



PATIENT

Fiona Lyski-Luberto

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

10 Years

WEIGHT

32.6 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Ringwood AH

REFERRING VET

Dr. Wilkes

INVOICE

12801

DATE

12/2/21

PRESENTING CLINICAL SIGNS

History: Hypercalcemia, PUPD, large anal gland adenocarcinoma (R), confirmed via cyto. No current meds.

Abnormal PE/Chem/CBC/UA Results: Ca 13.1, USG 1.007, PH 7.5, culture -

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are 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 2.0 cm, are normal.

The left kidney presented normal size (4.92 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (4.35 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is severely enlarged with a mass effect (1.42 cm at cranial pole) (1.75 cm at caudal pole) (3.03 cm in length); with an irregular shape. The parenchyma is heterogeneous with loss of glandular detail. At least one focus of mineralization is observed within the parenchyma. There is suspected vascular invasion.

The right adrenal gland is enlarged (1.82 cm at cranial pole) (0.65 cm at caudal pole) (2.85 cm in length); with an irregular shape. A 2.14 cm x 1.66 cm hyperechoic nodule is observed in the cranial to mid aspect with extension into the caudal pole. Surrounding vasculature appears normal.

Spleen

The spleen is normal in size (1.76 cm at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few small myelolipomas are observed in the region of the hilus. 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.



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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

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

Other

A 2.52 cm x 2.32 cm hypoechoic to slightly heterogeneous irregular right anal gland mass is visualized.

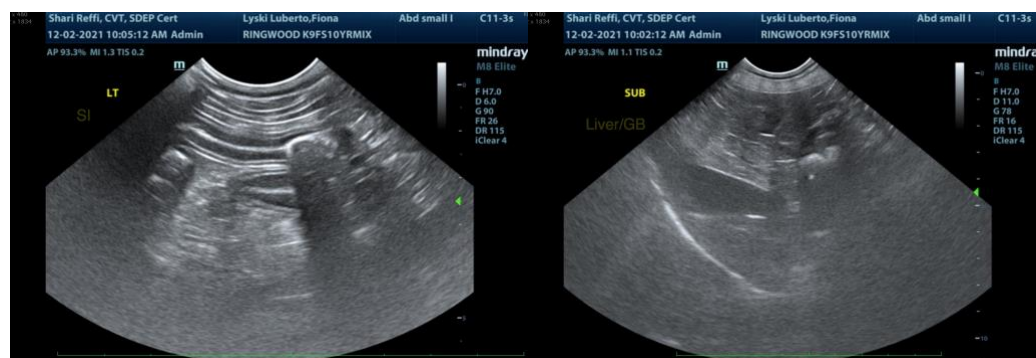
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral adrenomegaly, more severe on the left side with a mass effect and possible vascular invasion. Differentials include bilateral adrenal tumors, bilateral nodular hyperplasia, left adrenal tumor with right nodular hyperplasia.
- Right anal gland mass (previously diagnosed). There is no obvious evidence of metastatic disease from the right anal gland adenocarcinoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- To further evaluate the left adrenal gland for vascular invasion, an abdominal CT scan can be considered. A baseline blood pressure measurement is also recommended as well as further testing for functional adrenal tumor(s) (i.e., low dose dexamethasone suppression test), urine/blood catecholamine levels).





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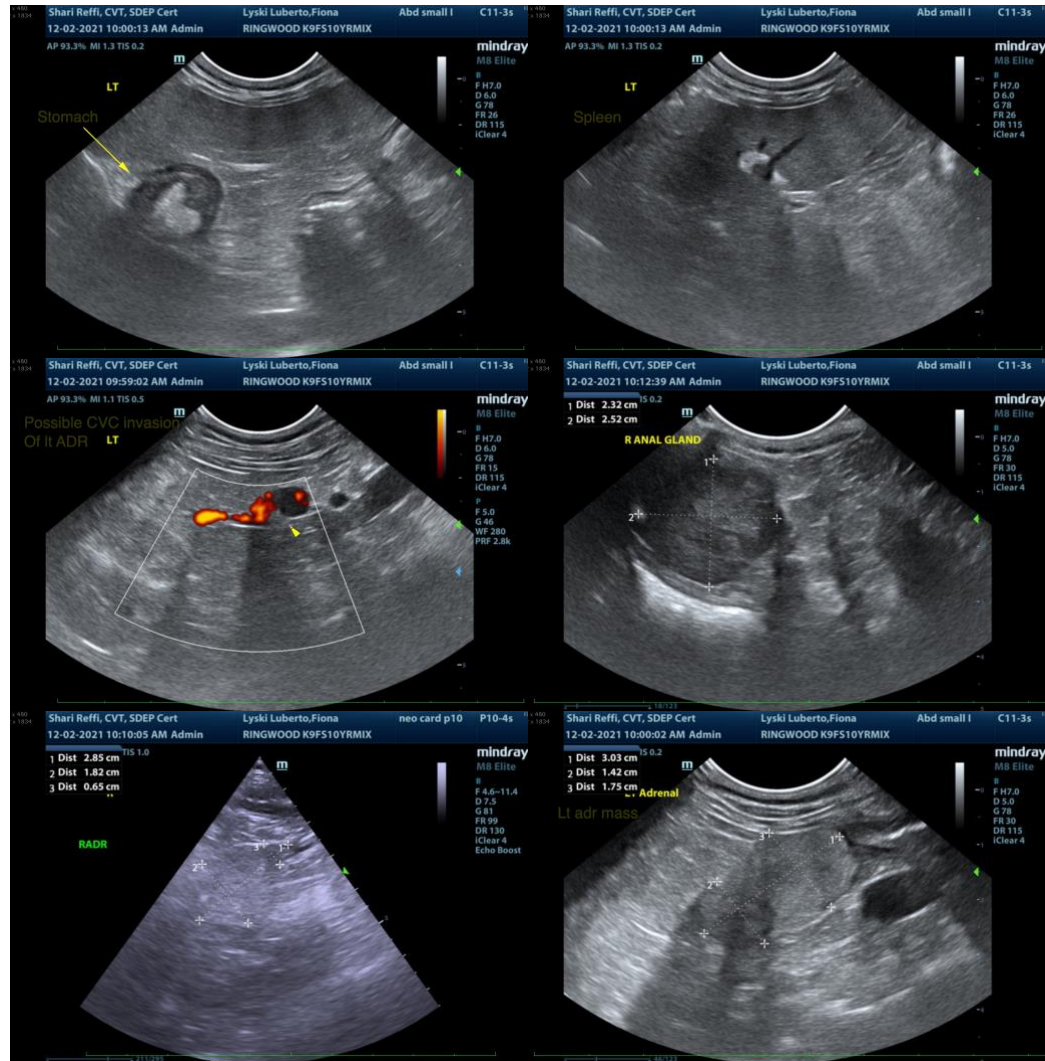
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com