SonoPath
Clinical Sonography & Telecytology
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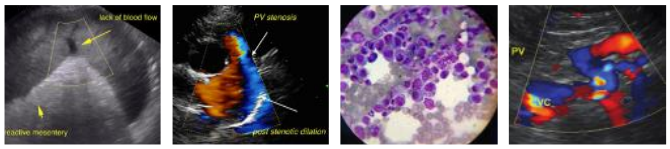


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Gus Short

SPECIES

Canine

BREED

American Bulldog

SEX

Neutered Male

AGE

8 Years

WEIGHT

95.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook-SDEP Certified Clinical Sonographer

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. Millner

INVOICE

13927

DATE

10/21/21

PRESENTING CLINICAL SIGNS

History: Presenting for pale MM, slightly decreased appetite and intermittent lethargy. CBC revealed a slight regenerative anemia and negative coombs testing. Current Medications: recently started on Coriolus, triple mushroom complex and Beta glucans. 40X and fecal negative, T4 normal

Abnormal PE/Chem/CBC/UA Results: See attached labwork - CBC = RBC 5.15, HCT 37.8, Hemo 11.4, MCHC 30.2, Retic 129, Retic/Hemo 18.9, WBC 24.1, neu 20.8, Mono 1.398, CHEM = Alb 2.5, ALT 16, Amyl 1963 See attached radiographs - Appears to have a nodule and irregularity to the spleen. Area of cranial abdomen undefined.

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 2.0 cm, are normal.

The prostate is normal in size (0.80 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 (7.85 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 hydroureter. Renal vasculature is normal.

The right kidney presented normal size (7.02 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. 1-2 small cortical cysts are seen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (5.16 cm x 2.77 cm); irregular with a mass effect. The parenchyma is heterogeneous with ill-defined cavitated areas. There is no normal adrenal parenchyma. The mesentery surrounding the gland is hyperechoic. There is no obvious evidence of vascular invasion.

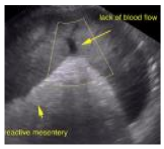
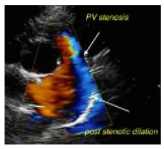
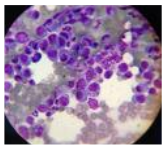
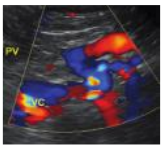
The right adrenal gland is normal size (1.56 cm at cranial pole) (0.76 cm at caudal pole) (2.85 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen enlarged (3.02 cm in width at the level of the hilus) with swollen peripheral contours. The parenchyma is diffusely mottled with numerous varying sized hypoechoic nodules throughout the parenchyma. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or

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regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. 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 (xxx cm) 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 region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

Trace free fluid is observed. A 2.01 cm x 0.55 cm medial iliac lymph node is visualized.

Other

A brief echocardiogram reveals no evidence of pericardial effusion. In the left cranial abdomen, between the stomach and medial aspect of the spleen, a 7.18 cm x 3.25 cm, well-defined heterogeneous cavitated tissue structure is visualized.

ULTRASONOGRAPHIC FINDINGS

- Left adrenal mass. Neoplasia is considered likely. Given the clinical history, a hemangiosarcoma with a recent bleeding episode is suspected. Other potential differentials include pheochromocytoma, adenocarcinoma, other. Regional peritonitis is present.
- The splenic parenchymal changes are concerning for infiltrative neoplasia (i.e., metastatic disease or round cell tumor), although, benign pathology (i.e., lymphoid hyperplasia or extramedullary hematopoiesis cannot be completely excluded.
- The cavitated structure in the left cranial abdomen may represent a lymph node or accessory spleen. Given the appearance, metastatic disease from the adrenal gland is a concern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine needle aspirate of the spleen can be considered, if clotting status is appropriate. Post aspiration sonographic monitoring is strongly recommended to assess for evidence of intraabdominal hemorrhage as it is unclear if the splenic regions represent metastatic disease.
- If an aggressive approach is desired, consider referral to a board-certified veterinary surgeon to discuss left adrenalectomy. However, the client should be advised that metastatic disease is a concern in this patient. If surgery is not to be pursued, palliative care is recommended.

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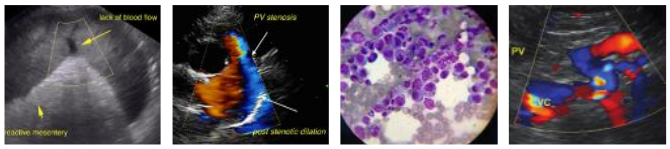

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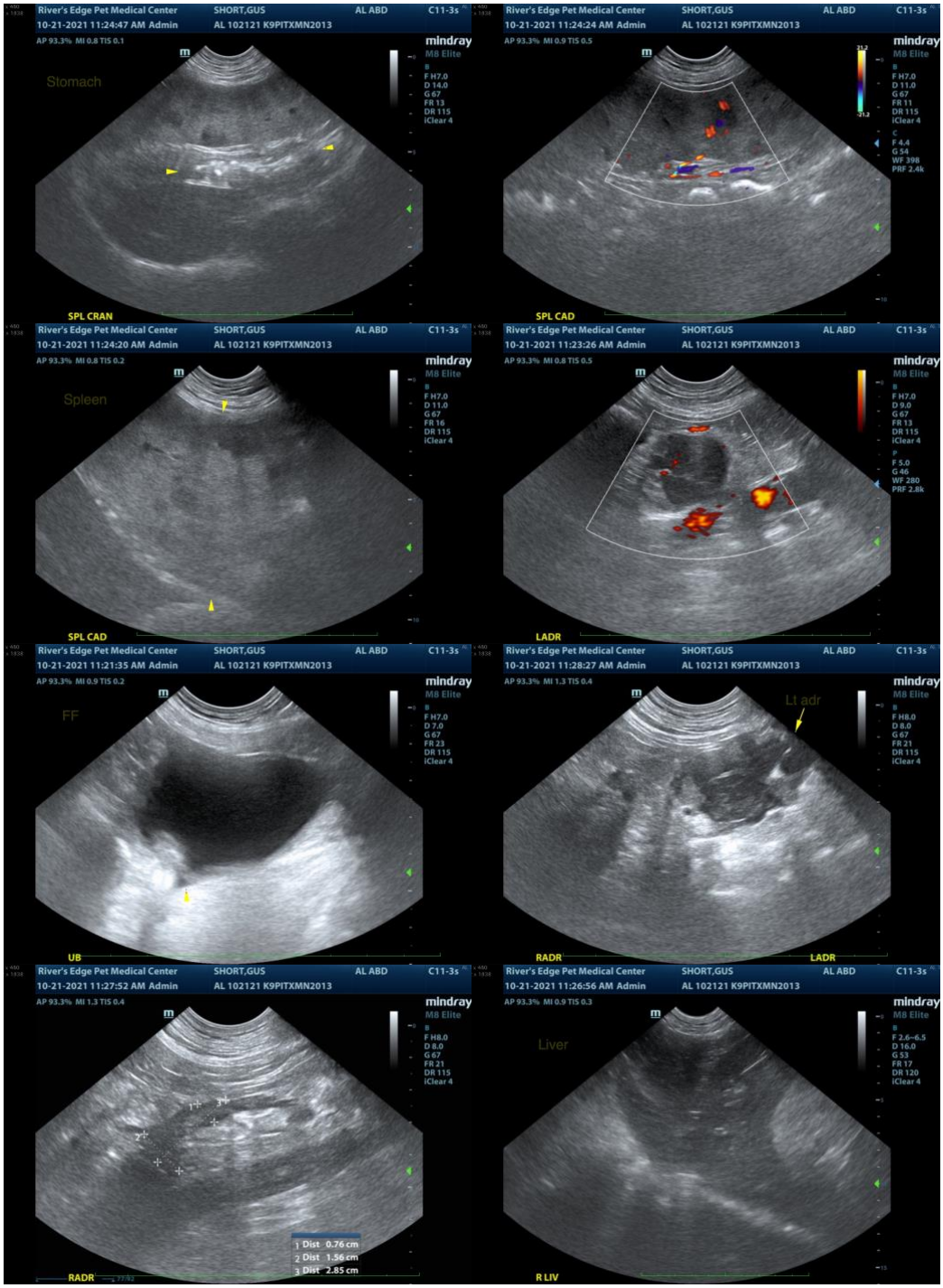

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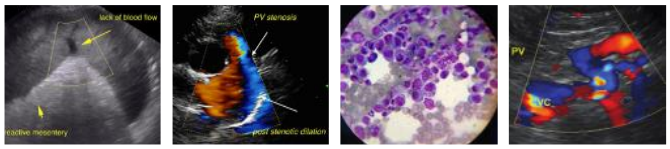

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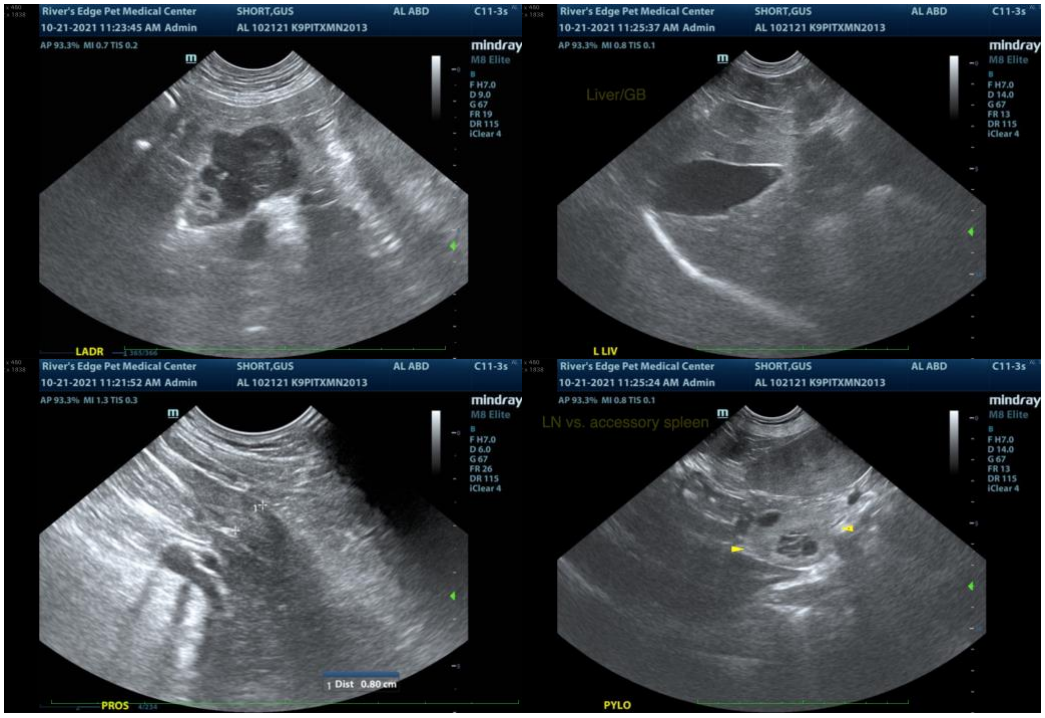

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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