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Clinical Sonography & Telecytology
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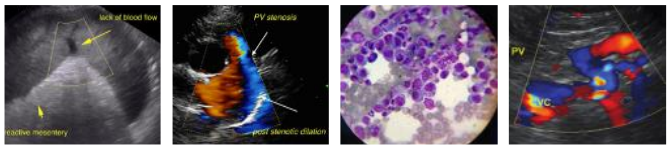


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Rania Vega Gomez

SPECIES

Canine

BREED

Doberman

SEX

Spayed Female

AGE

12 Years

WEIGHT

89 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. G. Ferrer, DVM

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Michelle Biello

INVOICE

13519

DATE

1/20/22

PRESENTING CLINICAL SIGNS

History: Rania presented as a referral for an abdominal ultrasound. Patient originally presented to the referring veterinarian for evaluation of discomfort upon ambulation that has worsened recently. Radiographs were taken to further evaluate and found a large circular radiopaque lesion caudal to the spleen. Patient has a history of many skin masses.

Abnormal PE/Chem/CBC/UA Results: Radiographs: Large circular mass caudal to spleen. BW: CHEM: ALP 641 (20-150) BUN: 37 (7-25) Gluco: 112(60-110) CBC: LYM 0.66 (1-4.8) Rest of CBC was unremarkable

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 left kidney is normal in size (7.27 cm in length); with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (4.61 cm in length); with a slightly irregular shape. The cortex is variably thickened and there is mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.58 cm at cranial pole) (0.63 cm at caudal pole) (2.63 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 (1.75 cm at cranial pole) (0.94 cm at caudal pole) (2.88 cm in length); with an irregular shape. A 1.70 cm x 1.79 cm hyperechoic nodule is observed at the mid aspect of the gland. In addition, a smaller (1.07 cm x 0.72 cm) hyperechoic nodule is observed just cranial to the larger nodule. The lesion causes capsular expansion. The glandular echogenicity and detail at the caudal pole are normal. Surrounding vasculature appears normal.

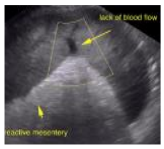
Spleen

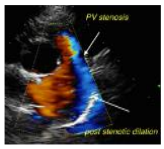
The spleen is normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. Several ill-defined myelolipomas are observed adjacent to the vessels at the hilus. Splenic vasculature is normal.

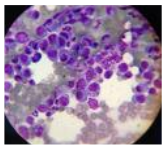
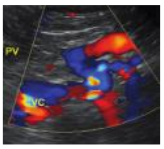
Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly heterogeneous 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. A small amount of





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aggregated echogenic to mineralized mostly gravity dependent debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is 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 ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

A >13.0 cm, well circumscribed mass with ill-define fat opacities and large cavitated areas (the largest measuring approximately 8.0 cm in diameter) is observed, just medial to the caudal aspect of the spleen. The mesentery effacing the serosal surface of the mass is mildly hyperechoic and trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

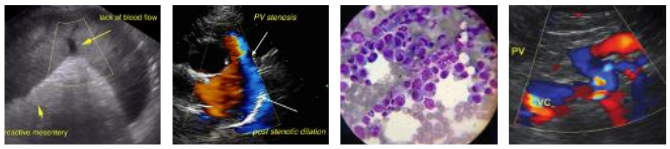
- Mid abdominal mass. A necrotic intrabdominal lipoma or liposarcoma is suspected. However, another neoplastic process cannot be completely excluded.
- The right adrenal nodules could be consistent with benign pathology (i.e., regenerative nodular hyperplasia). Alternatively, emerging neoplasia is possible.

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 unlikely.
- Gallbladder debris- non-mucocele
- 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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases. If there is no evidence of pulmonary metastatic disease, an abdominal exploratory with mass removal and submission for histopathology is recommended. Given the elevated ALP, consider a liver biopsy at the time of surgery.
- Regarding the right adrenal nodules, consider the following:



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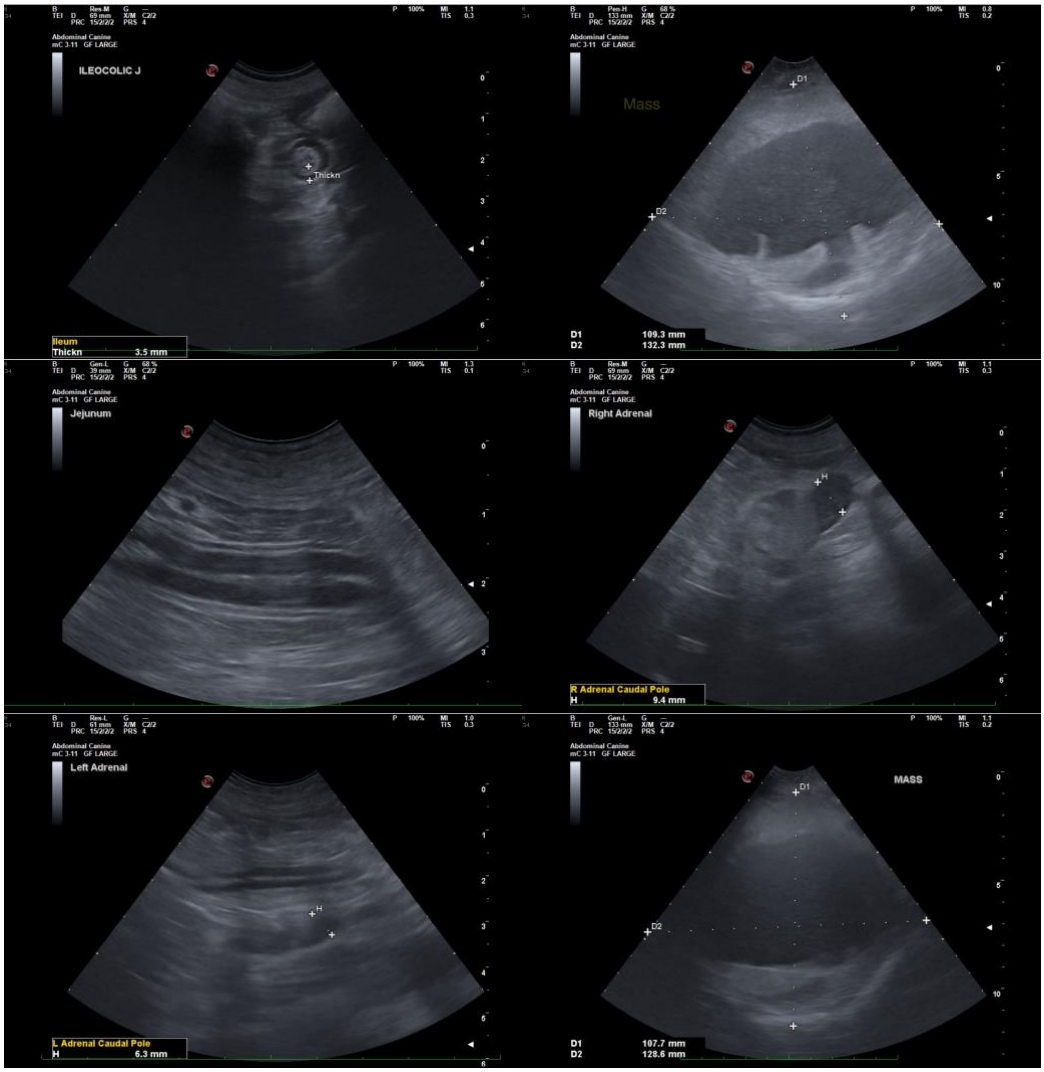
1. Baseline blood pressure measurement
2. Low-dose dexamethasone suppression test and urine/blood catecholamine levels (Marshfield Lab) to further assess for functional tumor.
3. Abdominal CT scan or repeat abdominal ultrasound in 4-6 weeks can be considered to assess for progression. A right adrenalectomy with submission of histopathology can also be considered. However, adrenalectomies are at high risk for perioperative complications.



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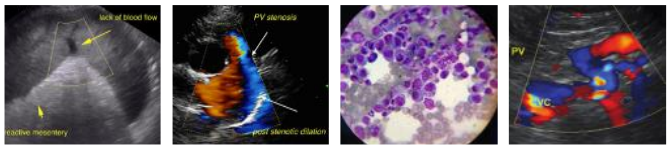

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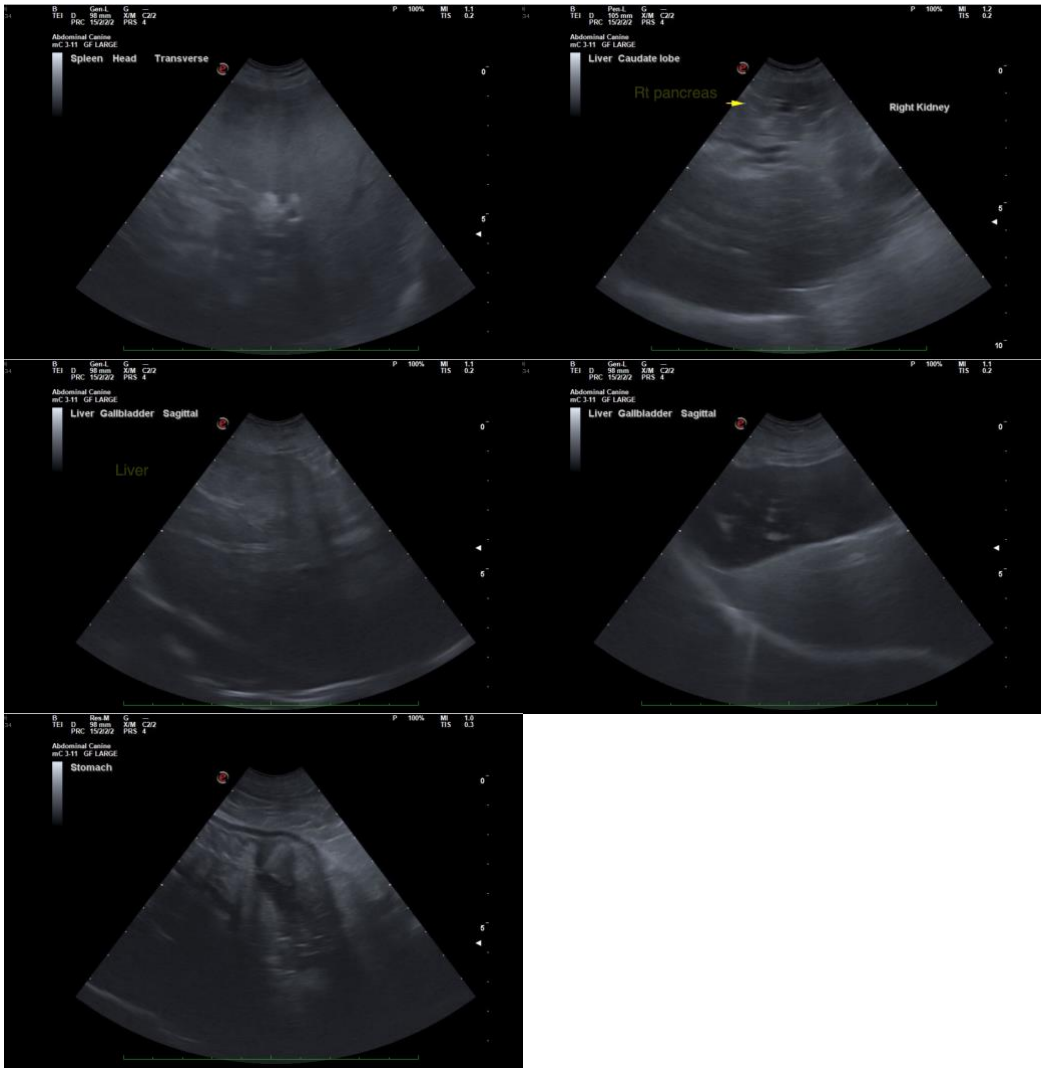

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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