

**DATE**

11.18.2022

PRESENTING CLINICAL SIGNS

Presented with vomiting, diarrhea, lethargy, large kidney, space occupying lesion in the mid abdomen and hair loss.

PATIENT

Atticus Finch Rishel

Current Medications: Clindamycin 150mg 1 pill BID for 10 days
 Omeprazole 20mg 1 pill SID, Hills i/d diet Goal of 4 2/3 can(s) or 3 1/4 cup(s) of food per day
 Lab Results: See attached.

SPECIES

Canine

CBC shows a platelet count of 164,000. Chemistry panel unremarkable. USG 1.022. 1+ proteinuria.

Radiographs: Space occupying lesion in the mid abdomen

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

BREED

Austr Shepherd

Stat Report: Not requested at this time.

Imaging Performed By: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Intact Male

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and visible portion of the proximal urethra are normal.

AGE

10/8/2015

The prostate is enlarged (3.31 cm in width) with relative smooth peripheral contours. Parenchyma is hyperechoic relative to surrounding omental fat and slightly heterogenous in appearance. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

WEIGHT

47.2lbs

The left kidney is normal size (6.57 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.

INTERPRETED BY

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

The right kidney is normal size (6.79 cm in length); normal shape and architecture with smooth peripheral margins. 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 hydronephrosis. Renal vasculature is normal.

HOSPITAL NAME

Friendly Paws VC

Adrenal Glands

The left adrenal gland is normal size (0.41 cm at cranial pole) (0.37 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.

REFERRING VET

Dr. Price

In the region of the right adrenal gland, a > 9.00 cm irregular, heterogenous vascular mass is visualized. An approximately 5.00-6.00 cm portion of the mass is invading into the caudal vena cava. The mesentery surrounding the mass is mildly hyperechoic.

INVOICE

11883

Spleen

The spleen is normal in size (1.85 cm in width at the level of the hilus) 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 normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or 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. A scant amount of suspended, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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 colonic wall is normal. There is no evidence of an obstructive pattern.

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

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

Other

The testicles are subjectively normal in size (left testicle: 3.15 x 2.52) (right testicle: 2.98 x 2.33) and symmetrical with homogenous parenchyma. No obvious pathology is observed.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

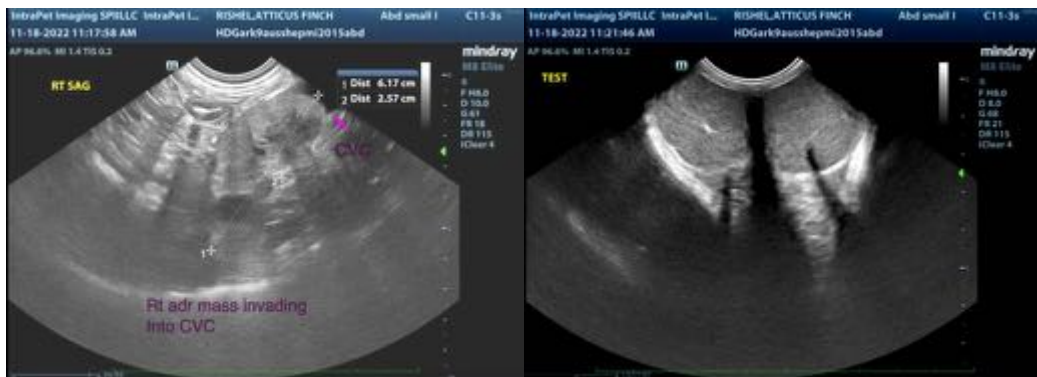
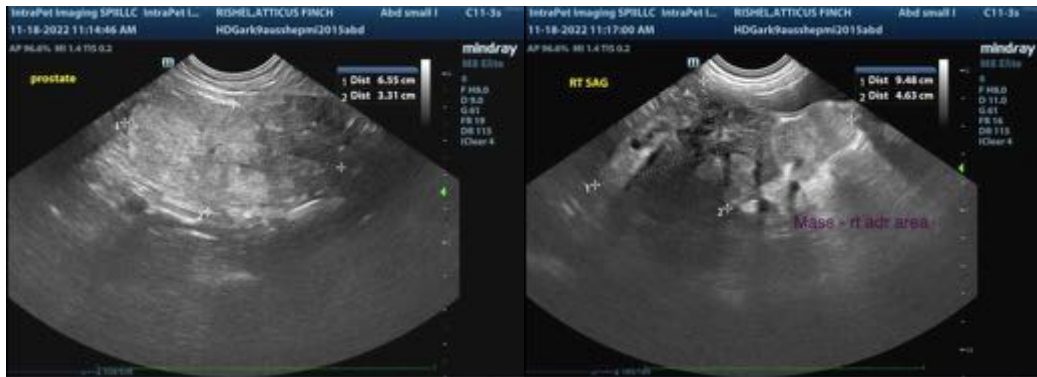
- Large mass effect in the region of the right adrenal gland with suspected invasion into the caudal vena cava. Neoplasia (i.e., adenocarcinoma, pheochromocytoma) is suspected. Adjacent peritonitis is present.

Secondary Findings

- Minor, age-related renal changes in the right kidney
- The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis is also a differential but considered unlikely in the absence of lower urinary tract signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Given the suspected right adrenal mass, consider the following:
 1. Baseline blood pressure measurement
 2. Further testing for a functional tumor (i.e., low-dose dexamethasone suppression test, urine/blood catecholamine levels)
 3. An abdominal CT scan could be beneficial in further assessing for the extent of the mass, particularly if a right adrenalectomy is to be attempted.



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.

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