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Clinical Sonography & Telecytology
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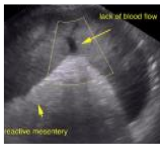
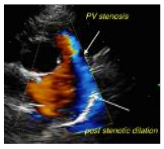
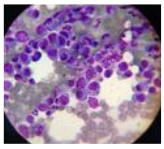
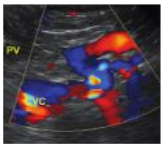

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1-800-838-4268 info@sonopath.com

PATIENT

Bella All Sato Rescue

SPECIES

Canine

BREED

Mixed Poodle

SEX

Spayed Female

AGE

11 years

WEIGHT

13.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. G. Ferrer, DVM

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Franco Ortiz

INVOICE

10380

DATE

2/15/22

PRESENTING CLINICAL SIGNS

History: This is a recheck limited and focal study from the abdominal ultrasound done on 10-11-21. History from previous study on 10-11-21: The patient came in for a U/S re-check on the patient's adrenal glands. Previously performed on 2/16/2021, the assessment was: Liver - consistent with steroid and vacuolar hepatopathy R/O hepatitis, cholangiohepatitis, and neoplastic process. Left adrenal gland: suggesting adenoma or early adenocarcinoma or pheochromocytoma. Pt is clinical for Cushing's at this time with PU/PD and enlarged abdomen, but previous test showed: LDDST 8/31/2021 after 4& 8hrs <0.5, baseline 4.7 LDDST 2/4/2021 4&8hrs < 0.5 baseline 2.8

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Adrenal Glands

The left adrenal gland is enlarged (1.26 cm at cranial pole) (0.61 cm at caudal pole) (2.17 cm in length); with an irregular shape. A 1.59 x 1.26 cm irregular hyperechoic nodule is observed at the cranial to mid aspect. Glandular echogenicity and detail at the caudal aspect are normal. The phrenicoabdominal vein and surrounding vasculature appear normal without evidence of vascular invasion.

The right adrenal gland is normal size (0.65 cm at cranial pole) (0.47 cm at caudal pole) (1.40 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 subjectively normal in size (xxx cm in width at the level of the hilus) with slightly rounded peripheral contours. There is appropriate echogenicity and echotexture. A 0.77 cm hypoechoic to heterogenous nodule is observed in the caudal portion. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Left adrenal nodule/mass. Differentials include nodular hyperplasia, adenoma, adenocarcinoma, pheochromocytoma, other. Changes are similar to the previous sonogram
- Splenic nodule. The lesion is similar in size compared to the previous sonogram. Neoplasia is a possibility. However, a benign process (i.e., a focus of hyperplasia), cannot be completely excluded.
- 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.
- Gall bladder debris/sludge, non-mucocele

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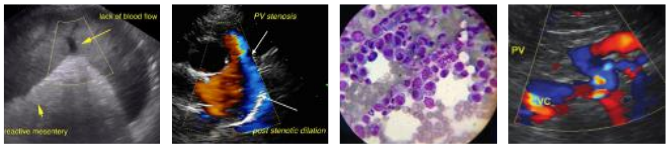

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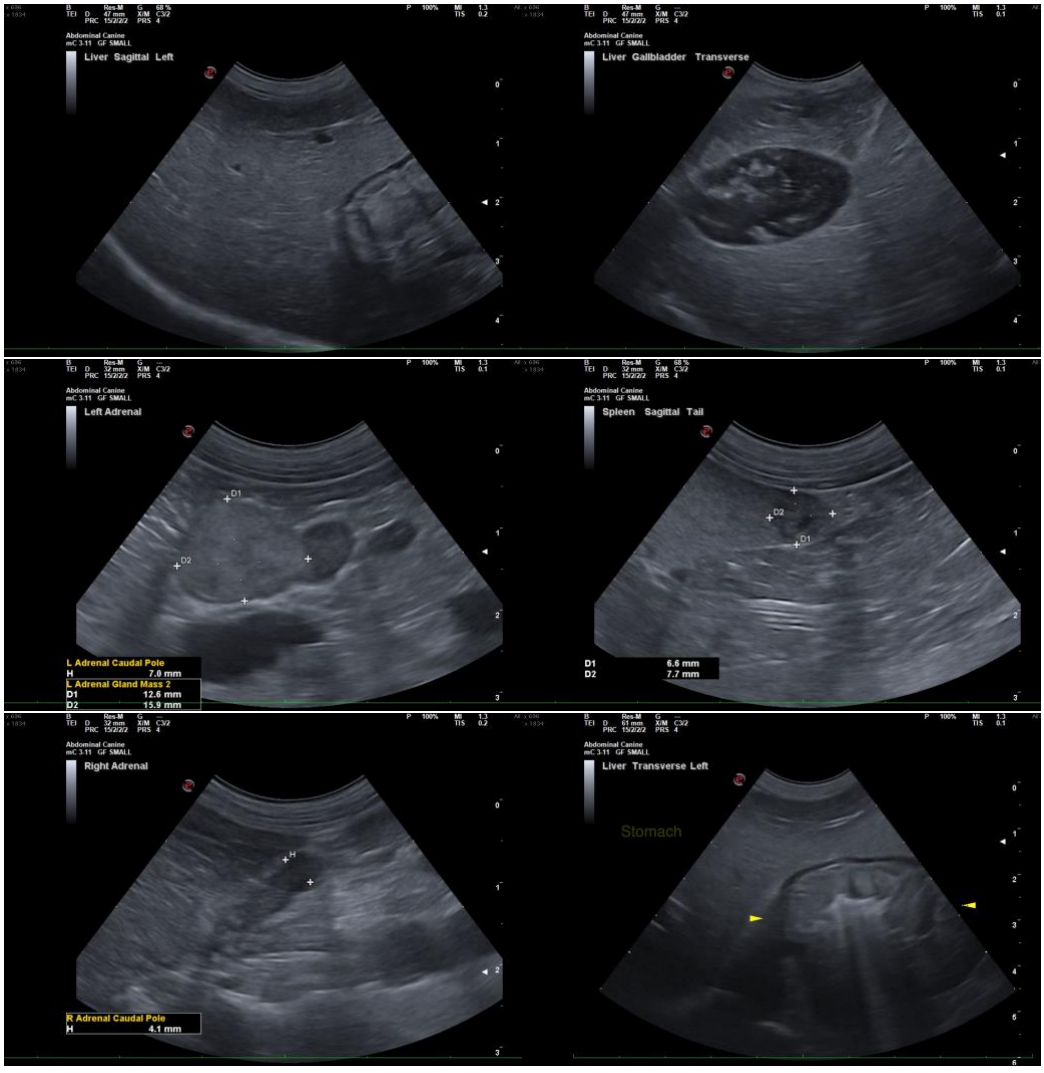
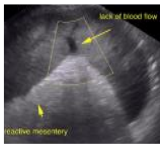
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

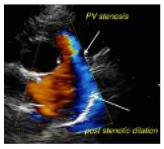
To further investigate the left adrenal lesion, consider an adrenal panel (send to the University of Tennessee) as well as urine/blood catecholamine levels (Marshfield Labs). A baseline blood pressure measurement is also recommended. If a functional adrenal tumor is diagnosed, a left adrenalectomy can be considered. If surgery is pursued, referral to a board-certified surgeon due to the high risk of perioperative complications. A splenectomy should be considered at the time of surgery due to the presence of the hypoechoic nodule. Alternatively, a fine-needle aspirate of the splenic nodule can be considered if clotting status is appropriate. A 25-gauge needle should be used. However, there is some risk of abdominal hemorrhage with aspiration. Therefore, if aspirating, the area should be monitored sonographically for at least 10 minutes post-procedure.

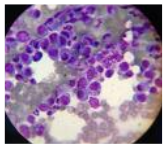
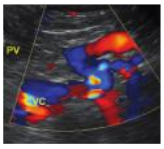


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I





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can be of any further assistance, please contact me.

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