SonoPath
Clinical Sonography & Telecytology
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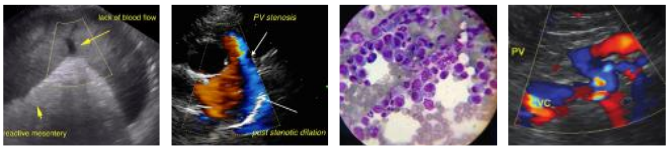


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Willow Fahey

SPECIES
Canine

BREED
Aussie

SEX
Spayed Female

AGE
13 years

WEIGHT
23 kg

INTERPRETED BY
Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY
Dr. Callihan

HOSPITAL NAME
Animal Emergency Care

REFERRING VET
Dr. Bailey/AEC

INVOICE
10191

DATE
1/23/22

PRESENTING CLINICAL SIGNS

History
Presented this morning on ER for acute onset "hunchy" posture, slow moving, firm tender abdomen. No history health issues other than itchy skin, on Temaril P long term. Ate breakfast this morning but not usual amount or enthusiasm
Abnormal PE/Chem/CBC/UA Results: Ambulatory, sl pale, tachycardia, no murmur or arrhythmia; generalized muscle wasting, stiff joints/osteoarthritis; lipomatous masses palpated;
labs with mild elev liver enzymes, mild anemia, lipase mild elev. Abd radiographs hepatomegaly with rounded edges, splenomegaly, sl decrease serosal detail

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System
The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is in normal size (6.85 cm in length); with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Trace pyelectasia is present (0.16 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal in size (6.62 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

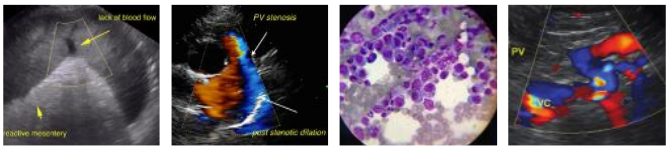
Adrenal Glands
The left adrenal gland is normal size (0.63 cm at cranial pole) (0.52 cm at caudal pole) (2.10 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is enlarged (2.83 cm x 2.76 cm) and irregular with a mass effect. The parenchyma is heterogenous in appearance. The gland appears to be compressing the caudal vena cava, however, it is unclear whether vascular invasion is present. Surrounding mesentery is hyperechoic.

Spleen
The spleen is subjectively prominent in size (2.06 cm in width at the level of the hilus) with slightly swollen peripheral margins and a folded contour. The parenchyma is subtly mottled in appearance with a coarse echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver
The liver is subjectively normal in size with swollen peripheral contours and structure. The parenchyma is isoechoic relative to the spleen and subtly heterogenous in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are



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mostly anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is moderately distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The proximal duodenal mucosa is lightly speckled in appearance. The remaining small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The right limb is enlarged with slightly irregular peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

The mesentery in the right cranial quadrant is hyperechoic. Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

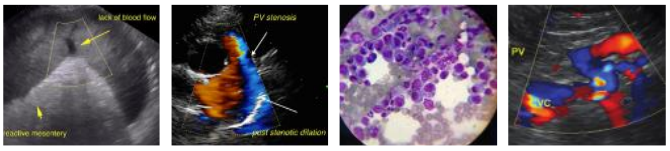
- Right adrenal mass with regional peritonitis. Neoplasia (i.e., pheochromocytoma, adenocarcinoma), is suspected with a lower possibility of benign pathology. Obvious vascular invasion is not identified but cannot be excluded.
- The hepatic parenchymal changes are non-specific and could be secondary to benign age-related pathology (i.e, regenerative nodular hyperplasia, vacuolar hepatopathy). Alternatively, infiltrative neoplasia or inflammatory disease or other hepatopathy may be present.
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Bilateral age-related renal changes with right dystrophic mineralization
- The proximal duodenal mucosal speckling may be secondary to enteritis or may be a normal may be a normal variant for this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline blood pressure measurement
- Three-view thoracic radiographs are recommended to assess for pulmonary metastatic disease



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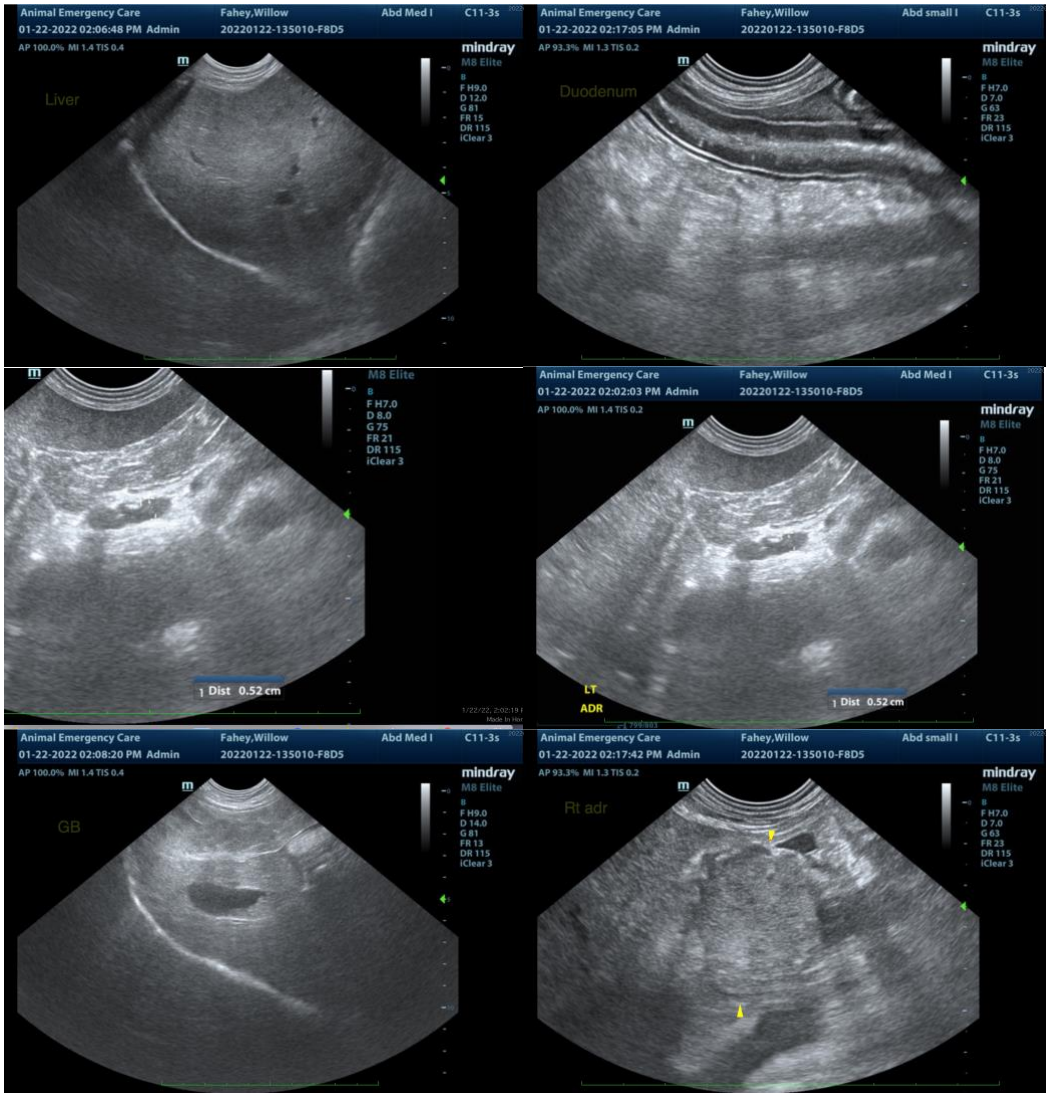
- Consider low-dose dexamethasone suppression test) or ACTH stimulation test and urine/blood catecholamine levels to assess for a functional right adrenal tumor. An abdominal CT scan would be useful to further assess if vascular invasion is present.
- Consider fine-needle aspirates of the liver and spleen if clotting status is appropriate. A 25-gauge needle should be used.



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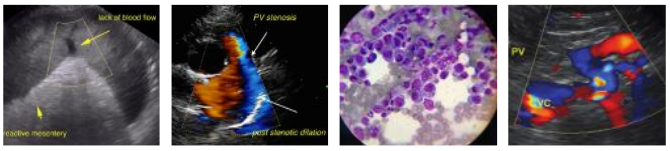

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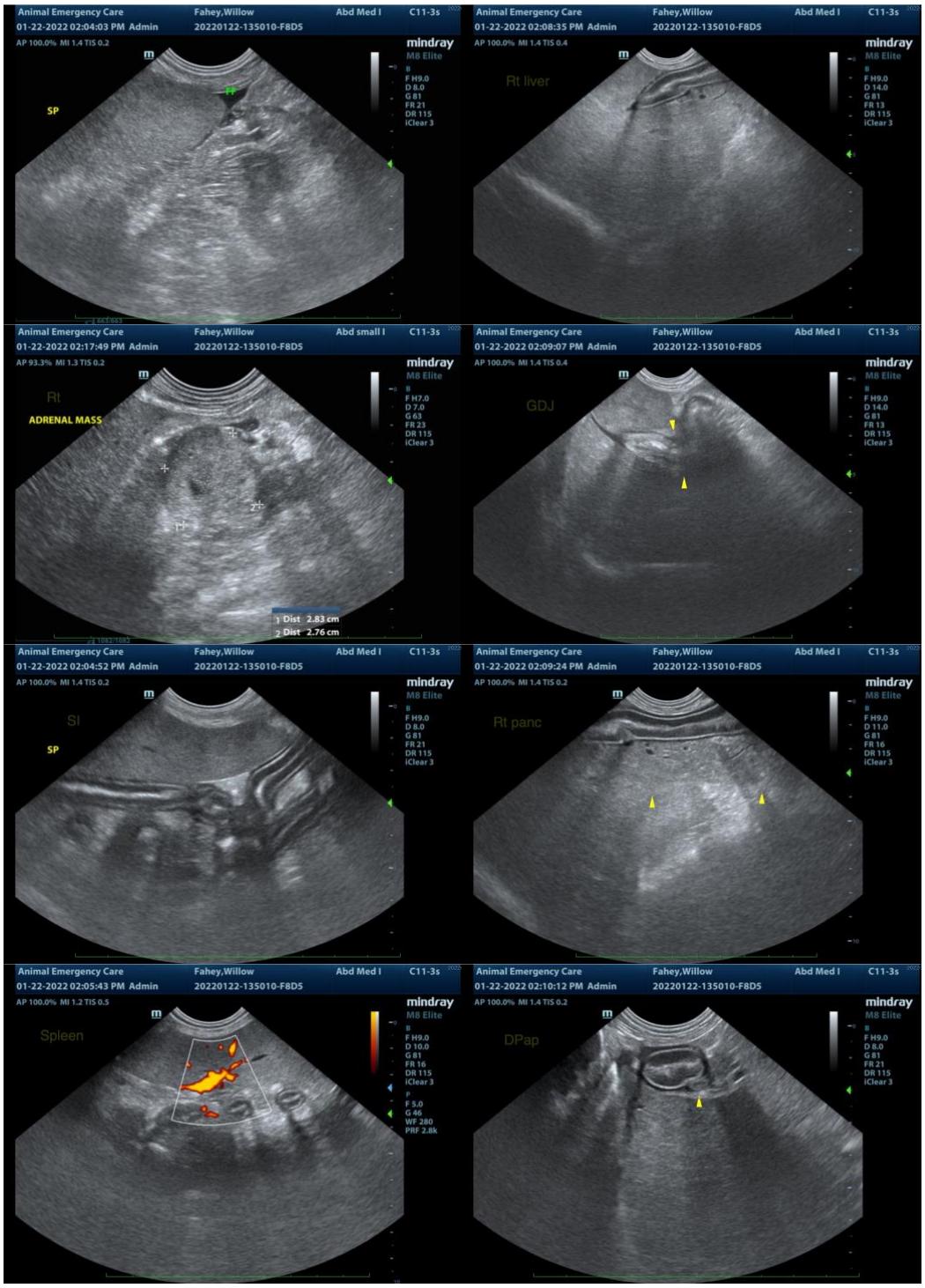

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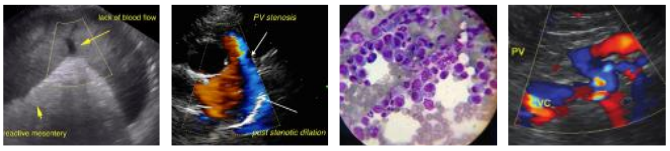

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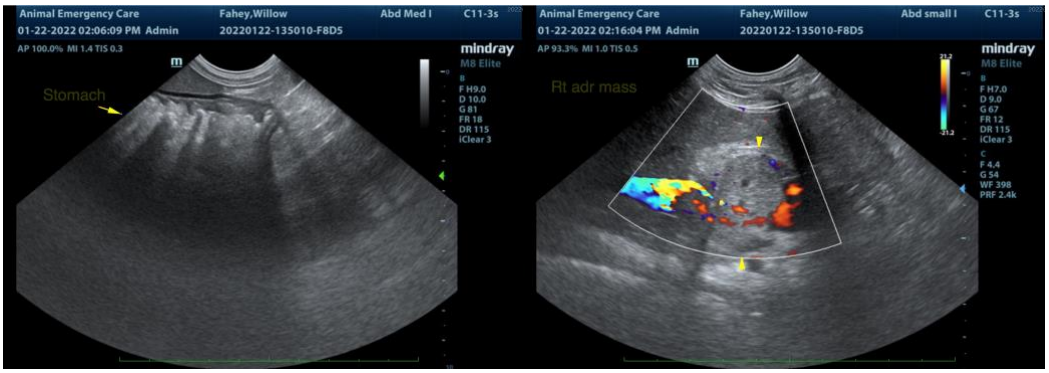

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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