



PATIENT

Perry Calabrese

SPECIES

Canine

BREED

Shar Pei/Lab Mix

SEX

Neutered male

AGE

12 years

WEIGHT

37.18 kg

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Ryan Bergner LVT

HOSPITAL NAME

Waterville VC

REFERRING VET

Dr. Gilchrist

INVOICE

75498

DATE

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PRESENTING CLINICAL SIGNS

History: P has a recent history of generalized muscle atrophy and multifocal skin lesions (alopecia and crusting along trunk)

Hx of left adrenal gland mass- had adrenalectomy and splenectomy at Cornell 4/9/24

- Left adrenal gland mass: Malignant pheochromocytoma with capsular and intravascular invasion
- Spleen: Multifocal splenic infarction with intra-arterial organizing thrombi, Multifocal mild low lipomas, Multifocal nodular extramedullary hematopoiesis

- Liver: Mild hydropic degeneration, centrilobular and mid zonal with a small number of randomly scattered lipogranulomas.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. Normal appearance of the bladder neck and proximal urethra. There are no calculi, and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 6.69×3.76 cm, and the thickness of the cortex is 0.52 cm, in the sagittal plane. The right kidney is normal in shape and size: 6.77×3.97 cm, and the thickness of the cortex is 0.57 cm, in the sagittal plane. Both kidneys: the cortex is isoechoic compared to liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Doppler color demonstrates a normal vascular pattern.

Adrenal Glands

Immediately medial to the aorta, within the region/projection of the previously resected left adrenal gland, there is a hypoechoic soft tissue mass measuring 3.60×2.18 cm with a centrally mineralized component. The lesion is closely associated with the aorta; however, no convincing vascular invasion is identified within the available imaging planes.

The right adrenal gland demonstrates normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: 0.67 cm at the cranial pole and 0.68 cm at the caudal pole.

Spleen

The spleen is not visualized, consistent with prior splenectomy.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The hepatic parenchyma appears uniform and isoechoic relative to the falciform fat, with a normal echotexture. No focal hepatic lesions or hepatic lymphadenopathy are identified.



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The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic. No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal Tract

The stomach is empty and folded, with mural thickness measuring 2.61 mm and preserved wall layering. The pylorus measures 5.83 mm. The duodenum measures 2.93 mm. The jejunum measures 3.47-3.72 mm with preserved wall layering. No evidence of gastrointestinal inflammation, ileus, or foreign material is identified. Formed fecal material is present within the descending colon.

Pancreas

The evaluated pancreatic regions do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation is normal.

PRIMARY FINDINGS

- Soft tissue mass with central mineralization within the region of the previously resected left adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A 3.60×2.18 cm hypoechoic soft tissue mass with central mineralization is identified within the region/projection of the previously resected left adrenal gland. Given the prior histopathologic diagnosis of malignant pheochromocytoma with capsular and intravascular invasion, this finding is highly concerning for local neoplastic recurrence/residual disease. A metastatic or reactive sublumbar lymph node is considered less likely based on location and appearance, although it cannot be completely excluded ultrasonographically.

No convincing aortic invasion is identified within the imaged portions of the adjacent vessels on the current examination; however, pheochromocytomas are well recognized for vascular invasive behavior, and complete vascular assessment may be limited sonographically.

Recommendations

- Correlation with current blood pressure and clinical signs is recommended.
- Given the prior malignant pheochromocytoma diagnosis and the current recurrent mass-like lesion, staging diagnostics including thoracic imaging and/or advanced abdominal imaging (CT) are recommended if clinically feasible. It could also be particularly beneficial for further characterization of the lesion and assessment for vascular invasion or additional metastatic disease.



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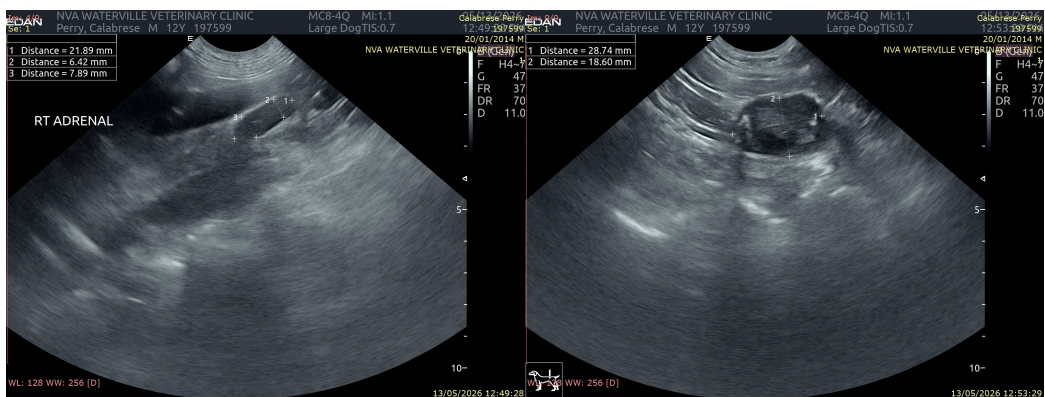
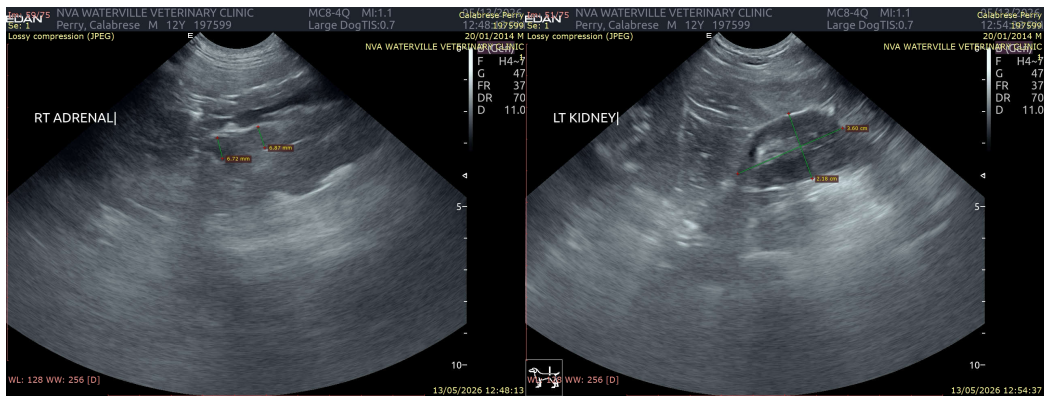
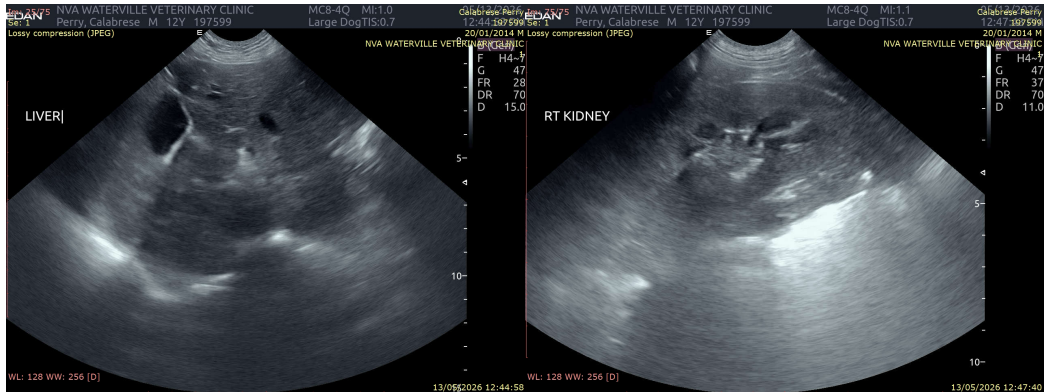
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- Consultation with surgery and/or oncology may be warranted depending on staging results and owner goals.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.





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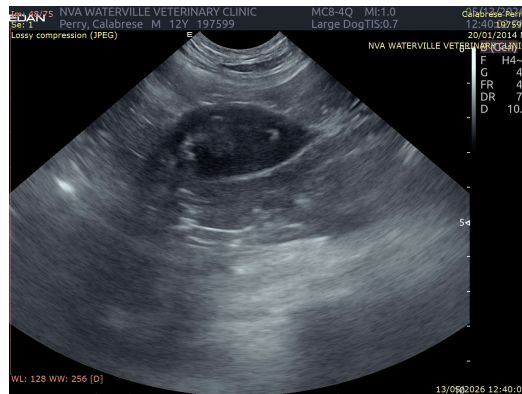
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

info@SonoPath.com