

**DATE PRESENTING CLINICAL SIGNS**

11/12/21 History: Abd pain, lethargy, hyporexia. discomfort on abdominal palpation. R lateral abdominal radiograph - small amount of material in stomach (patient ate grass this AM), stomach and SI are mildly thickened pellets in ventral SQ (previously noted).

**PATIENT**

Taz Rapp

Current Medications: Cerenia given on 11/11/2021, Provable Kit

Lab Results: pellets in ventral SQ (previously noted), mildly elevated Creatinine, WBC's. ALT 297, Crea 2.7

**SPECIES**

Radiographs: R lateral abdominal radiograph - small amount of material in stomach (patient ate grass this AM), stomach and SI are mildly thickened

Canine

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required for scan.

**BREED**

Stat Report: Not requested, declined.

Australian Shep X

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX****Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth.

Neutered Male

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.

**AGE**

2008

The prostate is normal in size (1.21 cm) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

**WEIGHT**

55 Pounds

The left kidney is normal in size (5.96 cm) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Mild pyelectasia is present (0.36 cm in the longitudinal plane). There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal. A moderate amount of retroperitoneal fluid is present.

**INTERPRETED BY**

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

The right kidney is normal in size (5.54 cm) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Mild pyelectasia is present (0.28 cm in the longitudinal plane). There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

**Adrenal Glands**

The left adrenal gland is severely enlarged (3.81 cm x 2.78 cm) with a mass effect. The parenchyma is hypoechoic to slightly heterogeneous in appearance. There is evidence of vascular invasion. Surrounding mesentery is hyperechoic.

**HOSPITAL NAME**

Festival Vet Clinic

The right adrenal gland is enlarged size (2.23 cm at cranial pole) (1.09 cm at caudal pole) (3.48 cm in length); irregular shape; heterogeneous parenchyma. There is loss of glandular detail. The surrounding vasculature appears normal.

**REFERRING VET**

Dr. Beron

**Spleen**

The spleen is normal in size (2.15 cm) with a normal capsular contour. The parenchyma is mottled in appearance. Several myelolipomas are present in the region of the hilus. Splenic vasculature is normal.

**INVOICE**

29804

**Liver**

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely mottled in appearance with several small, ill-defined,

hypoechoic nodules observed throughout the organ. 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 moderate amount of aggregated echogenic, mostly gravity dependent debris/sludge is observed within the lumen. 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 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***

Left retroperitoneal fluid is observed. The abdominal lymph nodes are normal/not visible.

## **PRIMARY FINDINGS**

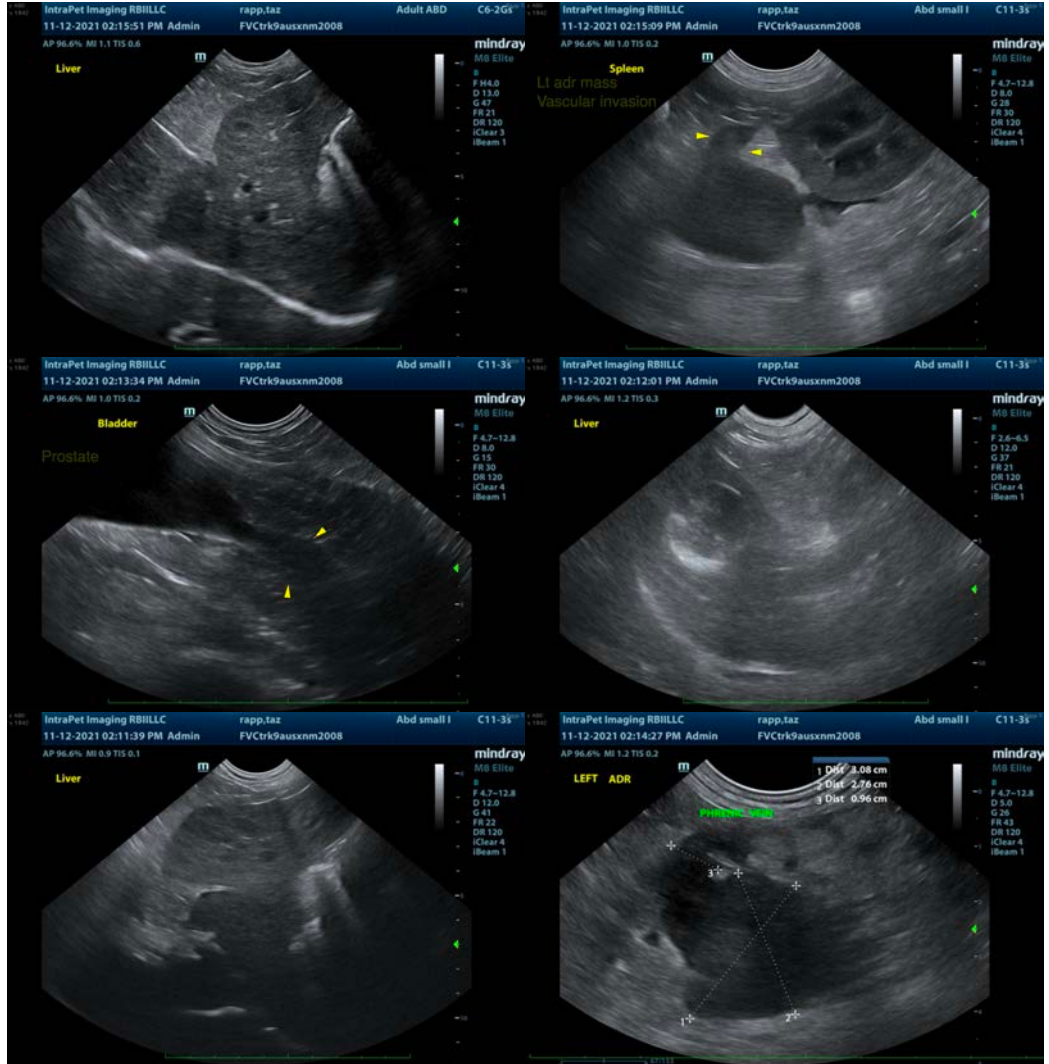
- Left adrenal mass with vascular invasion and regional retroperitonitis – Neoplasia (i.e., adenocarcinoma, pheochromocytoma, hemangiosarcoma) is considered likely.
- The right adrenomegaly could be consistent with hyperplastic change or emerging neoplasia.
- The hepatic parenchymal changes are non-specific and could be due to metastatic disease, inflammation, age related change or other hepatopathy.

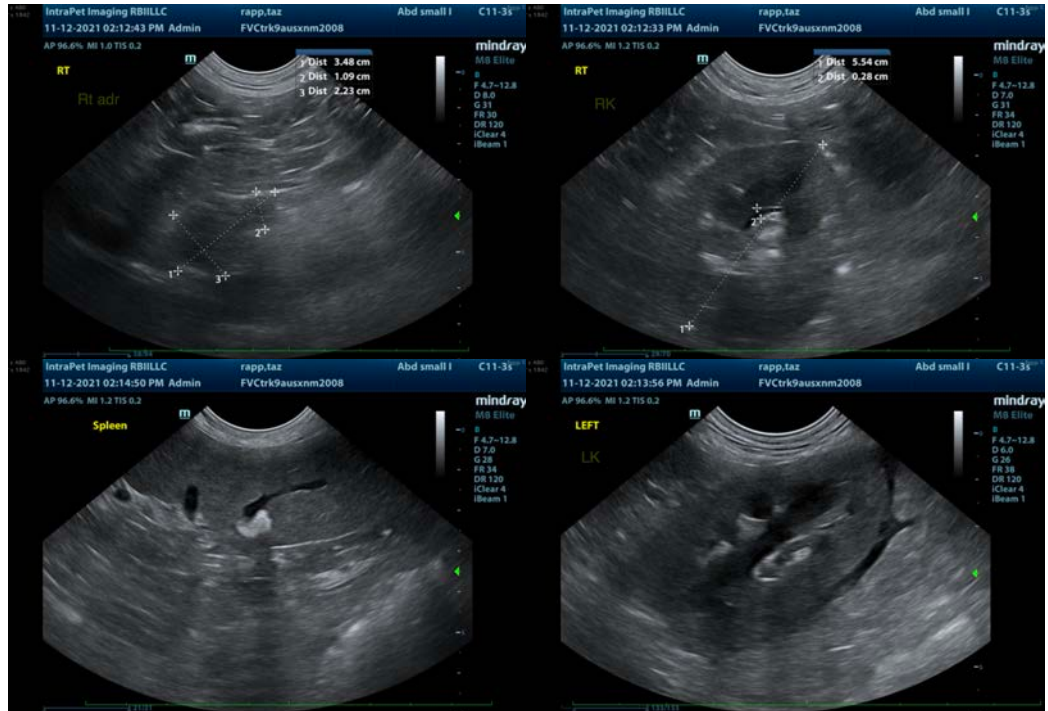
## **SECONDARY FINDINGS**

- Bilateral age related renal changes with dystrophic mineralization and pyelectasia
- 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).
- Gallbladder debris/sludge, non-mucocele

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Three-view thoracic radiographs are recommended to assess for pulmonary metastases. If there is on evidence of pulmonary metastatic disease, and an aggressive approach is desired, consider referral to a board certified surgeon to discuss left adrenalectomy and liver biopsy. There is a high risk of perioperative complications with this procedure, particularly given the suspected vascular invasion. An abdominal CT scan would be useful in presurgical planning to determine if a functional tumor is present. A low-dose Dexamethasone suppression test and urine/blood catecholamines can be considered preoperatively. Given the guarded prognosis, however, palliative care should be considered.





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.

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