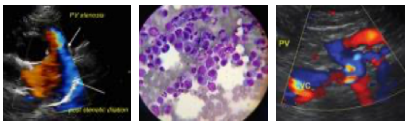
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE
11/22/22

PATIENT

Doki Gilliland

SPECIES

Canine

BREED

Basenji mix

SEX

Female, spayed

AGE

11/22/2007

WEIGHT

25 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Perry Hall AH

REFERRING VET

Dr. Miller

INVOICE

14264

PRESENTING CLINICAL SIGNS

Patient presents for evaluation with pre-dental BW - some mild increases in liver enzymes, PE unremarkable. Getting AUS done AM of dental.

Current Medications: None current.
Lab Results: CBC: RBC: 9.38 (5.39 - 8.7), HCT: 59.4 (38.3 - 56.5), Reticylocytes: 113 (10 - 110), Reticylocyte hemoglobin: 22.8 (24.5 - 31.8). Chemistry: ALT: 226 (18 - 121), AST: 75 (16 - 55), ALP: 171 (5 - 160). UA/T4: WNL
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is 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. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (5.00 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.21 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (1.00 cm at cranial pole) (0.87 cm at caudal pole) (2.43 cm in length) with an irregular shape. A 1.52 x 0.92 cm hyperechoic nodule is observed at the cranial pole. The glandular echogenicity and detail at the caudal pole are unremarkable. Surrounding vasculature appears normal.

The right adrenal gland is severely enlarged (3.37 cm at cranial pole) (0.84 cm at caudal pole) (5.30 cm in length) with a mass effect at the cranial aspect. The mass is heterogeneous with cavitated areas and foci of mineralization. There is no obvious evidence of vascular invasion. The mass is adjacent to the right side of the liver.

Spleen

The spleen is normal in size (xxx cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with swollen peripheral contours. The parenchyma is hypoechoic to isoechoic relative to the spleen and diffusely mottled in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein: caudal vena cava ratio is approximately 1:1. The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated echogenic partially dependent to suspended sludge is observed in a partially stellate pattern within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is moderately distended with ingesta and fluid. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. 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 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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- Large right adrenal mass. Neoplasia (i.e., adenocarcinoma, pheochromocytoma) is suspected with a lower possibility of a benign process. The left adrenal nodule trends toward the benign (i.e., nodular hyperplasia). However, an emerging tumor cannot be completely excluded.

- The hepatic parenchymal changes are non-specific and may be secondary to inflammatory disease (i.e., chronic hepatitis, bacterial cholangiohepatitis), Leptospirosis, hepatotoxicosis (i.e., copper), other hepatopathy +/- concurrent benign age-related change (i.e., regenerative nodular hyperplasia).

- The gallbladder changes are consistent with an emerging mucocele.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the right adrenal mass, consider the following:

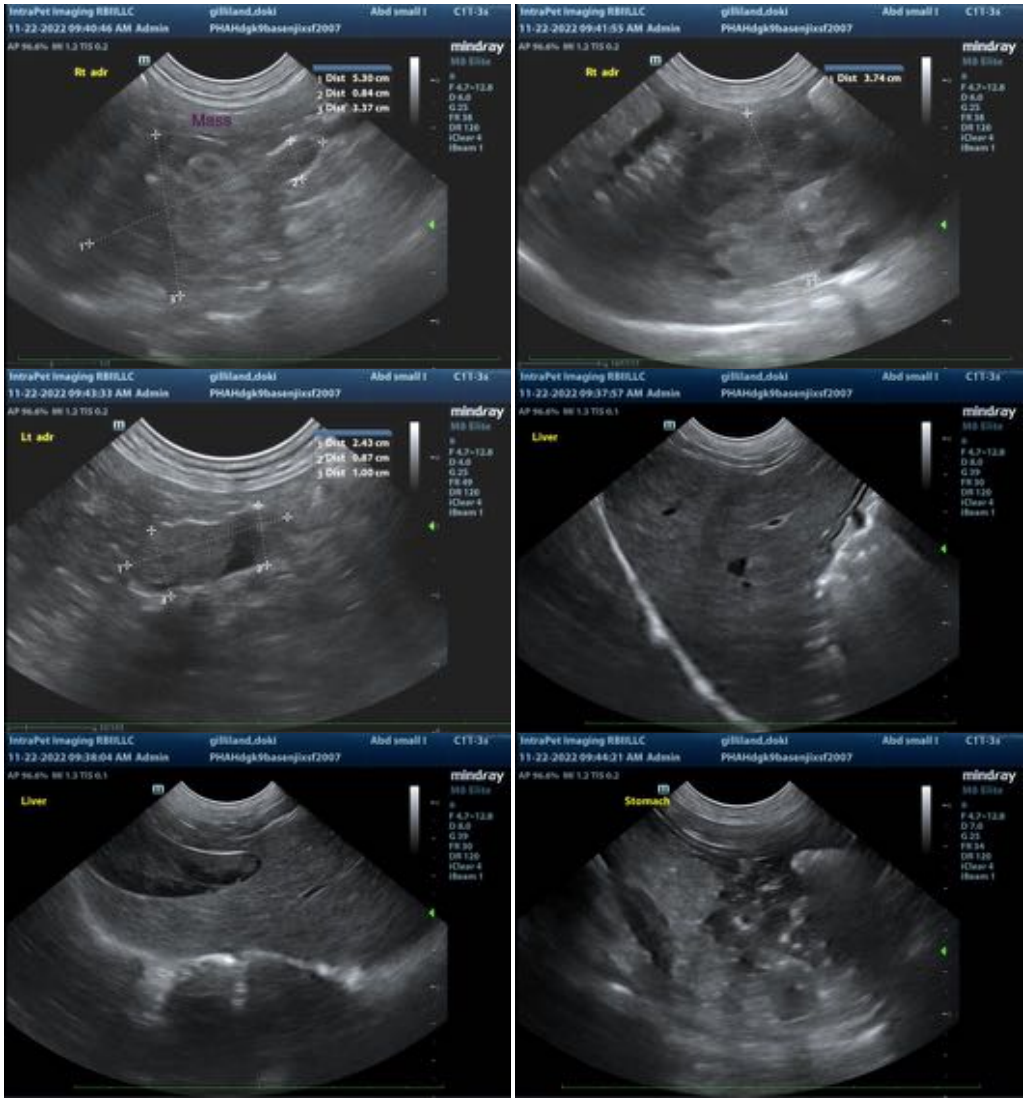
    1. Three-view thoracic radiographs to assess for pulmonary metastatic disease, if not already performed.

    2. Baseline blood pressure measurement to assess for systemic hypertension.

    3. Further testing (i.e., low-dose dexamethasone suppression test, urine/blood catecholamine levels) to evaluate for a functional tumor.

    4. Abdominal CT scan to assess the extent of the tumor and evaluate for vascular invasion, particularly if the patient is to undergo a right adrenalectomy. If surgery is pursued, a liver biopsy +/- cholecystectomy should be considered.

- Regarding the gallbladder changes, consider initiation of Ursodiol therapy with serial sonographic monitoring (i.e., every 1-2 months) to assess for progression to a fully formed mucocele.



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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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