



PATIENT

Karma McKenzie

SPECIES

Canine

BREED

Golden retriever

SEX

Female, spayed

AGE

9 Yrs. 11 months

WEIGHT

42.65 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Barnes

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Barnes

INVOICE

14177

DATE
11/7/22

PRESENTING CLINICAL SIGNS

History: On routine survey xrays a suspect mid abdominal mass
Abnormal PE/Chem/CBC/UA Results: Xrays: 1. Possible of mid abdominal mass. Given the lateral displacement of the left kidney, it is suspected this is in location of the adrenal glands. The possibility of adrenal neoplasia needs to be highly considered. CBC: WNL except, MCV 60.7 (N61.6 - 73.5) L Chem: WNL, SDMA: Normal, T4: Normal abdomen is otherwise unremarkable.

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 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 cm, are normal.

The left kidney is normal size (7.57 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 hydroureter.

The right kidney is normal size (7.65 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 hydroureter.

Adrenal Glands

In the region of the left adrenal gland, a 5.22 x 3.77 cm irregular mass effect is visualized. The mass is heterogeneous with a few small cavitated areas. Surrounding mesentery is hyperechoic. There is no obvious evidence of vascular invasion.

The right adrenal gland is normal size (1.12 cm at cranial pole) (0.83 cm at caudal pole) (4.16 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 is normal in size (2.19 cm in width at the level of the hilus) with a normal capsular contour. A light micronodular pattern is observed throughout the organ. A 0.78 cm hypoechoic nodule is observed at the lateral aspect. Several ill-defined myelolipomas are also seen. 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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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. No obstructive disease is noted.

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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.

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Free Abdomen

Trace free fluid is observed in the region of the left adrenal gland. The abdominal lymph nodes are normal/not visible.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Mass in the left mid-abdomen, suspected to be of left adrenal gland origin. Neoplasia (i.e., adenocarcinoma, pheochromocytoma, hemangiosarcoma) is suspected with a lower possibility of benign pathology. Adjacent peritonitis is present. There is no obvious evidence of vascular or left renal invasion.

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Secondary Findings:

- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Given the suspicion for a left adrenal mass, consider the following:
 1. Baseline blood pressure measurement
 2. Low-dose dexamethasone suppression test and urine/blood catecholamine levels to evaluate for a functional tumor
 3. Consultation with a board-certified surgeon to discuss adrenalectomy. An abdominal CT scan would be useful in pre-surgical planning, particularly to assess for vascular invasion.

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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.



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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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info@SonoPath.com

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