

**DATE PRESENTING CLINICAL SIGNS**

12.15.2022 History of lethargy decreased appetite. MM pale pink, thready pulses, sinus tachycardia

**PATIENT**

Aurora Markwardt-Young

Current Medications: 12/13/22: Cerenia 80 mg PO SID, Prednisolone 40 mg PO SID, Doxycycline 150 mg PO BID, Yunnan Baiyao BID

Lab Results: 12/13/22: HCT 24%, retic 700, Plt 100,000, WBC 31,000, Neutrophilia, tBili 1.8

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**SPECIES**

Canine

Imaging Performed By: Andi Parkinson, BS, RDMS

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED**

Pitbull

**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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

**SEX**

Spayed Female

The left kidney is normal size (6.86 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**AGE**

8/13/2010

The right kidney is normal size (7.05 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**WEIGHT**

57.4 lbs

**Adrenal Glands**

The left adrenal gland is normal size (0.61 cm at cranial pole) (0.65 cm at caudal pole) (2.41 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.

**INTERPRETED BY**

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

The right adrenal gland is enlarged with a 2.28 x 1.99 cm mass effect arising from what appears to be the caudal pole. The vascular mass is irregular and slightly heterogenous in appearance. There is loss of glandular detail. Vascular invasion is difficult to determine.

**HOSPITAL NAME**

Timonium Animal  
Hospital

**Spleen**

The spleen is normal in size (1.80 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.

**REFERRING VET**

Dr. McIntyre

**Liver**

The liver is normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and slightly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

**INVOICE**

11850

The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic to hyperechoic, partially dependent to suspended debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

### ***Gastrointestinal***

The gastric lumen is distended with ingesta. 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***

A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious pathology is seen.

### ***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**

### **Primary Findings**

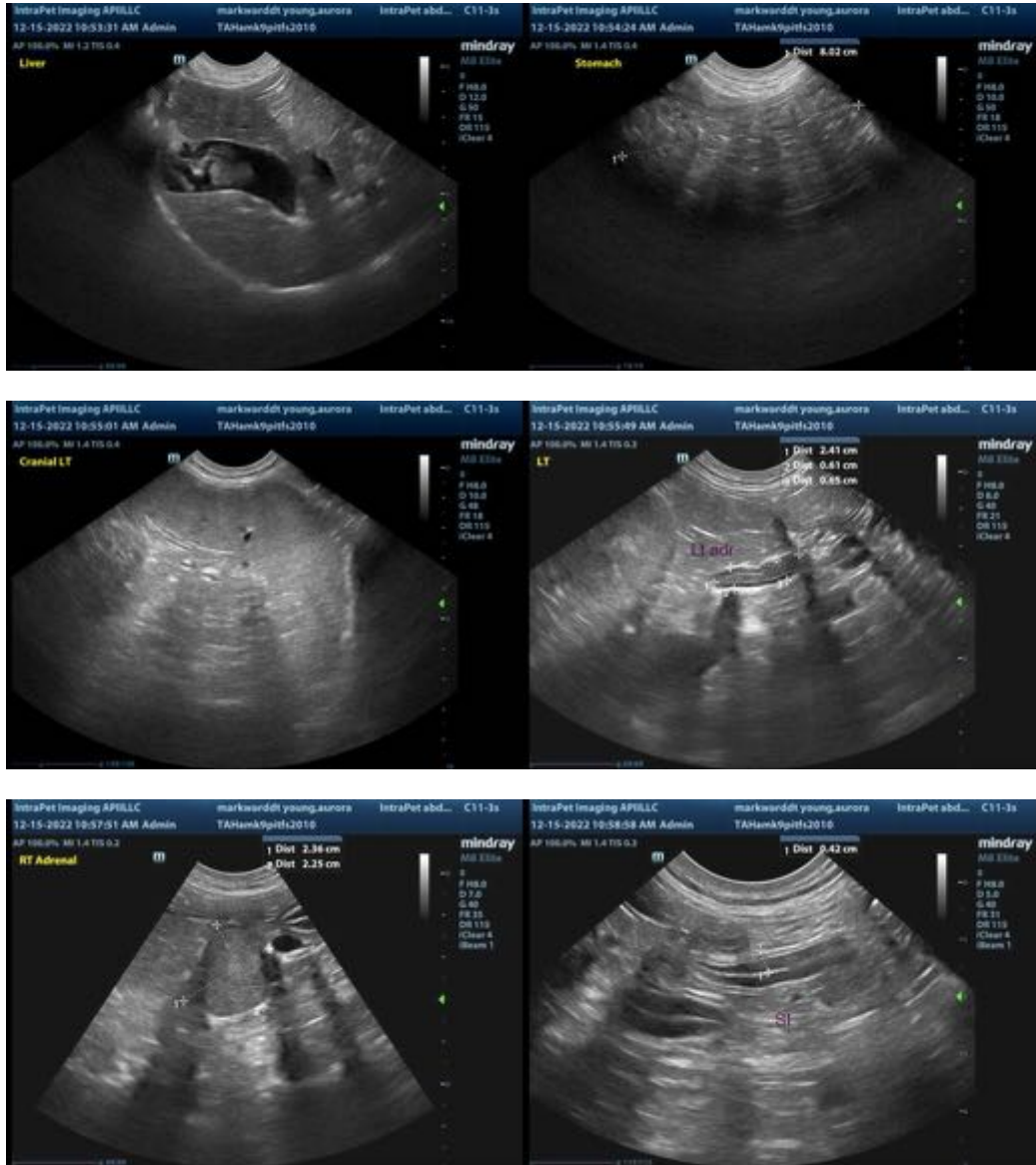
- Right adrenal mass. Differentials include neoplasia (i.e., adenoma, adenocarcinoma, pheochromocytoma) versus benign nodular hyperplasia (less likely).

### **Secondary Findings**

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely. However, correlation with the patient's liver values is recommended.
- Minor bilateral age-related renal changes

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

- Continued supportive care for autoimmune disease is recommended along with a comprehensive tick panel (Send to NC State Vector-borne Disease Lab). Three-view thoracic radiographs are also recommended to assess for occult neoplasia in the chest.
- Once the patient is stabilized, consider further testing for the right adrenal mass, including urine/blood catecholamine levels (to assess for a functional tumor) and a low-dose dexamethasone suppression test. A baseline blood pressure measurement should also be obtained to assess for systemic hypertension.



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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