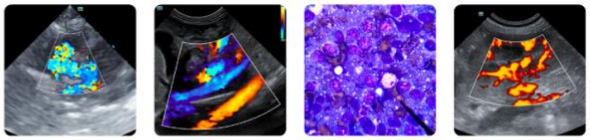

PATIENT

Bailey Close

SPECIES

Canine

BREED

Lab

SEX

Spayed Female

AGE

12 Years

WEIGHT

58 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Rachel South, DVM

HOSPITAL NAME

River Valley Animal Hospital

REFERRING VET

Rachel South, DVM

INVOICE

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PRESENTING CLINICAL SIGNS

Client recently moved from Florida. Patient was diagnosed via ultrasound with a left adrenal mass in October of 2023 (report read: "Left Adrenal - Concern for adrenomegaly/mass. Focal mass effect noted medial to left kidney. Homogenous hyperechoic 2 x 2.5 cm encapsulated structure (possibly bilobed). A single 2 mm hyperechoic nodule present in the dorsal aspect of the mass"). At that time a LDDST was done and WNL. O elected to monitor at that time with no aspirates/biopsy. O states patient has recently seemed to be panting more and uncomfortable and wanted to check an ultrasound again.
Patient is currently on Proin, Incurin, Gabapentin (PRN for arthritis) and Carprofen (PRN for arthritis) as well as Cosequin

Abnormal PE/Chem/CBC/UA Results: CBC 6/19/26: unremarkable Chem10 6/19/26: mildly elevated ALP; rest unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended, and the wall appears thin and smooth. The urine is mildly turbid with scattered suspended echoes. The trigone and proximal urethra have a normal ultrasonographic appearance. No calculi are identified, and there is no evidence of inflammatory or neoplastic disease.

The left kidney is normal in shape and size, measuring 6.58x3.76 cm, with a cortical thickness of 0.52 cm in the sagittal plane. The renal cortex demonstrates normal echogenicity. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

The right kidney is normal in shape and size, measuring 5.99x3.54 cm, with a cortical thickness of 0.50 cm in the sagittal plane. The renal cortex demonstrates normal echogenicity. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

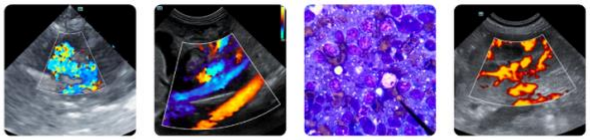
A large heterogeneous left adrenal mass is identified, measuring 5.56x4.27 cm. Multifocal mineralized foci are present within the mass. Complete invasion of the phrenicoabdominal vein is identified. The renal artery and vein can be followed from the renal hilus and appear displaced by, but not incorporated into, the mass. The abdominal aorta is mildly displaced by the lesion; however, definitive aortic invasion cannot be confirmed or excluded based on the current examination.

The right adrenal gland appears normal in size and echogenicity.

Spleen

Splenic thickness is 1.05 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver



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The liver is subjectively mildly enlarged, with smooth margins and a regular contour. The hepatic parenchyma is mildly coarse in echotexture and contains a few subtle poorly defined nodular foci, most consistent with mild nodular hyperplastic or regenerative change. No hepatic lymphadenopathy is identified.

The gallbladder is normally distended. The wall is thin and smooth. A mild to moderate amount of non-shadowing biliary sludge is present. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal tract

The stomach is empty and folded. Gastric wall thickness measures 2.87 mm, with normal wall layering preserved.

The pyloric wall measures 6.90 mm.

The duodenal wall measures 4.20 mm.

The jejunal wall measures 4.80-5.20 mm, with normal wall layering preserved.

No evidence of gastrointestinal inflammation, obstructive ileus, or foreign material is identified.

The colon appears unremarkable.

Pancreas

The pancreatic regions included in the examination 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

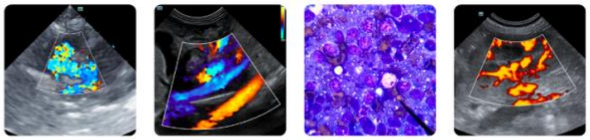
- Large heterogeneous left adrenal mass.

SECONDARY FINDINGS

- Mild hepatomegaly with subtle nodular hepatic change.
- Mild to moderate biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The large left adrenal mass has increased substantially in size compared with the previously reported examination from 2023. The lesion is heterogeneous, contains multifocal mineralization, and demonstrates complete invasion of the phrenicoabdominal vein. These findings are highly concerning for malignant adrenal neoplasia. Differential diagnoses include adrenocortical adenocarcinoma and pheochromocytoma. The degree of vascular invasion strongly favors a biologically aggressive process over a benign adrenal adenoma.
Importantly, the renal vessels appear displaced rather than invaded, and there is no definite ultrasonographic evidence of invasion of the abdominal aorta. No evidence of regional



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lymphadenopathy, hepatic metastasis, peritoneal metastasis, or abdominal effusion is identified on the current examination.
The mild hepatomegaly and subtle nodular hepatic changes are nonspecific and may represent age-related nodular hyperplasia, chronic hepatocellular remodeling, or endocrine-associated hepatopathy. The mild ALP elevation may be related to these changes.
The current findings represent marked progression compared with the prior report and are most consistent with an adrenal malignancy with local vascular invasion.

Recommendations

- Blood pressure measurement is highly recommended.
- Thoracic radiographs are recommended to evaluate for pulmonary metastatic disease, particularly given the marked interval growth of the adrenal mass and the recent development of clinical signs.
- Although no gross vascular thrombus is identified on the current examination, the documented vascular invasion increases the risk of thrombosis. Occult thromboembolic disease cannot be completely excluded and should be considered if clinical signs remain unexplained.
- Repeat endocrine testing may be considered if clinically indicated, as a previously normal low-dose dexamethasone suppression test does not exclude subsequent development of hormonal activity.
- If clinical signs progress or treatment options are being considered, advanced imaging may provide a more complete assessment of vascular involvement and possible metastatic disease.

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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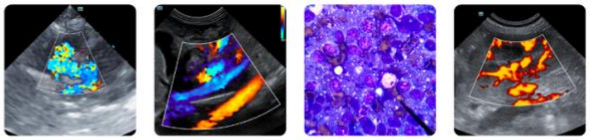

Clinical Sonography & Telecytology
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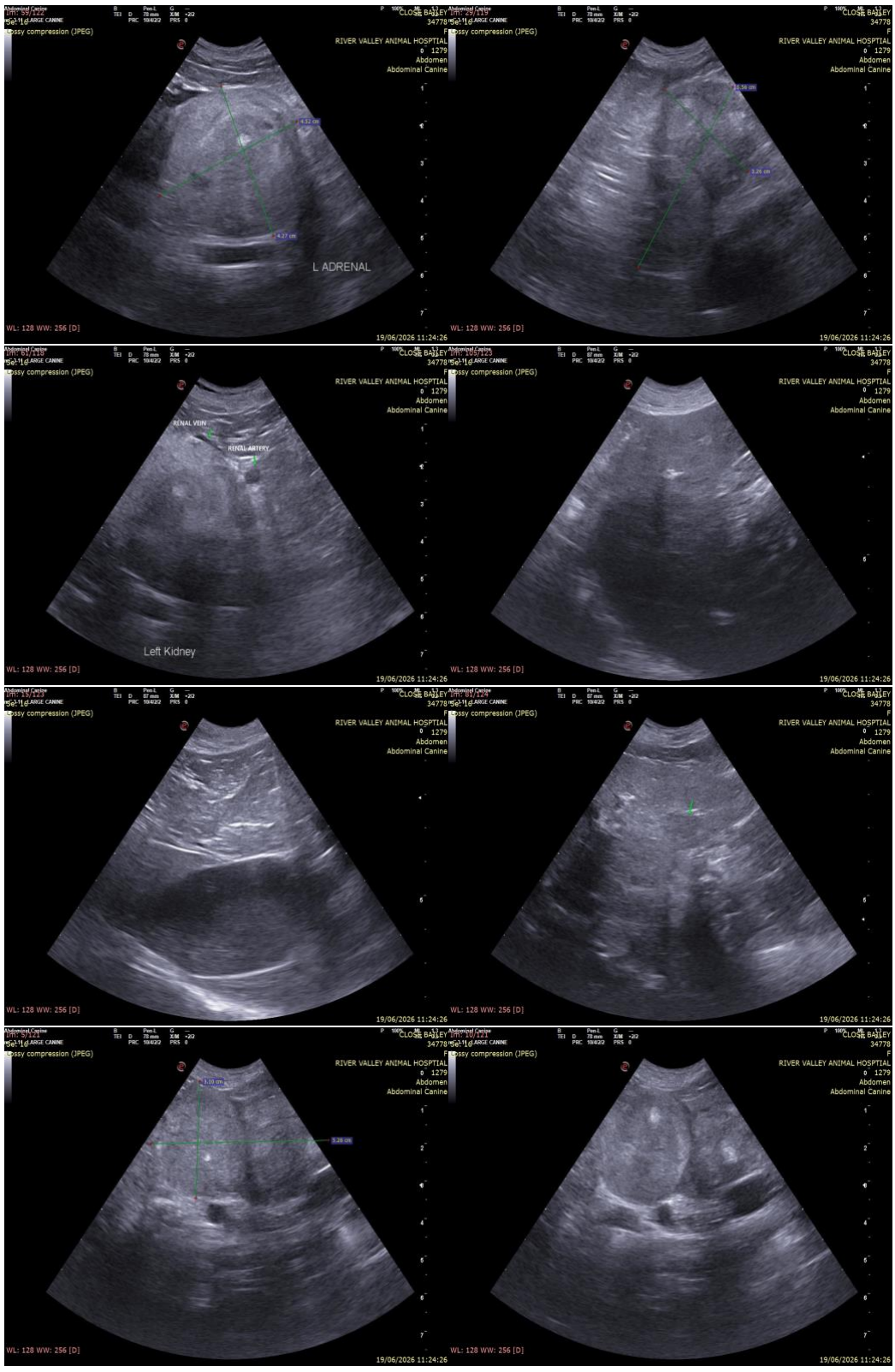

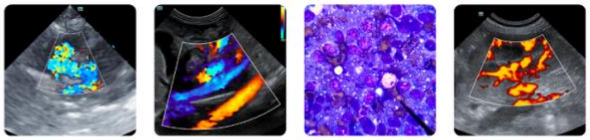

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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