICAL SIGNS**

Tato Vaquerano

Chief Concern / Provisional Diagnosis: ~Acute onset of hypertension (>300) and neurologic signs (ataxia, head tilt) on 8/17/22. Screen for adrenal tumor. Concern for pheochromocytoma. Owner expressed concern for slow urination recently. Would like close evaluation of urinary tract. Relevant Medical History and Physical Exam findings: ~Has improved since initial incident, still has slight head tilt. Recent Diagnostics: Relevant Laboratory Results / Abnormalities: Elevated SDMA 20 Elevated creatinine 1.9 UPC 0.4 Doppler blood pressure 170, 164, 170 D Dimers normal Current medications (include full name, dosage and frequency): ~Enalapril 1mg/kg po Q12h

**SPECIES**

Canine

**BREED**

Greyhound

**SEX**

MN

**AGE**

7y 8m

**WEIGHT**

81 lbs.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate was free of pathology measuring 1.1 cm in diameter.

The area of the aortic trifurcation was free of pathology.

Overall normal size was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained with mild loss of corticomedullary border demarcation and pinpoint areas of medullary mineral. Bilateral focal cortical infarcts were present. No evidence of pelvic dilation was present. The left kidney measured 7.4 cm in length. The right kidney measured 7.8 cm in length.

**Adrenal Glands**

The bilateral adrenal glands were overtly normal in size, position and shape. No evidence of adrenal tumors or neoplastic criteria was noted. The left adrenal gland measured 0.56 cm width at the caudal pole and 0.62 cm width at the cranial pole. The right adrenal gland measured 0.63 cm width at the caudal pole and 0.74 cm width at the cranial pole.

**Spleen**

The spleen exhibited subjective generalized enlargement. The spleen maintained symmetrical capsule contour and a finely textured homogeneous parenchyma. Normal splenic vascularity was present. No splenic masses or nodules were noted.

**Liver/ Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. Mildly distended cystic biliary duct was noted, which is likely incidental.

**INTERPRETED BY**

R. McKenzie Daniel, DVM,  
DABVP (Canine and Feline)

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

MountainView Animal  
Hospital

**REFERRING VET**

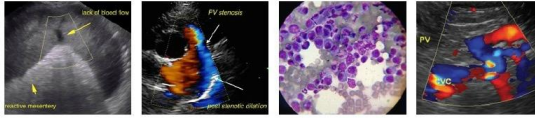
Dr. Sarah Kalivoda

**INVOICE**

14980

**DATE**

9-24-22



**PATIENT**

Tato Vaquerano

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

**SPECIES**

Canine

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

**BREED**

Greyhound

**Pancreas**

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

**SEX**

MN

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**AGE**

7y 8m

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

81 lbs.

- Subjective splenomegaly - nonspecific with considerations including splenomegaly associated with sedation / anesthesia if clinically applicable, incidental hyperplasia, hematopoiesis, splenitis, all potentials, neoplastic splenic criteria considered unlikely
- Overtly normal bilateral adrenal glands - no evidence of adrenal neoplastic criteria
- Mild chronic renal changes exhibiting pinpoint medullary mineral and focal cortical infarcts
- Sonographically unremarkable urinary bladder, residual prostate, and visible proximal urethra

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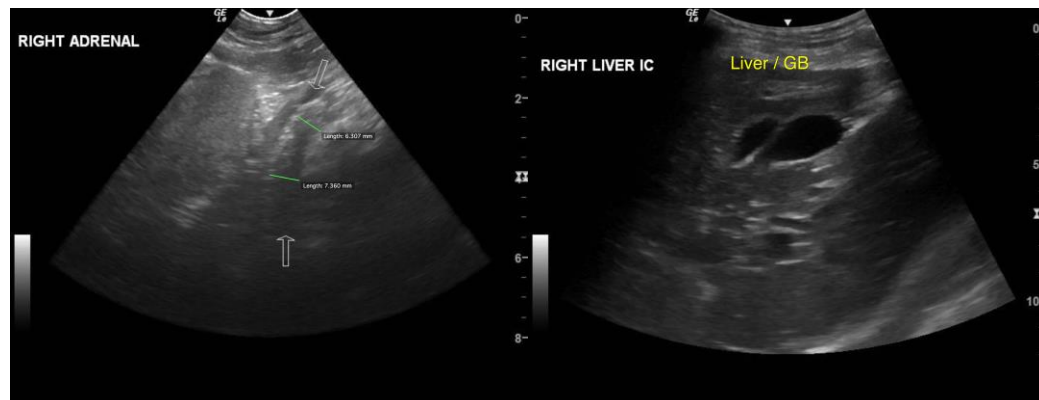
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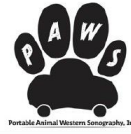
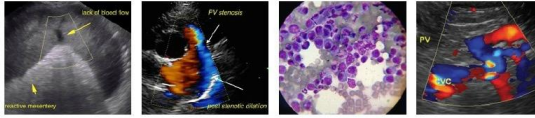
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Screening FNA splenic cytology using a 25-gauge needle and assuming normal clotting status could be considered primarily to ensure only benign changes are present. Continued periodic monitoring of UPC level is suggested.





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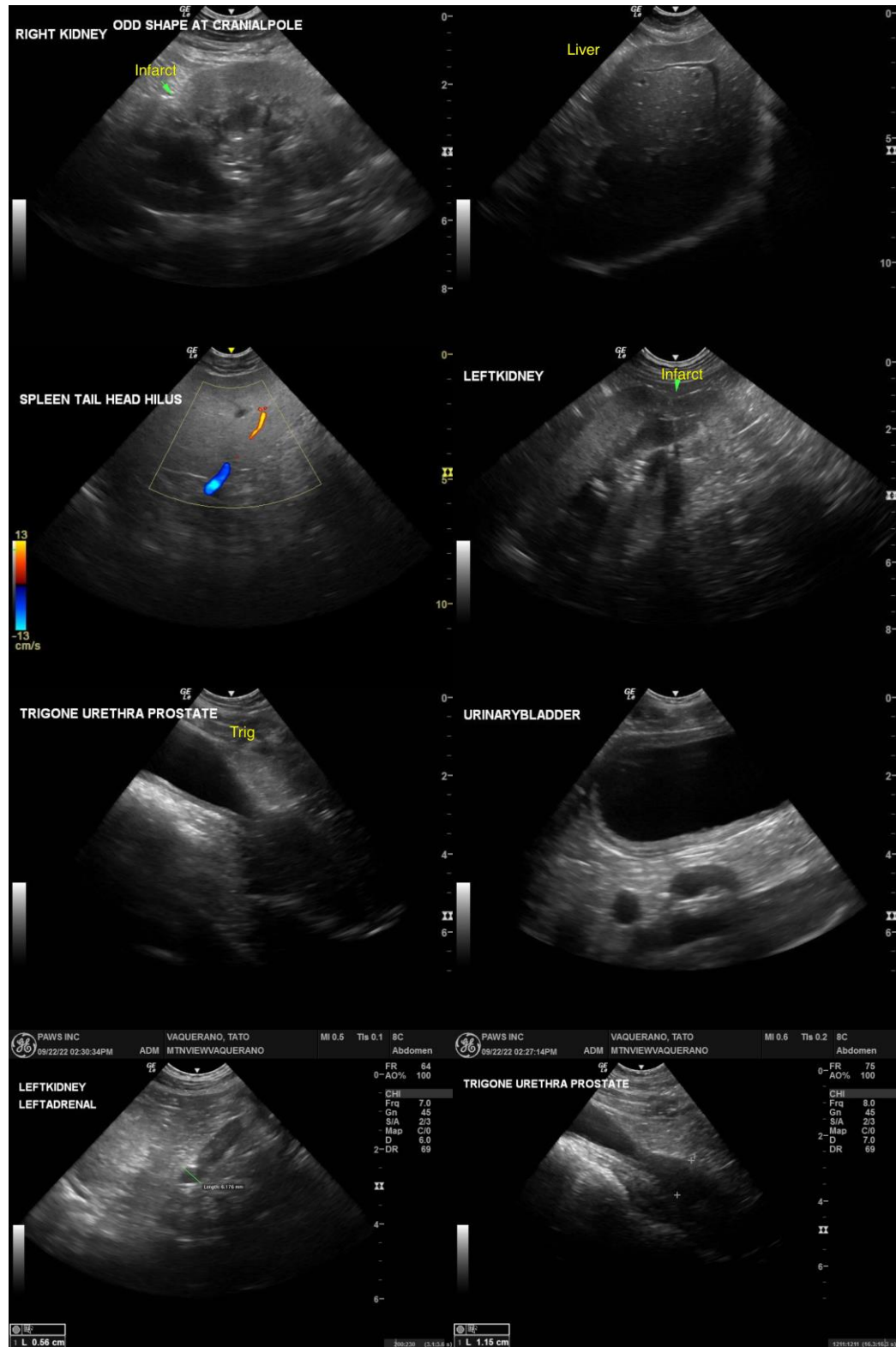
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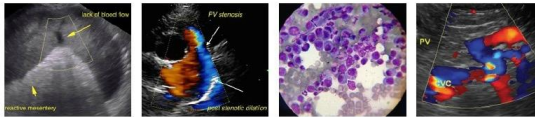
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

**SPECIES**

Canine

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.

**BREED**

Greyhound

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info@SonoPath.com

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