**PATIENT**

Jackson Hugill

SPECIES

Canine

BREED

Schnauzer

SEX

Neutered Male

AGE

11 years

WEIGHT

41 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Shari Hagerty

INVOICE

10213

DATE

1/27/22

PRESENTING CLINICAL SIGNS

History: Not feeling well last week. Not eating as much as he usually does and sleeping most of the day. Had vomited once last week. Some undigested food. Owner feels that he is having difficulty passing stools.

Abnormal PE/Chem/CBC/UA Results: Blood pressure: 165/86, 164/85 Radiographs done. Increased soft tissue density in his mid-abdominal cavity. Concerns of a mass. Liver silhouette was enlarged. Comprehensive Profile was run in house 12/17/2021. ALP was increased at 1089 and ALB was 4.4. Low Dose Dex Suppression test was run 12/21/2021 and the results came back normal. Not consistent with hyperadrenocorticism.

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 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 prostate is normal in size (0.95 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal size (6.05 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (6.28 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (1.15 cm at cranial pole) (2.11 cm at caudal pole) (3.55 cm in length); with an irregular shape and a mass effect. The parenchyma is heterogenous in appearance. There is evidence of trace subcapsular fluid. The mass is invading into the caudal vena cava, creating a 1.90 x 1.07 cm tumor thrombus. The thrombus causes partial caval obstruction.

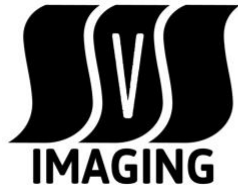
The right adrenal gland is normal size (1.09 cm at cranial pole) (0.67 cm at caudal pole) (2.42 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal

**PATIENT**

Jackson Hugill

SPECIES

Canine

BREED

Schnauzer

SEX

Neutered Male

AGE

11 years

WEIGHT

41 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Shari Hagerty

INVOICE

10213

DATE

1/27/22

lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated echogenic partially dependent sludge is observed within the lumen, as well as a small amount of suspended echogenic debris. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. A 1.84 cm medial ileac lymph node is visualized. The node is normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS**Primary Findings**

- Adrenal mass with invasion into the caudal vena cava, causing partial vascular obstruction. Neoplasia, (i.e., pheochromocytoma, adenocarcinoma) is considered likely

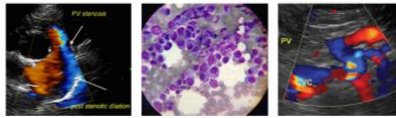
Secondary Findings

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- Gall bladder sludge, non-mucocele

*It is unclear whether the left adrenal mass is causing the patient's current clinical signs or if a concurrent issue is present.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Given the left adrenal changes, consider the following:
 - Baseline blood pressure measurement to assess for systemic hypertension
 - Urine/blood catecholamine levels to further evaluate for pheochromocytoma
 - A left adrenalectomy can be considered. However, the presence of vascular invasion increases the risks of perioperative complications. If surgery is to be pursued, referral to a



PATIENT

Jackson Hugill

board-certified surgeon is strongly recommended. An abdominal CT scan would be useful in presurgical planning.

- Regarding the GI signs, consider the following:

SPECIES

Canine

- Fecal evaluation for ova and Giardia
- Malabsorption panel including serum cobalamin and folate TLI and PLI
- +/- GI biopsies

BREED

Schnauzer

SEX

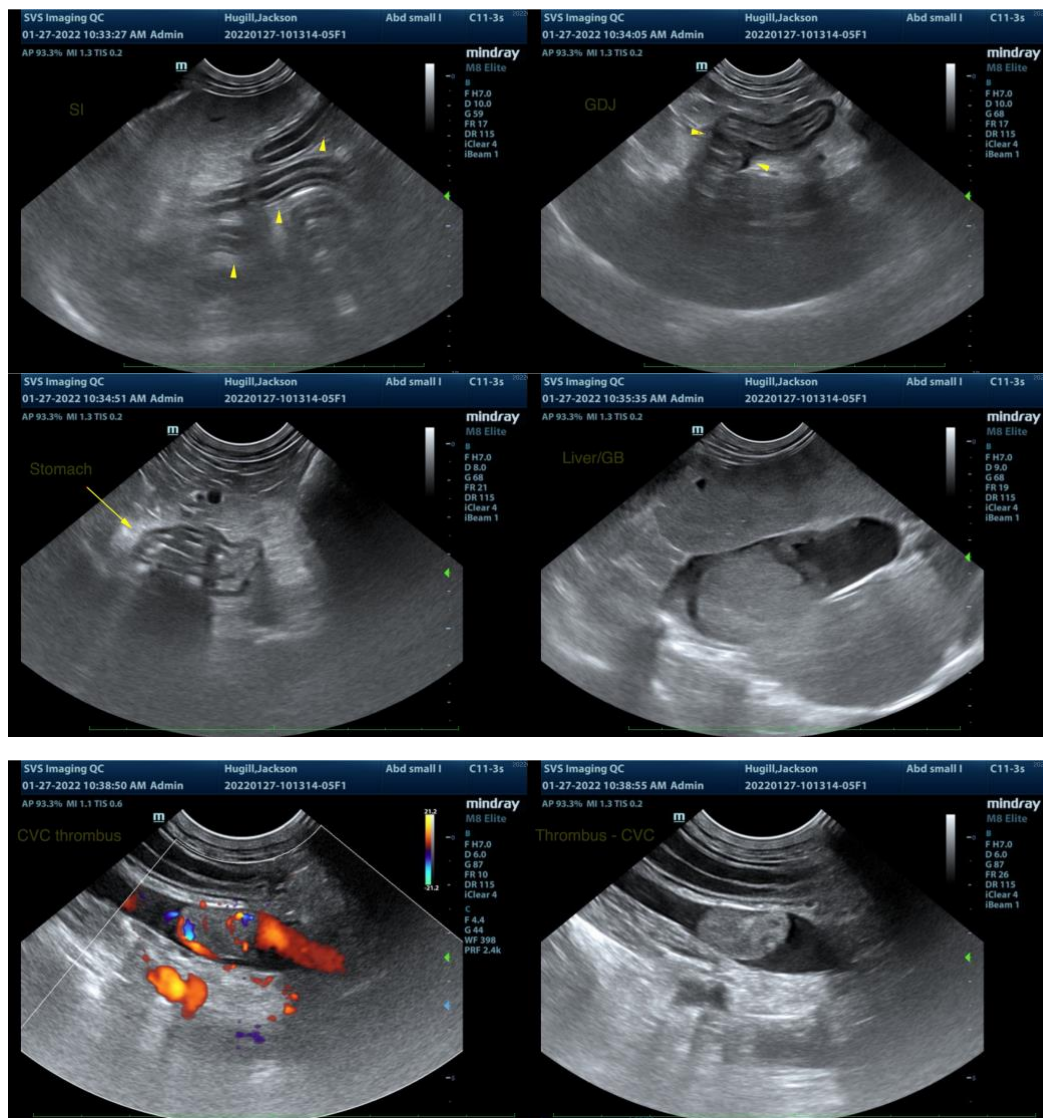
Neutered Male

AGE

11 years

WEIGHT

41 lbs



INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Shari Hagerty

INVOICE

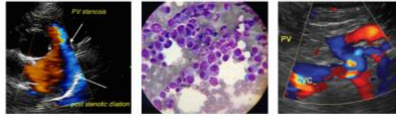
10213

DATE

1/27/22

IMAGING PERFORMED BY

svsimagingqc.net 309-737-3070



Clinical Sonography & Telectology

EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Jackson Hugill

SPECIES

Canine

BREED

Schnauzer

SEX

Neutered Male

AGE

11 years

WEIGHT

41 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

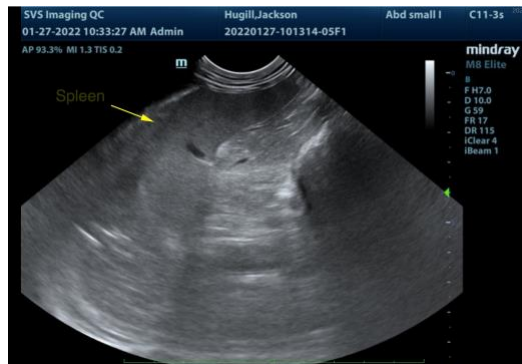
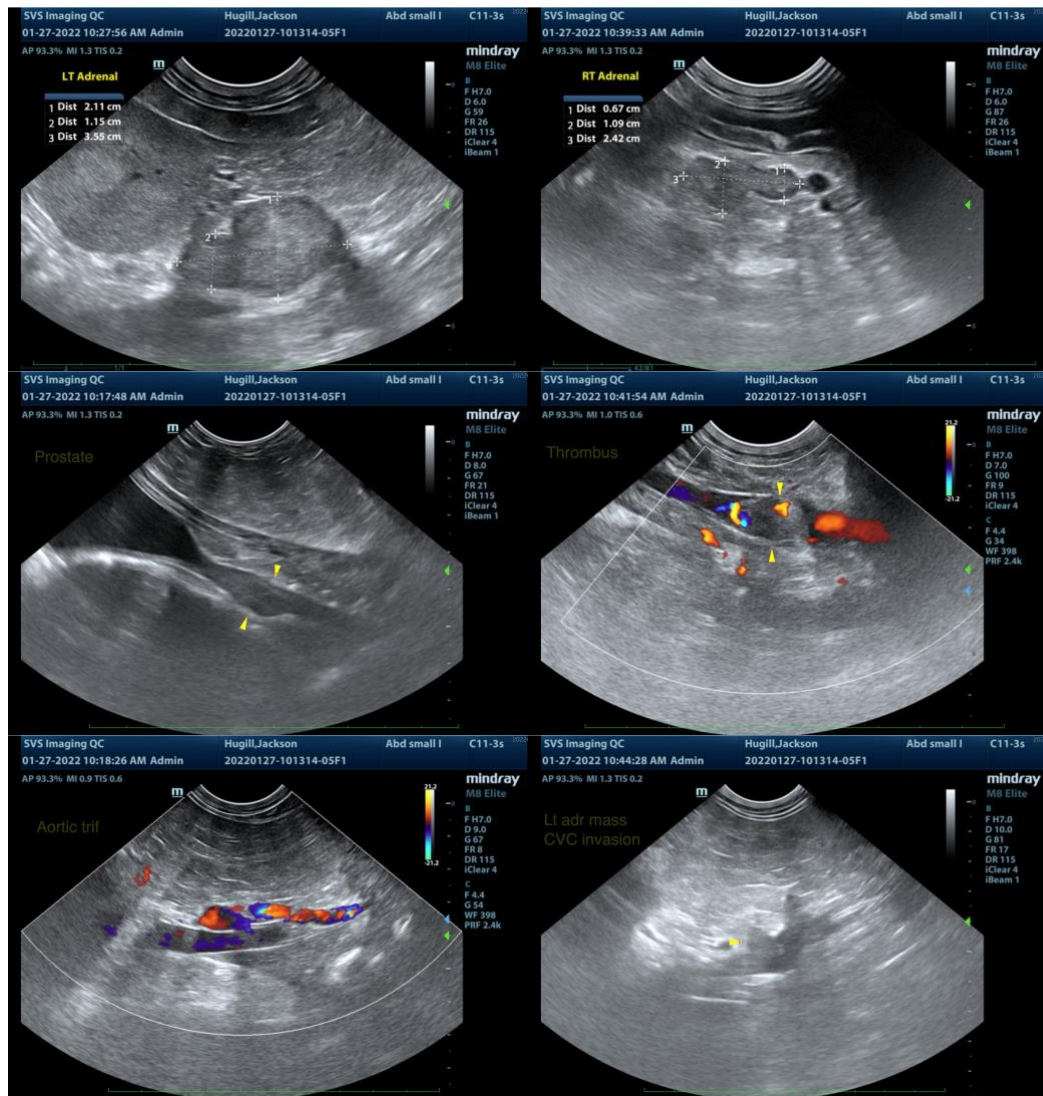
Dr. Shari Hagerty

INVOICE

10213

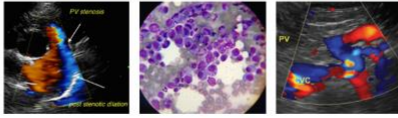
DATE

1/27/22



IMAGING PERFORMED BY

svsimagingqc.net 309-737-3070



Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Jackson Hugill

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

Schnauzer

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com

SEX

Neutered Male

AGE

11 years

WEIGHT

41 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Shari Hagerty

INVOICE

10213

DATE

1/27/22